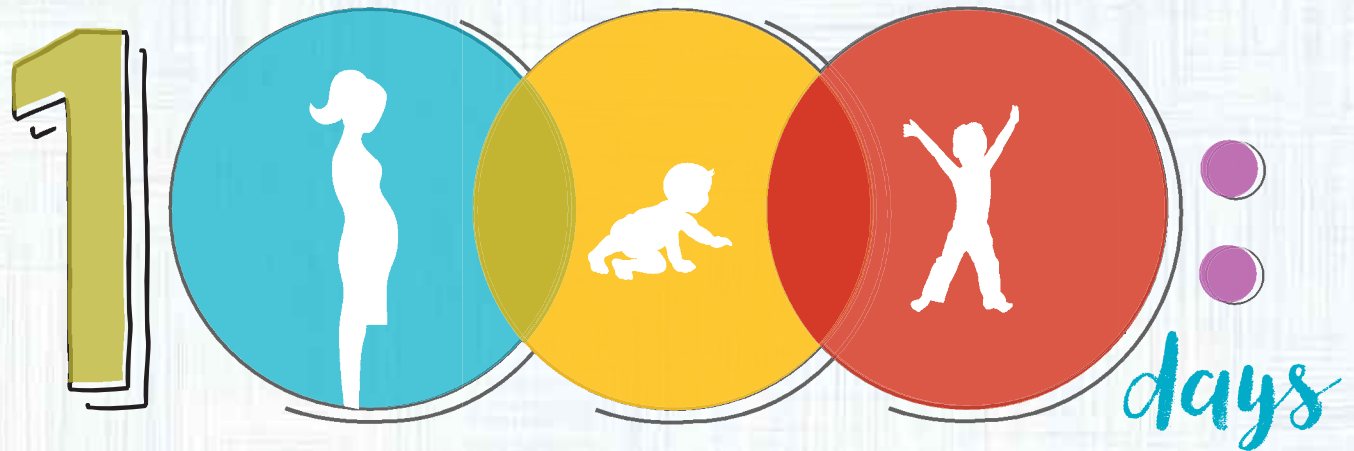


2017

The first



A Briefing on Infants & Toddlers in Tarrant County



The First 1,000 Days: A Briefing on Infants and Toddlers in Tarrant County - 2017

Current statistics specific to prenatal development, infants, toddlers and the families of these children tell a consistent story: children 0-3 are the population in Tarrant County most vulnerable to poverty, homelessness, academic underachievement, malnutrition and poor development. Amid the clamor of community needs vying for investments, infants and toddlers are unable to speak for themselves and advocate for their needs. In Fort Worth and Tarrant County, it is appropriate as a community that we pause and "zoom in" on the years of development with the greatest possibilities for determining life success. It is also appropriate for our community to lean on its civic, health, education, nonprofit and philanthropic leaders to design a way forward that bends the curve toward healthy development and life success for our youngest and most vulnerable.

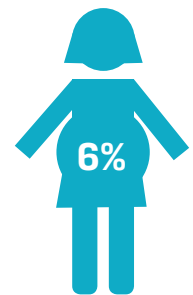
We are fortunate that Tarrant County is nested in an area rich with resources. Fort Worth is home to an array of new and established industries, such as technology, aviation and aerospace, energy, life sciences and manufacturing. In 2014, Fort Worth (as part of the Dallas-Fort Worth area) was also ranked the 8th most charitable city in the country.¹ Even more valuable, however, is that Tarrant County is home to a growing population of caring and passionate individuals, families and professionals who strive to make the region a great place for children to grow up. Action is needed, however, to ensure Tarrant County is a nurturing place for infants and toddlers.

The First 1,000 Days: A Briefing on Infants and Toddlers in Tarrant County offers a snapshot on the status and state of infants and toddlers in our community. This briefing provides an overview of available data and information about children 0-3 and their families, and offers recommendations on ways forward to improve the trajectory of infants and toddlers. Decades of research on brain development and outcomes from early learning interventions continue to demonstrate that children thrive when they have consistent access to comprehensive early childhood programs starting at birth. Currently, programs that do target infants and toddlers tend to provide services in isolation, are underfunded or fail to reach the most at-risk children and families. It is time to end the patchwork of support programs and serve our youngest children in a cohesive way that best sets them up for success now and in the future. Creating a continuum of services across health, early education and community systems that intentionally align to reach children can ensure that early childhood services and programs effectively support all aspects of young children's healthy development.



CHILDREN 0-3 IN TARRANT COUNTY

- 3 of 10 are raised by a single parent
- 1 in 3 infants born are Latino/Hispanic
- 6 percent of infants were born to a mother who had no prenatal care of any kind
- Have a 22 percent greater risk of infant mortality (compared to other infants in Texas)
- Have the highest rates of poverty and homelessness of any group
- Are twice as likely to be abused or neglected (than children over 5)



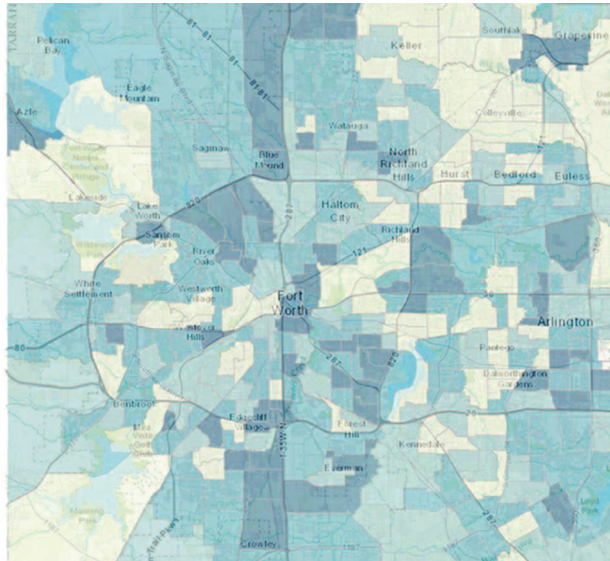
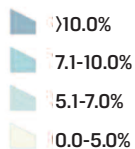
6 percent of infants were born to a mother who had no prenatal care of any kind

INFANT AND TODDLER POPULATION

One in 11 children in the United States is now a Texan. Tarrant County, with an overall population nearing two million residents and the third most populated county in Texas, was home to 111,612 children ages 0-3 in 2015.² Recent economic gains for the county indicate likely population growth, including growth in diversity. The current map illustrates the percent of children under 5 years old residing in Tarrant County at the census tract level.³

PERCENT OF CHILDREN UNDER 5 YEARS RESIDING IN TARRANT COUNTY

Pop Under 5 yrs
Percent



RACE AND ETHNICITY

The racial and ethnic makeup of our county, the state of Texas and the United States as a whole is rapidly changing, a reality that is well documented.⁴ In less than 25 years, it is estimated that there will be no majority race or ethnicity for the first time in U.S. history.⁶ However, if we look only at U.S. infants and toddlers, children of color now comprise a majority of children under age 2.⁷ The year 2014 was also the first school year in which the majority of children attending public schools were children of color.⁸

Over the past half-decade, Tarrant County has experienced its own shift in racial identity among young populations. Consistent with national trends, the rate of mixed-race identity infants and toddlers in Tarrant County continues to rise (55.8 per 1000), and is nearly double the rate of reported mixed-race identity adults (28.5 per 1000).^{3, 9} Additionally, 33 percent of infants born in Tarrant County in 2015 were of Latin/Hispanic origin.¹⁰

Diversity is also coming to Tarrant County through its refugee families and immigrants. Let's look at just one year of immigration through refugee status in 2014. The United States accepted 69,975 refugees in 2014, 10 percent of whom were under 5 years of age. In the same year, Texas accepted 7,209 of those refugees, higher than any other state in the country,¹¹ with a majority from Burma (Myanmar) and Democratic Republic of Congo.² Based on these reports, it is reasonable to estimate that, in 2014 alone, nearly 200 refugee children under the age of 5 arrived in Tarrant County.

Even though rising inequality and racial/ethnic diversity are frequent topics in national policy discussions, the population most affected by these changes has been largely absent from those conversations: children under the age of 3. This age group is the most likely to be poor, experiencing poverty at the highest rate of any age group.³

CAREGIVERS OF YOUNG CHILDREN

3 OUT OF 10

Children in the 0-3 age group in Tarrant County are being raised by a single parent.

38%

Of U.S. children 0-3 spend more than 35 hours per week in care while a parent is working.

12%

Rise in grandparents with primary guardianship responsibilities in Tarrant County from 2014 to 2015.⁵

ECONOMIC WELL-BEING

POVERTY

Poverty is a strong predictor of negative child outcomes. The United States is home to more than 12 million infants and toddlers (ages 0-3).¹⁴ In 2015, 29 percent of Texas infants and toddlers lived in poor families, defined as those whose income was less than 100 percent of the federal poverty threshold.¹⁵ If looking at 200 percent of the federal poverty level, the percentage of children under 3 living in poverty in Texas increases to 54 percent.

Negative experiences stemming from poverty can be especially detrimental for infants and toddlers, as their brains are developing rapidly during this phase of life and laying the foundation for future growth and development. Children living in poverty are less likely to be successful in school and less likely to be gainfully employed over their lifetimes. In addition, the longer children live in poverty, the worse their adult outcomes are likely to be, including employment and earnings.¹⁶

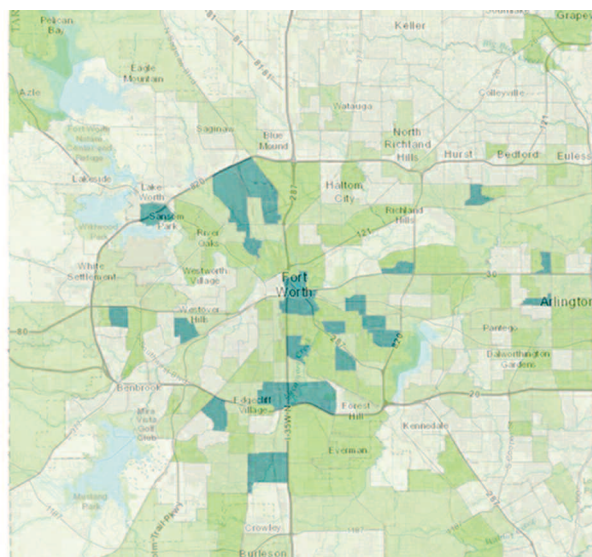
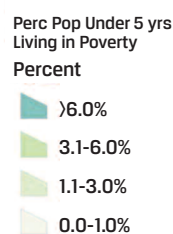
According to the nonpartisan Center for Public Policy Priorities, the percentage of kids growing up in poverty in Fort Worth has increased 9 percent in the last five years, increasing at a faster rate than other Texas cities as the city's population rapidly grows.¹⁷ Poverty is also disproportionately affecting black and Hispanic children. Thirty-three percent of children in those groups in Tarrant County live in poverty, compared to 18 percent for white children, with lasting consequences.

FAMILY INCOME AND EMPLOYMENT

Amid our many challenges, Tarrant County does have some good news: the 2015 median household income in Tarrant County was \$60,737, an increase of 5 percent from the previous year. Additionally, 2015 brought a 1.1 percent decline in the rate of unemployment.¹⁸ Despite this, a majority of jobs in the Fort Worth area still do not pay enough for a single parent to support one child²⁰, and many workers at the bottom of the labor market have not seen a real increase in wages for many years. As the costs of basic needs like food, housing and energy continue to rise, low-income workers are struggling to support their families. The family income only plummets further when there are single heads of households. Sixty-six percent or almost 40,000 families led by a single mother in the Fort Worth metro area spend at least 30 percent of their income on housing costs.²¹

While Tarrant County experienced an overall decline in poverty rate from 15.3 percent to 13.1 percent between 2014 and 2015²², the numbers are still bleak. Poverty persists in Tarrant County among traditionally disadvantaged neighborhoods despite community interventions, including areas such as North Side, Stop Six, Poly-Cavile, and into South Fort Worth and Arlington. The current map illustrates the percent of children less than 5 years old living below poverty in 2014, by census tract.²³

PERCENT OF CHILDREN UNDER 5 YEARS LIVING BELOW POVERTY IN 2014



29%

Children under 3
live in poverty in Texas
(100% poverty)



The age group most
likely to be homeless
in Tarrant County is
newborns and toddlers.

FOOD INSECURITY

Proper nutrition and regular meals play a critical role in a child's brain and behavior development. In Tarrant County, 1 in 4 children live in food-insecure households, meaning they don't know where their next meal will come from. Specifically, there are an estimated 128,260 children under 18 years old who are food insecure.²⁴ If equally distributed, we estimate that at least 21,400 children 0-3 are food insecure in Tarrant County.

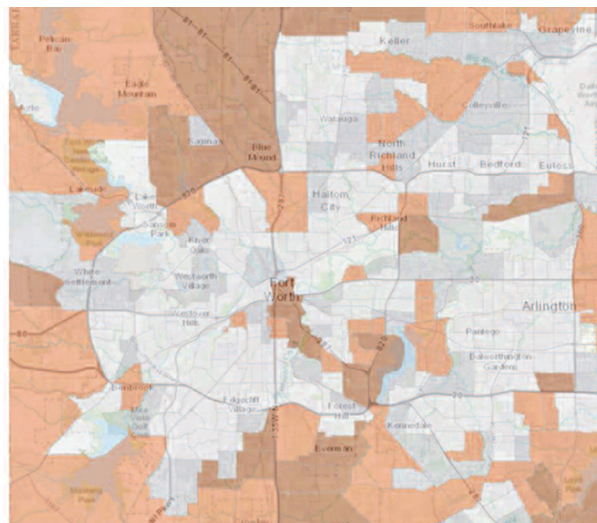
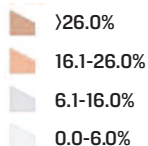
While the nation as a whole has experienced a significant decline in food insecurity and recent declines in the unemployment rate suggest that demand for food assistance may slow down, Feeding America reports that the rate of food insecurity among children in Tarrant County is actually climbing.²⁵ For Texas as a whole, 20 percent of Supplemental Nutrition Assistance Program (SNAP) recipients are under age 5 and 24 percent of assistance for Women, Infants and Children (WIC) recipients are infants.²⁶

In addition to food insecurity, poor access to healthy food continues to be a problem in many low-income residential areas of Tarrant County. Food deserts in Tarrant County are absent of fresh fruit, vegetables and other healthful whole foods, a condition commonly found in impoverished areas.²⁷

The map below illustrates the census tracts within Tarrant County where households with children do not have access to healthy food options within one mile of home.²⁸

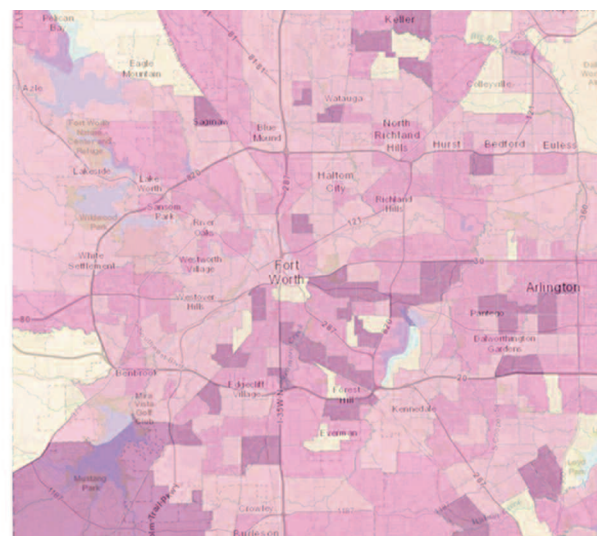
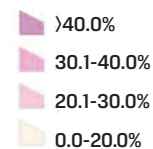
Food Deserts in Tarrant County, 2013

Low Access to Food (USDA 2013)
Percent



PERCENT OF HOUSEHOLDS WHO SPEND MORE THAN 30% OF HOUSEHOLD INCOME ON RENT

Households spending more than 30% of income on rent
Percent



HOUSING AND HOMELESSNESS

Infants and toddlers continue to be the age group most likely to be homeless in Tarrant County. Tarrant community organizations have estimated 7,433 children under the age of 6 experienced homelessness in 2016. Texas Education Association (TEA) school district reports state that there were 278 homeless students enrolled in FWISD Pre-K programs during the 2014-15 school year.²⁹ The Center for Children's Health - led by Cook Children's Health Care System - reports nearly half of homeless children (18 and under) from the Community-Wide Children's and Health Assessment and Planning CCHAP Survey were under 5 years old.³⁰ Research continues to evidence the weighty impact of early experiences and environments. Homelessness negatively impacts young children in many ways, including physical, social, emotional, cognitive and behavioral development.

High housing costs can squeeze a family's budget, especially for low-income families, making it difficult to afford other needs, including food, clothing, transportation and medical care. Sixty-six percent or almost 40,000 families led by a single mother in the Fort Worth metro area spend at least 30 percent of their income on housing costs.³¹ The adjacent map demonstrates areas of Tarrant County where households spend more than a third of their annual income on housing.³²

"The shortage of housing that is affordable to the lowest-income renters in Tarrant and Parker Counties continues to be the greatest cause of homelessness and one of the most significant impediments to escape."

- Tarrant County Homeless Coalition

ACCESS TO HEALTH CARE

The prenatal and early life experiences are critical for young children's healthy development.

PRENATAL CARE

While sometimes overlooked, prenatal care is critical to laying the foundation for infant and lifelong health. A child's development depends greatly on nutrition, environmental exposures and access to care while in the womb. In 2013, Tarrant County had 27,827 live births, and 6 percent of those expectant mothers had no access to any prenatal care at any point of pregnancy.¹⁰

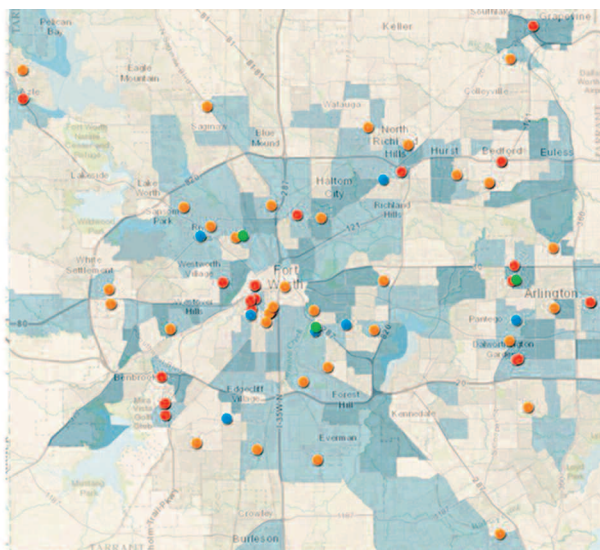
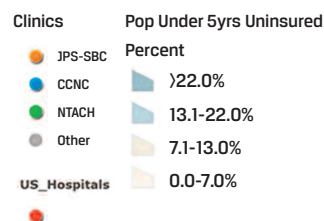
Looking ahead, there are over 50,000 women of child-bearing age living below the poverty level in Tarrant County.²² A critical strategy for our community should include how to ensure these women receive regular prenatal care, helping to reduce the risk of pregnancy complications, pre-term delivery and low birth-weight babies.

HEALTH INSURANCE

To reach their full potential, children need to be born healthy and stay healthy. Infants and toddlers need regular physical wellness checks, vision and dental care, and the ability to get medical attention when sick or injured. Children who have healthcare coverage have a better chance of accessing medical care and being healthy. When older, they are less likely to miss school because they are sick. Over 14,000 children under 6 years old in Tarrant County lack health care coverage.³³

In addition to a lack of coverage, accessibility to affordable medical resources and facilities is a barrier to health for infants and toddlers in this community. While free and affordable clinics have begun to surface across the county, their operational capacity has not yet met the demands of the population. Transportation to health care remains a barrier for other families. The map below illustrates the percentage of children 18 and under who do not have health insurance coverage with the locations of community clinics.

PERCENT OF CHILDREN 18 AND UNDER WHO DO NOT HAVE HEALTH INSURANCE COVERAGE (WITH LOCATIONS OF COMMUNITY CLINICS)



DEVELOPMENTAL SCREENINGS & EARLY INTERVENTION

For children with developmental delays and disabilities, receiving appropriate interventions in the first three years of life is a vital step to ensuring they are school ready. Developmental delays and disabilities in early childhood may lead to severe lifetime consequences with age if not properly cared for, "often leading to increased poverty and profound exclusion."³⁴ For this reason, federal law requires early intervention programs to support infants and toddlers with developmental delays. In Texas, this program is administered through Early Childhood Intervention (ECI).

Since early detection of developmental delays increases the chance of improving children's outcomes, the screening of young children is a critical piece of the puzzle in Tarrant County. Screening tools abound, and children may be screened at a pediatrician visit, a child care facility or a community clinic, but information is often not shared and services remain isolated. The community currently has very little data aggregated to understand the total percentage of children 0-3 who are being screened according to a developmental regimen in Texas.

Data from the state demographer estimate that approximately 6.4 percent of children 0 - 3 in Texas and in Tarrant County have a developmental delay. In 2015 in Tarrant County, there were 111,612 children in the county ages 0 - 3, and an estimated 7,143 children had developmental delays.² MHMR was able to serve 3.9 percent of Tarrant children with disabilities, but were unable to serve an estimated 2.49 percent - or an estimated 2,779 children 0-3 - due to gaps in eligibility criteria. Looking ahead, two new state-funded programs, HOPES and LAUNCH, will help to close the gap, but more programming is needed.

SAFETY: MALTREATMENT AND VIOLENCE

MALTREATMENT

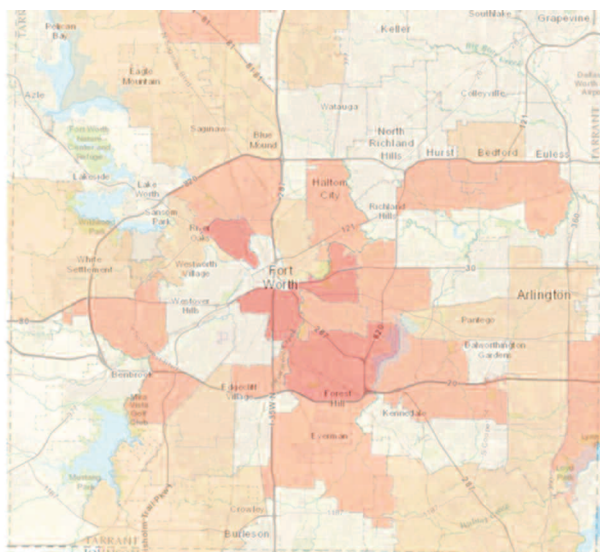
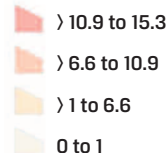
Research shows that toxic stress and trauma during the first 3-5 years of life impact a child's ability to learn, as well as physical and mental health throughout his or her life. Among the individuals who experienced this type of familial dysfunction, life expectancies are two decades shorter than individuals who reported no such experience. Additionally, child abuse and neglect are linked to risk for intimate partner violence, substance abuse, depression and suicide attempts, sexually transmitted diseases, adolescent pregnancy and fetal death.³⁵ Eighty-one percent of children who survived early childhood maltreatment demonstrated at least one psychological disorder by 21-years-old.

In Texas, children under 5 years of age are at twice the level of risk for experiencing child abuse and neglect than those over 5.³⁶ In 2015, Tarrant County shockingly demonstrated the highest rate of confirmed infant and toddler abuse and neglect among the six major Texas metro areas. Approximately 4 out of every 1000 children in Tarrant County were placed under CPS responsibility in 2015. In 2015 alone, 1,610 children were placed in foster care.³⁷

RATE OF INFANT MORTALITY IN TARRANT COUNTY BY ZIP CODE

IMR (per 1,000) Y2011-13

Rate



VIOLENCE

Children's well-being is greatly influenced by the environment they're exposed to. Decades of research have demonstrated the negative impact of generational cycles of violence in the home and in the community. Children of women experiencing intimate partner violence are more likely to be neglected, and more likely to experience intimate partner violence themselves.³⁸

Based on the National Survey of Children's Exposure to Violence (NatSCEV), at least 40 percent of children have witnessed or experienced violence in their lifetimes.³⁹ The rate and severity of child maltreatment has been correlated with the breakdown in community social organization.

INFANT MORTALITY

Infant mortality is defined as the death of a child before a first birthday. Tarrant County citizens have been stunned to learn that infant mortality rates in the county are among the highest in Texas. In 2013, the mortality rate for infants in Tarrant County (rate = 7.1 per 1,000) was nearly six times the rate of mortality among children 1 to 14 years old (rate = 17.2 per 100,000) and 22 percent higher than the rest of the state.⁴⁰

"Lack of predictable experiences, such as multiple foster care placements, not only disrupt healthy development, but can prevent a child's ability to develop key self-regulation and social skills that will be needed throughout their life."

- Safe Babies Tarrant County

EARLY EDUCATION AND CARE

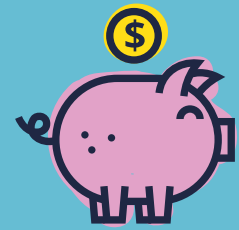
In terms of human development, infants and toddlers are at a critical stage, requiring significant investments of time and resources to produce positive outcomes. Unfortunately, the cost of high-quality care and education that produce such results is still out of reach for most families. A growing body of research shows that a child's early years, birth to 3, are critical for building a strong cognitive and social-emotional foundation that sustains ability and growth later in life.⁴¹ Over the past decade, Fort Worth and other parts of Tarrant County have risen to the challenge by creating and expanding early education for preschoolers. However, programs specific to infants and toddlers remain comparatively underdeveloped.

NON-PARENTAL CARE

Experiences during the infant and toddler years shape the architecture of the brain—including cognitive, linguistic, social and emotional capacities—at a phenomenal rate, and lay the foundation for future growth and learning.⁴² During these formative years, many young children spend significant time being cared for by individuals other than their parents. Nationally, 42 percent of infants and 52 percent of toddlers have at least one weekly non-parental child care arrangement in a center or home-based setting.⁴³ Children are cared for in a variety of settings, including centers, family child care homes, with relative care providers or care in their own homes. Fifty-five percent of mothers with children under 3 are in the labor force.⁴⁴ Thirty-eight percent of U.S. children under the age of 3 who have an employed mother spend more than 35 hours in care each week.⁴⁵ Unfortunately, quality infant-toddler child care is both in short supply and at a high cost for many families.⁴¹ The quality of care is critically important for infants and toddlers. A growing body of evidence reveals the positive impact that high-quality child care programs can have on very young children, in particular low-income and other vulnerable young children.⁴⁶

GAP OF QUALITY INFANT AND TODDLER CARE

Nationwide, the availability and accessibility of quality early learning and child care programs remain a priority for city leadership, school districts, state agencies, philanthropists and nonprofits. In Tarrant County, Pre-Kindergarten is expanding across the county, including using a mixed delivery model of offering Pre-K in elementary schools with ISD teachers, offering joint Pre-K and Head Start in schools and in community-based centers, and extending Pre-K to delivery models in community child care programs. Tarrant has school districts offering universal pre-K, whole-day pre-K, joint pre-K with Head Start or child care and half-day Pre-K, yet we have only touched the surface of designing early education and care services for infants and toddlers.

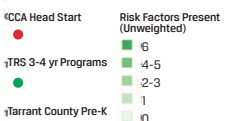


5 PRINCIPLES FOR INVESTING IN EARLY CHILDHOOD EDUCATION

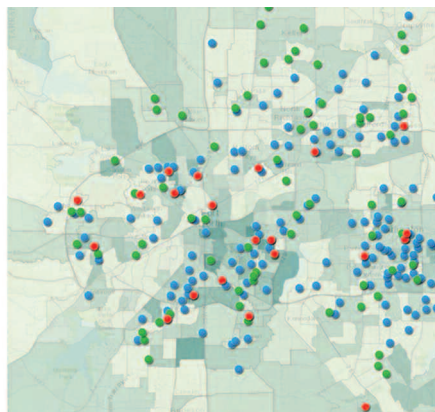
1. Focus on disadvantaged families
2. Start at birth
3. Integrate health
4. Develop cognitive and character skills
5. Encourage local innovation in quality programs from birth to 5

James Heckman
Nobel Laureate in Economics
On the Strong Start for America's Children Act

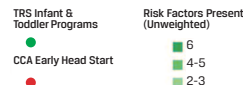
QUALITY EARLY EDUCATION FOR 3 & 4 YEAR OLDS IN TARRANT COUNTY HIGH RISK AREAS



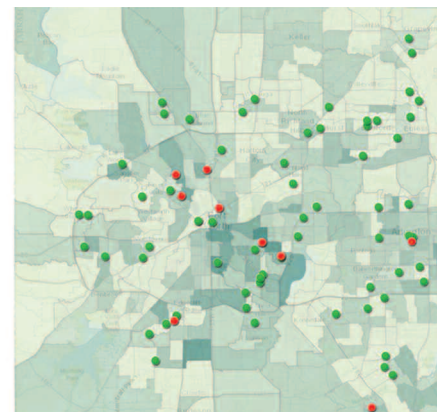
Geographic risk factors include: percent of children under 5 years old living in poverty, rate of violent crimes, infant mortality rate, percent of households spending more than 30% of income on rent, rate of children experiencing low access to food, and percent of uninsured children



INFANT/TODDLER QUALITY CARE IN TARRANT COUNTY HIGH NEED AREAS



Geographic risk factors include: percent of children under 5 years old living in poverty, rate of violent crimes, infant mortality rate, percent of households spending more than 30% of income on rent, rate of children experiencing low access to food, and percent of uninsured children



The maps above show locations in Tarrant County delivering Pre-K and/or early education in quality programs for 3 and 4 year olds. Contrast the first map with the second to reveal the felt gap in our community supply of quality programs offering education and care services for infants and toddlers.

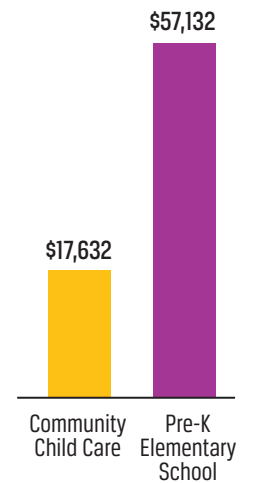


Infant-toddler care (with lower ratios of children to teachers) is expensive for all families, and that is especially true for lower-income families. Child care subsidy assistance exists to help low-income, working families cover the high cost of child care. However, the Texas Women's Foundation estimates that the child care subsidy assistance serves only about 13 percent of eligible families, with the remaining families left on a waiting list. Furthermore, national studies suggest child care providers that serve subsidized children tend to be rated as lower quality than child care providers that do not serve subsidized children.⁴⁷ Likewise, providers that serve a higher proportion of children whose care is subsidized tend to be rated as lower quality than providers that serve a lower proportion of children whose care is subsidized.⁴⁸ In Tarrant County in 2016, a total of 921 licensed child care providers serving infants and toddlers were registered with the Department of Family Protective Services.⁴⁹ Of those programs, only 42 percent of them accepted child care subsidies and only 20 percent were star-rated by Texas Rising Star as quality infant and toddler programs (2-, 3-, and 4-star). Public funds are paying for child care, but some of the care received may not be at a quality level to support the strong development of infants and toddlers. Tarrant County Workforce Solutions conducted a study examining the cost of quality, indicating that child care service costs increased by as much as 55 percent to provide 4-star, quality care to children over that of standard, licensed care. Infants and toddlers living in poverty are accessing the limited supply of Early Head Start and subsidized child care slots, yet Tarrant County leaves an estimated 18,871 infants and toddlers unserved.

Quality care for infants and toddlers begins with the quality of the professionals providing care. However, infant-toddler teachers earn substantially less than Pre-Kindergarten or preschool teachers. Teachers working with children ages 0-3 earn an average of \$10.40 per hour nationally. In comparison, child care teachers working with children 3-5 yrs. old earn \$14.70 per hour.⁵⁰ In Texas, median wages for child care workers was \$9.12 in 2015, a 2 percent decrease since 2010 and a salary lower than parking lot attendants and cashiers. In addition to low wages, those caring for infants and toddlers are often poorly trained and prepared. One of the strongest predictors of quality infant/toddler care is the level of the teacher's education and training. Tarrant County's Texas Rising Star (QRIS) provides professional development for its quality programs and has successfully provided 1700 hours to more than 455 Infant and toddler child care professionals. However, low wages continue to contribute to high turnover in the profession, reported at 34 percent nationally (NAEYC).

To help address issues of quality and cost, Tarrant County's Early Learning Alliance is working to build a more cohesive, aligned system of early education and care to meet the needs of infants and toddlers.

TARRANT COUNTY EARLY EDUCATION TEACHER SALARIES AVERAGE



Workforce Solutions Tarrant County (February 2015)



In Texas, median wages for child care workers was \$9.12 in 2015, a 2 percent decrease since 2010

OPPORTUNITIES TO CONSTRUCT COMMUNITY INFRASTRUCTURE FOR INFANTS AND TODDLERS

Many impactful programs for infants and toddlers exist in Tarrant County, such as home visiting programs, community and neighborhood clinics, and Early Head Start. However, the demand for more high-quality early learning classrooms and evidence-based interventions remain high. These programs are costly interventions that exist in a fragmented system and do not always reach those in greatest need. Furthermore, the programs that do exist may not be located in the highest need areas.

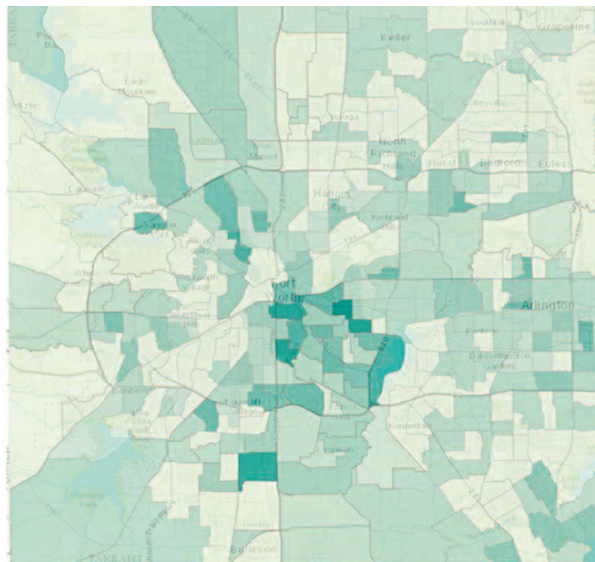
The map below geographically illustrates the aggregated needs of infants and toddlers in Tarrant County, with darker areas experiencing higher rates of economic, social and healthcare need.

TARRANT COUNTY HIGH NEED AREAS

Risk Factors Present
(Unweighted)



Geographic risk factors include: percent of children under 5 years old living in poverty, rate of violent crimes, infant mortality rate, percent of households spending more than 30% of income on rent, rate of children experiencing low access to food, and percent of uninsured children



From the womb to school transition, there are multiple touchpoints to assist families through interactions in the community, formal care settings and system supports. Still, families are struggling to access the resources they require and communities are struggling to provide a continuity of care. We have identified opportunities and recommendations to construct the infrastructure of support needed to ensure strong outcomes for infants, toddlers and their families in our community. In addition, we continue to suggest strong fiscal analysis of the key national and state funding streams. These resources – when well-designed, aligned and paired with targeted local philanthropy and investments – represent an opportunity to "do better" for our youngest children.

"The way to advance children's early development is to improve the environments they're in, in the first months and years of their lives."

- Katherine Stevens, American Enterprise Institute (AEI)



RECOMMENDATIONS



HEALTH & DEVELOPMENT

- Identify and promote the community use of a developmental screening tool across health, social service and educational settings.
- Expand access to early intervention services to children 0-3 experiencing developmental delays.
- Connect families of infants and toddlers with a medical home and insurance to cover care costs.
- Ensure pregnant mothers have access to prenatal care and receive a prenatal well check visit by the 2nd trimester.
- Accelerate efforts already identified that reduce infant mortality.



EARLY LEARNING

- Recognize that the greatest returns in early education start at birth and focus on at-risk children.
- Dramatically increase the number of facilities and classrooms delivering quality infant and toddler care; Create child development facilities equipped for infant/ toddler care in high need neighborhoods with capacity to deliver comprehensive services for families.
- Convert more Head Start funding into Early Head Start opportunities over the decade; Layer public and private funding streams to ensure sufficient funding for quality infant and toddler care.
- Anchor Early Head Start and quality child care alongside programs committed to adults (job training programs, community colleges, high school teen parent programs and poverty alleviation programs).
- Develop skilled infant/toddler teacher caregivers including the development of the Tarrant County Early Childhood Professional Development system and professional incentives.
- Create natural playscapes that support infants and toddlers in play and exploration outside in a safe, designed environment.
- Build the capabilities of adults to support children through parenting education and home visiting; involve parents actively as leaders in their children's education.



COMMUNITY

- Develop soft referrals between organizations and agencies for home visiting, hospitals, Early Childhood Intervention services, child care and Early Head Start.
- Share data across systems that tracks young children from birth through 3rd grade outcomes.
- Develop supports for new parents including paid parental leave policies when possible.
- Develop two-generation approaches that ensure both the parent and infant/toddler are receiving what they need to be successful.



AT-RISK POPULATIONS AND NEIGHBORHOODS

- Target specific prevention and early education programs in identified geographic areas of high need.
- Expand investments for services that are prioritized and oriented to connect with populations of highest need including refugee families, homeless, foster families and families screened for high risk at hospitals and in community programs.
- Improve the experience of young children in child welfare systems (ACH Foster Care Re-Design, & Safe Babies).

NATIONAL FUNDING STREAMS USED FOR INFANT, TODDLER AND FAMILY SERVICES *

"The opportunity remains for our community to analyze existing funding streams and how these can be connected to build a more cohesive system for infants, toddlers and their families."

-Kara Waddell, President/CEO Child Care Associates

The Child Care and Development Block Grant (CCDBG) is the primary source of federal funding for child care subsidies for low-income working families and improvements to child care quality. Each state receives a set amount of federal funds and can receive additional funds by spending more state money on child care subsidies and quality initiatives. Annual CCDBG appropriations include an earmark for investments in infant-toddler care. Nationally, approximately 29 percent of children receiving CCDBG-funded assistance are infants and toddlers.

State Recipient(s): Texas Workforce Commission (TWC), Department of Family Protective Services (DFPS) - Child Care Licensing, Texas Education Agency (TEA)

Local Recipients: Tarrant County Workforce Board - Child Care Management Services (CCMS), Texas Rising Star (the Texas Quality Rating and Improvement System - QRIS)

The Temporary Assistance for Needy Families (TANF) block grant was established in 1996 by the Personal Responsibility and Work Opportunity Reconciliation Act (commonly known as welfare reform). States have broad discretion when using their block grant funds and designing their TANF programs. States may provide child care assistance to families directly through TANF funds. A state may also choose to transfer up to 30 percent of its TANF funds to CCDBG.

State Recipient: Texas Health & Human Services Commission (HHSC)

Local Recipients: Catholic Charities Fort Worth, Community Enrichment Center, Inc., First Presbyterian Church of Fort Worth, HHSC Benefits Offices (Circle, Mall, S Fwy, John T White), Muslim Community Center for Human Services, St. John the Apostle Catholic Parish, Tarrant Area Food Bank

Early Head Start (EHS) began in 1995 when Congress reauthorized the preschool Head Start program and launched a new program to serve infants, toddlers and pregnant women. Participants and their families receive comprehensive early care and education services. All programs are required to meet Head Start Program Performance Standards, which include mental and physical health, dental, family and social services. The Early Head Start program is funded through a set-aside within the Head Start budget. Fewer than 4 percent of eligible infants and toddlers are currently served by EHS.

Local Recipients: Child Care Associates (EHS); Center for Transforming Lives (EHS-Child Care Partnership)

The Title V Maternal and Child Health Block Grant to State Programs is a federal-state partnership designed to strengthen local public health initiatives for young children and their mothers. Title V provides access to medical care in underserved areas and for uninsured and underinsured families. In addition, Title V provides funds for family support services, including respite care for families with children with special needs. States disperse Title V funds according to the results of a needs assessment, which is required every five years.

State Recipients: Texas Department of State Health Services (DSHS)

Local Recipient Coordinator: Texas Department of State Health Services (with Health Service Regions - Arlington has Regions II/III which includes Tarrant County) with Regional Manager and Team leaders in Arlington.

Medicaid is a federal-state partnership primarily providing health insurance to low-income individuals. It is administered by the states, which set eligibility and service guidelines. Medicaid covers one-third of all births in the U.S. Federal Medicaid regulations require that states provide a comprehensive and preventive set of services for children, known as the Early and Periodic Screening and Diagnosis and Treatment benefit (EPSDT), which includes preventive health and developmental screening, as well as vision, dental, hearing and other health care services.

State Recipient: Texas Health and Human Services

Local Recipients: Several various health and human service agencies providing services in physical health, behavioral health, substance abuse treatment, etc.

The Children's Health Insurance Program (CHIP) gives states additional federal funds and flexibility to provide health care services to children and pregnant mothers with incomes higher than Medicaid eligibility. States have the option of operating separate CHIP programs, using CHIP dollars to expand eligibility for their Medicaid programs, or doing a combination of both. Eligibility and other CHIP program details are determined by individual states.

State Recipient: Texas Health and Human Services Commission (HHSC)

Local Recipients: Several various health and human service agencies providing services in physical health, behavioral health, substance abuse treatment, etc.

The Individuals with Disabilities Education Act (IDEA) Part C supports services for infants and toddlers with developmental disabilities and delays. When a child is determined eligible for Part C, the family and the Part C agency develop an Individualized Family Service Plan (IFSP), which outlines the goals for the child and the services available.

State Recipient: Texas Health & Human Services Commission (HHSC)

Local Recipients: MHMR Tarrant County

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The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), one of several federal nutrition programs, provides access to nutritious foods, nutrition education, and improved health care for vulnerable mothers and young children with or at risk of malnutrition.

State Recipient: Health and Human Services

Local Recipients: Southside Clinic, Fiesta Plaza, La Gran Plaza, Miller WIC Office, Resource Connection, Haltom City Clinic, East Side Clinic, White Settlement WIC Clinic, Lake Worth WIC Clinic, Southwest WIC Clinic (Local WIC Clinics)

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The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has made grants available to states and tribes to deliver voluntary home visitation services to promote a range of positive outcomes for eligible children and families. These outcomes include improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness and families' socioeconomic status, along with reductions in child abuse, neglect and injuries.

State Recipient: Texas Department of Family & Protective Services (DFPS) - Prevention and Early Intervention Division, Texas Health and Human Services Commission (HHSC) - Texas Home Visiting

Local Agency: Tarrant County Public Health - Nurse Family Partnership (NFP), Fort Worth Independent School District - Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY)

Healthy Start improves the health and well-being of women, mothers, fathers and infants so that every child has the opportunity to grow and thrive. Funding comes from the US Department of Health and Human Services - Health Resources and Services Administration. Healthy Start provides services to improve women's and families' health before, during and after pregnancy and to support families in caring for their infants through the first two years of life.

Local Agency: University of North Texas - Health Science Center (UNTHSC)

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The Community Development Block Grant (CDBG) is a flexible program that provides communities with resources to address a wide range of unique community development needs. CDBG works to ensure decent affordable housing, to provide services to the most vulnerable in our communities, and to create jobs through the expansion and retention of businesses. One of the longest-running programs of the U.S. Department of Housing and Urban Development, CDBG can be used to develop child care services, including developing a new or expanding an existing high-quality early childhood and Pre-K educational center in the community.

State Recipient: Texas Department of Agriculture

Local Agency: City of Fort Worth Neighborhood Service Department

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** This guide to national funding streams was developed locally to help connect agencies, funders and partners. If there are corrections, additions or improvements, Child Care Associates welcomes this input! Please email to cca@childcareassociates.org.*

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