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Acronyms

ACS.............................................................................................................................. American Community Survey
ACSI............................................................................................................................. Association of Christian Schools International
ARRA............................................................................................................................ American Recovery and Reinvestment Act
Boards......................................................................................................................... Local Texas Workforce Boards
CCDF............................................................................................................................. Child Care Development Fund
CDC............................................................................................................................... Child Development Center
CLASS......................................................................................................................... Classroom Assessment Scoring System
COG............................................................................................................................... Council of Governments
DARS............................................................................................................................. Texas Department of Assistive and Rehabilitative Services
DOD............................................................................................................................... Department of Defense
ECE................................................................................................................................. Early Care and Education
ECI................................................................................................................................. Early Childhood Intervention
EHS................................................................................................................................. Early Head Start
FCC............................................................................................................................... Family Child Care
FPG............................................................................................................................... Federal Poverty Guidelines
HHSC............................................................................................................................. Texas Health and Human Services Commission
HS................................................................................................................................. Head Start
IDEA............................................................................................................................. Individual with Disabilities Education Act
IPUMS........................................................................................................................... Integrated Public Use Microdata Sample
KRS................................................................................................................................. Kindergarten Readiness System
LCCC............................................................................................................................. Licensed Child Care Center
LEA................................................................................................................................. Local Education Agency
MSA............................................................................................................................... Metropolitan Statistical Area
NAA............................................................................................................................... National Afterschool Association
NACCC........................................................................................................................ National Accreditation Commission for Early Child Care and Education Programs
NACCRA..................................................................................................................... National Association of Child Care Resource and Referral Agencies
NAEYC........................................................................................................................ National Association for the Education of Young Children
NAFCC........................................................................................................................ National Association for Family Child Care
NCES............................................................................................................................. National Center for Education Statistics
NECPA.......................................................................................................................... National Early Childhood Program Accreditation
PPCD............................................................................................................................. Preschool Program for Children with Disabilities
Pre-K............................................................................................................................... Pre-Kindergarten
PSS............................................................................................................................... Private School Survey
RMC............................................................................................................................... Ray Marshall Center
SAC................................................................................................................................. School-Age Care
SRCS............................................................................................................................. School Readiness Certification System
SSI................................................................................................................................. Supplemental Security Income
TANF............................................................................................................................. Temporary Assistance for Needy Families
TDFPS......................................................................................................................... Texas Department of Family and Protective Services
TEA................................................................................................................................. Texas Education Agency
TRS................................................................................................................................. Texas Rising Star
TSDS............................................................................................................................. Texas Student Data System
TSRI............................................................................................................................... Texas School Ready!
UTHSCH....................................................................................................................... University of Texas Health Science Center at Houston
Acknowledgments

Many people and organizations assisted with the completion of this needs assessment and we gratefully acknowledge their contributions. We especially would like to thank the Texas Early Learning Council, under the leadership of John Gasko and LaShonda Brown, for their support and encouragement of this work. We particularly appreciate the efforts of Donald Titcombe, our project officer, from the Children’s Learning Institute (CLI) at University of Texas Health Science Center at Houston. Many other CLI staff members also contributed to this project, including Thomas Layne Waxley, Jeffrey M. Williams, Brian Herod, Vibhuti Bhavsar, Katie Chennisi, Jennifer Lindley, and Donald Swofford.

We also would like to acknowledge the many organizations that provided data and information upon which the program descriptions and statistical analyses in this report are based. The names of those organizations are listed throughout the report. We particularly appreciate the contributions of these specific individuals:


Cynthia Osborne and Liz Gershoff, University of Texas faculty members, served as consultants to this project. Chris King, director of the Ray Marshall Center, and Chandler Stolp, an LBJ School faculty member, reviewed and commented on draft versions of the final report.

Finally, we would like to express our sincere appreciation to other Ray Marshall Center and Hobby Center staff members who helped with this project. At the Ray Marshall Center, Anjali Gupta played a vital role in managing, merging and analyzing many disparate data files so that a coherent story could be told, and Vanessa Morales and Savin Ven Johnson served as graduate research assistants. The authors especially wish to thank the administrative and
technical staff members at both the Ray Marshall Center — Karen White, Susie Riley, Alanna Burney, Patty Rodriguez and Anthony Munoz — and the Hobby Center — Erma Hunter and Janice Johnson — for their continuing assistance throughout the duration of this project.
Other Reports Available from the Texas Early Childhood Education Needs Assessment


All of these reports can be accessed from the Ray Marshall Center for the Study of Human Resources web site: www.utexas.edu/research/cshr/
Executive Summary

The Texas Early Childhood Education Assessment is a collaborative project between the Ray Marshall Center for the Study of Human Resources at the University of Texas at Austin and the Hobby Center for the Study of Texas at Rice University, with funding provided by the Texas Early Learning Council via the University of Texas Health Sciences Center in Houston. The purpose of the project is to describe the demand for, the supply of, and the service gaps in early childhood education and school-age care programs and services for the state of Texas and jurisdictions within Texas. This is the first statewide needs assessment of Texas early childhood education in over 40 years.

The Texas needs assessment has four specific objectives:

1. To understand and estimate the number of children under age 13 who are eligible for early childhood education programs and for school-age care in the near term (2010-2015) and over the long term (to 2040).

2. To understand and document the current supply of formal providers of early childhood education programs and services as well as school-age care for children under the age of 13 and the quality of that supply based on available data from federal, state, and local agencies and service providers.

3. To conduct a gap analysis based on objectives 1 and 2.

4. To generate a final, comprehensive Texas needs assessment that analyzes the availability and quality of Texas’ early childhood education and school-age care systems for the near term (2010-2015) and develops projections of the need for these services over the long term (to 2040).

Research Methods

Data sources for the Texas Early Childhood Needs Assessment are presented in Table 1 below. The Ray Marshall Center and Hobby Center project team used these data sources and
sophisticated statistical modeling and forecasting techniques to estimate the supply and project the demand of early childhood education and school-age care and services by detailed geographical areas, including Councils of Governments (COG) planning regions, Metropolitan Statistical Areas (MSA), and counties. In particular, information from the U.S. Census and state data sources were used to create population projections. Supply documentation relied on available national, state and local survey data; program eligibility rules; and administrative program participation data collected by various programs. Summarized data from the demand and supply analyses were matched to determine gaps in the supply of available programs and services at the state, COG, MSA and county levels.

**Table ES 1. Research Components and Data Sources**

<table>
<thead>
<tr>
<th>RESEARCH COMPONENT</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population projections</td>
<td>2000 and 2010 U.S. Census data</td>
</tr>
<tr>
<td></td>
<td>Vital Statistics from the Texas Department of State Health Services</td>
</tr>
<tr>
<td></td>
<td>American Community Survey, 2006-2010</td>
</tr>
<tr>
<td>Supply data</td>
<td>Texas Department of Family and Protective Services (TDFPS) Child Care Division: licensed child care centers, licensed homes, registered and listed homes</td>
</tr>
<tr>
<td></td>
<td>Child Care Development Fund (CCDF)</td>
</tr>
<tr>
<td></td>
<td>Public School Pre-K program for at-risk children (Pre-K)</td>
</tr>
<tr>
<td></td>
<td>Private School Survey (PSS)</td>
</tr>
<tr>
<td></td>
<td>Public School Preschool Programs for Children with Disabilities (PPCD)</td>
</tr>
<tr>
<td></td>
<td>Early Childhood Intervention (ECI)</td>
</tr>
<tr>
<td></td>
<td>Head Start, Early Head Start and Migrant programs (HS/EHS)</td>
</tr>
<tr>
<td></td>
<td>Department of Defense (DOD) military installation child care centers</td>
</tr>
<tr>
<td>Quality data</td>
<td>A formal designation of quality by any of the following external organizations or programs:</td>
</tr>
<tr>
<td></td>
<td>Texas School Ready! (TSRI!)</td>
</tr>
<tr>
<td></td>
<td>Texas Rising Star (TRS)</td>
</tr>
<tr>
<td></td>
<td>National Association for the Education of Young Children (NAEYC)</td>
</tr>
<tr>
<td></td>
<td>National Association for Family Child Care (NAFCC)</td>
</tr>
<tr>
<td></td>
<td>National Early Childhood Program Accreditation (NECPA)</td>
</tr>
<tr>
<td></td>
<td>National Accreditation Commission for Early Child Care and Education Programs (NAC)</td>
</tr>
<tr>
<td></td>
<td>Association of Christian Schools International (ACSI)</td>
</tr>
<tr>
<td></td>
<td>National Afterschool Association (NAA)</td>
</tr>
</tbody>
</table>
Key Findings

Changes in Population

In 2010, nearly 5 million children ages 0-12 lived in Texas. Texas accounted for 53.2 percent of the growth in the early childhood and school-age population (ages 0-12) in the U.S. overall between 2000 and 2010. The Texas early childhood and school-age population is increasingly concentrated in metropolitan areas (as defined in the 2010 Census).

Texas is becoming more diverse, especially among the early childhood and school-age population. As of 2010, Hispanics accounted for approximately half (49.3 percent) of this age group (up from 41.6 percent in 2000). This diversification is not only a result of growth in Hispanic, Non-Hispanic Black, Non-Hispanic Asian and Other children, but also is a result of a decline of Non-Hispanic White children between 2000 and 2010.

Texas’ projected increase of 303,072 children for the five-year period from 2010 to 2015 is larger than the numerical increase that occurred in any other state in the United States for the ten year period from 2000 to 2010. The growth will continue to be dominated by minority early childhood populations, particularly Hispanics, who will account for more than 65 percent of the increase in the childhood population from 2010 to 2015. This growth will be concentrated in the metropolitan areas of Houston, Dallas, San Antonio, Austin, McAllen, and El Paso.

Selected Socioeconomic Characteristics

An estimated 24.9 percent of Texas children, ages 0-12, lived in poverty households in 2010, with 1.3 million (25.4 percent) projected to do so in 2015. This would equal an increase of roughly 99,000 poor Texas children over the five-year period. An estimated 13.3 percent of the early childhood and school-age population lived in linguistically isolated households in 2010 but only four percent of all children were foreign-born. Nearly 60 percent of children, ages 0-12, lived either in two-parent households in which both parents worked (29.7 percent) or a single-working-parent household (29.8 percent).
Supply of Early Care and Education and School-Age Care Services and Programs

Nearly 23,500 unique Texas operators — consisting of licensed child care centers, various types of family homes, public pre-kindergarten (Pre-K) and military child development centers — provided over 865,000 unduplicated slots of early care and education services in 2010 (Table 2). Several other types of early care and education were either included in the overall totals or data limitations restricted full analysis. Of those: 1,064 private schools offered Pre-K to nearly 55,000 children; Head Start (HS) and Early Head Start (EHS) programs provided services to a total of 93,132 children and pregnant women; and over 12,600 providers offered early care and education through the Child Care Development Fund (CCDF) program to nearly 140,000 children each month.

Table ES 2. Distribution of Unduplicated Providers and Slots by Type

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Providers</th>
<th></th>
<th>Slots</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>23,465</td>
<td>100%</td>
<td>867,628</td>
<td>100%</td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>8,300</td>
<td>35%</td>
<td>586,923</td>
<td>67%</td>
</tr>
<tr>
<td>Licensed Homes</td>
<td>1,626</td>
<td>7%</td>
<td>12,600</td>
<td>1%</td>
</tr>
<tr>
<td>Registered Homes</td>
<td>6,330</td>
<td>27%</td>
<td>30,557</td>
<td>4%</td>
</tr>
<tr>
<td>Listed Homes</td>
<td>4,037</td>
<td>17%</td>
<td>10,155</td>
<td>1%</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>3,154</td>
<td>13%</td>
<td>224,287</td>
<td>26%</td>
</tr>
<tr>
<td>Military CDCs</td>
<td>18</td>
<td>.07%</td>
<td>3,106</td>
<td>.3%</td>
</tr>
</tbody>
</table>

Percentages don’t total 100% due to rounding

Additional services for young children and their families in 2010 included: the Early Childhood Intervention program, which served 66,648 children with developmental delays from birth through age 2, and the Preschool Program for Children with Disabilities, which served 41,815 3- to 5-year-old students. Home visiting programs provide early intervention services for high-risk families. In 2010, Texas provided home visiting services through 12 programs located throughout the state providing support to families with pregnant women and children up to age five.
The Texas Department of Family and Protective Services child care registry data for 2010 identified over 18,000 facilities that provided school-age care but it was not possible to get a full count of school-age care slots due to data limitations.

Quality Designation of Programs

The most common type of quality designation in 2010 was Texas Rising Star (TRS), with over 1,200 provider sites meeting TRS standards. In Texas, for the 2010-2011 school year, there were 1,765 Texas School Ready!-certified Pre-K classrooms serving a total of 30,098 students, with an additional 1,452 in the process of certification.

Gap Analysis

In 2010, the total unduplicated supply of formal ECE could have potentially served 45 percent of Texas children ages 0-4 and 78 percent of the estimated need for child care (for children ages 0-4) among working families in 2010. Model estimates for the 20 largest counties of the relative gap between projected child population and estimated amount of formal care needed identified the counties with the largest relative supply of formal care and the smallest relative supply of formal care and projected the expected need for care among working families to 2015 based on anticipated increases in the child population.

Public school Pre-K programs served 85-90 percent of eligible 4-year-olds in 2010. Summary HS and EHS data indicated that only five percent of eligible children ages birth through two, 31 percent of eligible 3-year-olds and 39 percent of eligible 4-year-olds were served in Texas programs. Less than ten percent of eligible families and children ages 0-12 were served by CCDF programs in 2010.

A maximum of 16 percent of child care centers and 12 percent of public Pre-K programs received any type of quality designation in 2010. All COG planning regions and MSAs contained at least one early care and education provider with at least one of the eight quality designations included in this study, but only 160 of Texas’ 254 counties housed any providers meeting these external quality standards.
Recommendations

At the state level, policy makers should:

1. Identify and better articulate the total array of services that would enable families and communities to better support young families and their children.

2. Assess whether the creation of a separate agency of early learning would enhance the state’s efforts to improve the kindergarten readiness of its youngest residents.

3. Increase the available services for low-income children under the age of four to enable a larger share of young low-income Texas children to participate in language-rich environments within a variety of possible settings.

4. Develop a more systematic approach to measuring and improving program quality, either by improving licensing and public Pre-K standards or by financially supporting a unified system of quality designation for early childhood education providers.

5. Determine the extent to which children entering PPCD programs received ECI services in order to identify those groups of developmentally delayed children who are not receiving the earliest possible program interventions.

6. Work with relevant groups to better understand the need for and supply of school-age care.

7. Conduct a cost-benefit analysis to determine which types of services have the greatest impact on kindergarten readiness and other educational outcomes.

This analysis also can be used as a starting point for gathering the more detailed information that communities need for more targeted program needs assessments in their local geographical areas. Local planners should address the following questions:

1. Is the current share of formal ECE in each community sufficient to meet this community’s specific needs?
2. How prepared is this community to deal with the overall projected growth of the population of young children who will need care because of their parents’ employment?

3. Are there opportunities to maximize the coordination between certain types of care (e.g., Pre-K, HS, CCDF) so as to improve the kindergarten readiness of young children considered to be at-risk?

4. How much additional public funding will be required to deal with the expected growth in children requiring specialized services?

5. Are there additional opportunities to enhance the overall quality of care within this community? To what extent can local resources from various community stakeholders — e.g., employers, government, military, philanthropic community — be engaged in the process of improving the availability and quality of care?

Future Needs Assessments

Prior to conducting any future needs assessments of this type, the state should implement a common data collection protocol for Texas ECE and SAC programs and collect the desired data at least annually. The preferred structure would designate some entity with the authority to recommend data collection standards for all government-funded programs, to link individual records across various programs and years and to work with all relevant program administrators to improve the quality of the data collected about each of these programs. Legislation may be required to specify overall governance and data reporting requirements.

Specific recommendations for improving the data needed for future needs assessments include:

1. Increase the sample of detailed demographic information needed to identify key characteristics of demand for early care and education that cannot be obtained from existing Census data, and consider enhancing existing ACS data with periodic surveys that include other variables — such as disability status — needed to better plan for young children’s program needs.
2. Add a common program identifier code to the TDFPS registry database and a standardized school name code to the TEA database. Encourage providers and accrediting bodies to use these common identifiers in their databases.

3. Add desired program capacity (by child age) to the information in the TDFPS registry database for child care centers.

4. Encourage all providers and accrediting bodies to archive past data or assign some group to collect data on a periodic basis to create such a data archive.
Introduction

The Texas Early Childhood Education Assessment is a collaborative project between the Ray Marshall Center for the Study of Human Resources (RMC) at the University of Texas at Austin and the Hobby Center for the Study of Texas at Rice University, with funding provided by the Texas Early Learning Council via the University of Texas Health Sciences Center in Houston. The purpose of the project is to describe the demand for, the supply of, and the service gaps in early childhood education and school-age care programs and services for the state of Texas and jurisdictions within Texas. This is the first statewide needs assessment of early childhood education in over 40 years.

Early Childhood Education and School-Age Care Definition

Early childhood education (ECE) and school-age care (SAC) include formal non-parental care and education of children under age 13 other than regular K-12 schooling.¹ This definition includes child care and education provided by public and private Pre-K programs; Head Start (HS); Early Head Start (EHS); licensed child care centers; licensed, registered, and listed child-care homes; Preschool Program for Children with Disabilities (PPCD); and providers of formal public and private school-age care during the school year, plus informal self-arranged care authorized by the Child Care Development Fund (CCDF). The study also encompasses other early childhood services to families, including Early Childhood Intervention (ECI) services for children from birth to age two with developmental delays and home visiting programs that provide support to high-risk pregnant women and families with children under age five. Exempt from this definition are: enrichment programs that exclusively provide tutorial services or lessons for sports or other types of enrichment; informal child care arrangements that are not licensed or registered with the Texas Department of Family and Protective Services (TDFPS) Day Care Licensing; and programs that exclusively provide summer care.

¹ Although the formal name of this study references early childhood education, the body of the report will distinguish among the various components that make up this definition — early care, early education, other services to young children and their families, and school-age care. The terms ‘early childhood education’ and ‘early care and education’ may be used interchangeably.
Research Objectives and Overview

Families and policy makers are increasingly aware of the role of early childhood care and education in improving school readiness, especially among Texas’ underrepresented and special populations. The core of the Texas needs assessment is to rely solely upon previously collected data to provide information that can assist in the future planning of personnel, facilities and budgets related to such programs throughout the state of Texas. The Texas needs assessment has four specific objectives:

1. To understand and estimate the number of children under age 13 who are eligible for early childhood education programs and for school-age care in the near term (2010-2015) and over the long term (to 2040).

2. To understand and document the current supply of formal providers of early childhood education programs and services as well as school-age care for children under the age of 13 and the quality of that supply based on available data from federal, state, and local agencies and service providers.

3. To conduct a gap analysis based on objectives 1 and 2.

4. To generate a final, comprehensive Texas needs assessment that analyzes the availability and quality of Texas’ early childhood education and school-age care systems for the near term (2010-2015) and develops projections of the need for these services over the long term (to 2040).

This report is organized into four parts that match the project’s overall objectives. More detailed technical reports covering the first three objectives are available on the Ray Marshall Center web site for those readers interested in the detailed numerical findings for all geographical areas.

Part I analyzes U.S. Census data for children ages 0-12 by geography and race/ethnicity and gives child population projections for 2015 and 2040. Analyses of income and other socioeconomic characteristics that are important for determining eligibility for specific early childhood programs are also presented.
The second part of this report summarizes available data from eight different sources to identify Texas providers of early childhood education services and school-age care and the total capacity of these services. This section also counts the number of program providers who maintain some form of quality accreditation or certification from eight different organizations.

Part III brings together data from the first two objectives to determine the gap between the demand for services and the available supply that can be computed from the available data. This section also presents results from a statistical model used to identify those counties likely to need more or less formal early care and education in the future based on child population growth. Finally, this chapter discusses the limits of relying solely on existing data for conducting this type of analysis and identifies the types of additional detailed data that would be needed for a more complete gap analysis.

The final part summarizes and discusses the implications of the findings from the first three parts of this report. It then provides recommendations for service improvements and for conducting future needs assessments.

Overview

The future of the United States is tied to the success of the education of children in Texas. While accounting for 15.7 percent of the growth in the total population in the United States between 2000 and 2010, Texas accounted for 53.2 percent of the growth in the child population (ages 0-12)\(^2\). As shown in Figure 1, Texas’ increase of 732,166 children or 17.2 percent between 2000 and 2010 was more than the combined growth in the early childhood and school-age populations of Georgia, North Carolina, and Florida [ranked second through fourth in growth for this age group]. By 2010, 9.3 percent of the early childhood and school-age population in the United States resided in Texas. Only California had more children in this age group (at 12.3 percent of the U.S. population ages 0-12).

---

\(^2\) The child population covered by this report encompasses both the early childhood ages (0-4) and school-age ages (5-12) populations. The population in these ages account for the majority of the demand for early childhood and school-age care. For ease of description, on occasion the terms ‘children’ or ‘childhood population’ are used to refer to the 0-12 age group.
Texas’ shift to a more racially and ethnically diverse population is especially apparent in the early childhood and school-age population. By 2010, Hispanics accounted for approximately half (49.3 percent) of this age group (up from 41.6 percent in 2000). This diversification is not only a result of growth in Hispanic, Non-Hispanic Black, Non-Hispanic Asian and Other children, but also is a result of a decline in the Non-Hispanic White population by 121,002 children between 2000 and 2010. At the same time, recent data and projections suggest that the socioeconomic characteristics of these children will continue to create challenges in the provision of early care and education services.

This part examines the demographic change that has occurred in this population in the previous decade and its projected change through 2015, analyzing the total change in the entire state and at these sub-state levels: Council of Government (COGs) planning regions, Metropolitan Statistical Areas (MSAs), and counties. This section also details changes in important household and socioeconomic characteristics of the childhood population. Projected population changes through 2015 and 2040 are included in Appendix A for all children ages 0-12, as well as for children ages 0-2, 3-4 and 5-12.

Research Methods

Data on population patterns for the 2000-2010 time period were derived from the 2000 and 2010 Census of Population and Housing while values for 2015 projections used 2000 and 2010 Census values and Vital Statistics data from the Texas Department of State Health Services in a cohort component projection model. Mixed sources of vital statistics were used in estimates for each age-, sex-, and race/ethnicity-specific cohort. Combinations of assumptions on fertility, mortality and migration were then used to formulate alternative scenarios for all counties.

Socioeconomic analyses examined living arrangements, employment patterns, foreign birth and language use using data derived from the Integrated Public Use Microdata Sample for the 2000 U.S. Decennial Census and the 2010 American Community Survey. The number of children in poverty in 2010 and projections of poverty for 2015 were estimated from data derived from the 2006-2010 American Community Survey. While limited by potential sampling
errors, these estimates and projections provide useful indications of the prevalence and change in the socioeconomic characteristics of the childhood population in Texas.

Detailed descriptions of the methods used in this population analysis are provided in Population Changes and Projections in the Early Childhood and School-age Population in Texas, 2000 to 2010, and Projected to 2015.³

Detailed Findings⁴

Population Changes, 2000-2010 and 2010-2015

Statewide population changes. In 2010, nearly five million children, ages 0-12, were living in Texas, an increase of 732,166 over the previous decade (17.2 percent growth). Much of that growth occurred during the early part of that period. The economic downturn beginning in 2008 impacted migration and augmented the trend of declining birth rates for Non-Hispanic Whites, Non-Hispanic Blacks, Non-Hispanic Asians, and Others. The later part of the decade also saw an approximately six percent decline in Hispanic birth rates.

Fertility trends are expected to continue for most of these groups since they have been showing relatively continuous patterns of decline since 2000. The extent to which Hispanic rates will continue to decline is less certain since they have only recently shown decline and the period of such decline coincides with the last few years (2008-2011) of the economic downturn in Texas and the United States. As a result of an incorporation of the considerations noted above, the five-year increase of 303,072 is projected to be 82 percent of the five-year growth level for 2000-2010. This is reasonable given the levels of historic change and economic-related effects of the past several years and the likely extension of some of these for the near-term.

Even if Texas experiences this slower rate of growth from 2010 to 2015, growth in the child population is still substantial relative to other states. Texas’ projected increase of 303,072 children for the five-year period from 2010 to 2015 is larger than the numerical increase that occurred in any other state in the rest of the United States for the ten-year period from 2000 to 2010.

³ This report can be accessed at: www.utexas.edu/research/cshr/
⁴ The following discussion focuses on the population of all Texas children, ages 0-12. More detailed information by child age is included in Part III and Appendix A.
Changes by race and ethnicity. Texas also has experienced substantial levels of change in its racial/ethnic characteristics. The Non-Hispanic White childhood population continues to decline with simultaneous increases in the Hispanic childhood population. In 2000, Non-Hispanic Whites and Hispanics accounted for 84 percent of the total early childhood and school-age population in Texas, as shown in Figure 2. This overall percentage remained virtually unchanged in 2010, but while Non-Hispanic Whites accounted for a plurality of the early childhood and school-age population in 2000 (at 42.3 percent), by 2010, Hispanics were the dominant race/ethnic group (at 49.3 percent). If the projections presented here occur, in 2015 the majority of early childhood and school-age children in Texas will be Hispanic (50.2 percent), while only 31.8 percent will be Non-Hispanic White.

Figure 2. Changes in Composition of the Child Population (Ages 0-12) in Texas over Time

Between 2000 and 2010, the Non-Hispanic White early childhood and school-age population decreased by over 121,000. Between 2010 and 2015, the Non-Hispanic White childhood population will increase only slightly, by 36,967 to 1,683,695 in 2015 (a 2.2 percentage increase). The Hispanic early childhood and school-age population showed the
largest increase, from 1.8 million in 2000 to 2.5 million in 2010 (a total of 690,021 or 38.9 percent). Due to declines in migration and birthrates, Hispanics are projected to experience a slower pace of growth from 2010 to 2015, growing 8.0 percent to 2.7 million by 2015.

In percentage terms, the fastest growing group was the Non-Hispanic Asian and Other population, which increased by 60.9 percent (from 193,483 to 311,330) between 2000 and 2010. Although the total number in this group is relatively small compared to other race/ethnic groups (i.e., Non-Hispanic Whites and Hispanics), by 2015, this group is projected to increase to 358,333, a 15.1 percent increase.

As a result of having an age structure similar to Non-Hispanic Whites as well as declining rates of fertility, the Non-Hispanic Black population had a lower rate of population growth than any other race/ethnic group except Non-Hispanic Whites (45,300 or 8.6 percent from 2000 to 2010). It is projected that they will experience a small increase between 2010 and 2015 of 21,000 children to 595,072 in 2015 (or a 3.7 percentage increase). The share of the early childhood and school-age population that is Non-Hispanic Black is projected to decline from 11.5 percent in 2010 to 11.2 percent in 2015.

*Council of Government Planning Regions.* The patterns of change in the early childhood and school-age population in COG planning regions follow those of the overall population. The most rapid growth from 2000 to 2010 occurred in the South Texas border area and in the Texas Triangle (the end points of which include Houston, Dallas-Ft. Worth, and San Antonio (including the Austin area). All of the COG planning regions that experienced faster growth than the state’s increase in the under 13 population of 17.2 percent are located within these areas (Figure 3.) Between 2000 and 2010, 60.4 percent of the state’s growth in the early childhood and school-age population occurred in the Houston-Galveston and North Central Texas planning regions. Growth in the childhood population will continue to be dominated by these two regions with 55.0 percent of the state’s 2010-2015 growth occurring in these regions and another 15.2 percent of the growth in the childhood population occurring in the Capital Area planning region. By 2015, 51.4 percent of the total early childhood and school-age population will reside in the Houston-Galveston and North Central Texas planning regions.
Figure 3. Percent Change in Early Childhood Population for Councils of Governments Regions, 2000-2010 and 2010-2015
Metropolitan Statistical Areas. The Texas early childhood and school-age population is increasingly concentrated in metropolitan areas (as defined in the 2010 census). In 2010, approximately 89.6 percent of the early childhood and school-age population lived in metropolitan areas (compared to 87.4 percent in 2000). Of the 732,166 children added in this age group from 2000 to 2010, 726,364 (99.2 percent of all children added) were located in metropolitan areas (Figure 4.) Most of the projected 303,000 increase in this population from 2010 to 2015 is projected to occur in metropolitan areas, with only about 20,000 children being added to non-metropolitan areas.

Figure 4. Metropolitan Statistical Areas’ Shares of Total Statewide Change in the Early Childhood Population, 2000-2010 and 2010-2015

Projections to 2015 indicate continued growth (more than 162,000 children) in the Dallas-Ft. Worth-Arlington and Houston-Sugar Land-Baytown MSAs. Figure 5 shows the projected changes in child population for all MSAs.
Figure 5. Percent Change in Early Childhood Population for Metropolitan Statistical Areas in Texas, 2000-2010 and 2010-2015
Counties. Over fifty percent of the state’s early childhood and school-age population will live in six counties in 2015 (Harris, Dallas, Tarrant, Bexar, Travis, and Hidalgo Counties). Overall, 62 counties are projected to have rates of growth in their early childhood and school-age populations that are the same as, or greater than, the rate for the state as a whole.

Of the 254 counties in Texas, 202 experienced declines in their Non-Hispanic White early childhood and school-age populations during the 2000-2010 decade. Between 2010 and 2015, 108 counties are projected to experience declines in the Non-Hispanic White early childhood and school-age populations and 131 will have no change or experience population growth.\(^5\) Significant growth occurred in the Hispanic early childhood and school-age population over the 2000-2010 decade, with 105 counties experiencing growth in this population that was greater than the 38.9 percent growth experienced by the state as a whole. For the Non-Hispanic Black early childhood and school-age population, the most substantial percentage growth from 2000 to 2010 occurred in suburban counties of Dallas-Ft. Worth-Arlington, Houston-Sugar Land-Baytown, Austin-Round Rock-San Marcos, and San Antonio-New Braunfels (23 counties in all); and counties that experienced decline were located in East Texas (Figure 6). These trends are expected to continue so that of the counties with at least 100 Non-Hispanic Black children ages 0-12 in 2010, approximately 61 counties will experience growth or no change while 55 will experience population declines by 2015 (Figure 7).

\(^5\) The remaining 15 counties had less than 100 Non-Hispanic White children.
Figure 6. Percent Change in Child Population, Ages 0-12 2000-2010

Percent Change
- Less than 100 children in 2000
- Population decline (119)
- No change or less than 10% (69)
- At least 10% but less than State growth of 17.2% (26)
- Greater or equal to State growth of 17.2% (38)
Figure 7. Percent Change in Child Population, Ages 0-12 2010-2015

There are fewer counties with significantly large populations of Non-Hispanic Asian and Others. Of the counties with at least 100 Non-Hispanic Asian and Other children ages 0-12 in 2000, four counties experienced population decline while 25 had growth greater than the state as a whole. This population group is expected to grow by 15.1 percent between 2010 and 2015, and 25 counties are expected to meet or exceed that growth rate.

Selected Socioeconomic Characteristics of Texas Children, Ages 0-12 in 2010

The state and its component areas will also show change in key socioeconomic characteristics of their populations and households that are likely to be of particular importance in
planning early childhood education and school-age care. These characteristics are also related to some of the eligibility criteria for publicly-funded early childhood education and school-age care programs. These data suggest that not only will the early childhood and school-age population increase by 2015, but the number of children with language, poverty, and other challenges will also increase.

In Texas the majority of early childhood and school-age children live in two-parent households (Figure 8). In 2010, an estimated 62.0 percent of all children ages 0 through 12 were living with two parents while 34 percent were living with a single parent; a majority of this group (27 percent) lived with a single mother. The highest rate of growth occurred in the number of children living with a single parent, which increased by 53.2 percent (or 591,445 children) compared to a 4.9 percent change in the number living with both parents (a change of 146,490 children). The majority of early childhood and school-age children live with two parents who both work (29.7 percent) or with a single working parent (23.0 percent).

Figure 8. Living Arrangements of Children Ages 0-12 in Texas

The number of foreign-born young children in Texas declined slightly, from 238,000 in 2000 to an estimated 208,000 in 2010. Only about four percent of all children ages 0-12 were foreign-born in 2010. That year, 17 percent of children lived with at least one non-citizen parent. Seventy-
nine percent of the early childhood and school-age population lived with at least one parent who was a citizen; 4 percent lived in households or other living arrangements without either parent present. Between 2000 and 2010, the number of children living in households where all members 14 years old and older had at least some difficulty speaking English increased by 175,990 or 35.8 percent (to 668,080 in 2010). In 2010, 1.2 million or 24.9 percent of children in Texas were living in poverty; 1.3 million (25.4 percent) are projected to do so by 2015.

Summary

The population of Texas children, ages 0-12, increased by 732,166, or 17.2 percent, in the 2000 to 2010 decade. Texas accounted for 53.2 percent of the total increase in the childhood population in the U.S. from 2000 to 2010. The projections for 2010 to 2015 suggest that the level of increase is likely to slow, but even so, the projected five-year increase of more than 303,000 children will exceed the growth that occurred in any other state for the prior ten-year period.

The growth will continue to be dominated by minority early childhood populations, particularly Hispanics, who will account for more than 65 percent of the increase in the childhood population from 2010 to 2015. This growth will be concentrated in the metropolitan areas of Houston, Dallas, San Antonio, Austin, McAllen, and El Paso.

The population growth will be accompanied by substantial increases in the number of early childhood and school-age children who are impoverished. These data suggest that the challenge for Texas of providing such children with the resources they need for healthy development will continue in the coming years.

Part III of this report discusses the more detailed demand characteristics, such as variations by age of child, family structure, and employment patterns, needed to compare to the supply data described in Part II.
Part II. Supply and Quality of Early Childhood Education and School-Age Care

The field of early childhood education and services is extraordinarily complex and diverse. Even when limited to the formal supply sector as in this study, the types of services provided to young children range from structured classroom settings whose focus is to prepare children for school, to home-based settings whose main purpose is either to provide care for young children whose parents are working or training or to mitigate effects of development delays.\(^6\) School-age care (SAC) is typically used by working parents and provided in very diverse types of settings, including school campuses, homes, child care centers, and community centers. Other services such as Early Childhood Intervention (ECI) and home visiting programs are also included in the Texas system providing services to young children and their families.

Overview

This part first presents the formal supply of ECE and SAC providers and the total number of slots — the number of children who could be served at any given time — within each supply source. Estimates of formal providers and enrollment capacity are identified for the state and for smaller geographic areas — specifically COG regions, MSAs and counties — when those could be supported from the available data. The second section of this part identifies the number of ECE programs that maintain an accreditation or certification from an identified quality assessment program.

Research Methods

Estimates of the total supply of formal ECE and SAC and the quality of that supply were determined from data that were already collected, both from administrative databases maintained by licensing or accreditation organizations or agencies that administer publicly-funded programs, and from existing data collected from provider surveys. The data for the

\(^6\) The formal child care sector includes those providers that are regulated in some way by a government agency. Informal child care — care provided by relatives or friends outside of a regulated setting — is outside of the scope of this study except for relative care authorized by CCDF.
programs and providers listed in Table 1, in combination with the use of statistical estimation techniques, form the basis for the information in this part. The supply data include programs and services with diverse eligibility requirements, geographic service areas and quality requirements. Gaps in the available data — e.g., lack of required detail by child age, limited information for small geographic areas, inability to link files by name or zip code — made it impossible to describe all types of ECE and SAC at the desired level of detail. More information on the research methods used to determine supply and quality is presented in Appendix A of the *Supply and Quality of Early Care and Education and School-Age Care* report.\(^7\)

### Table 1. Research Components and Data Sources

<table>
<thead>
<tr>
<th>RESEARCH COMPONENT</th>
<th>DATA SOURCE</th>
</tr>
</thead>
</table>
| Supply data        | • Texas Department of Family and Protective Services (TDFPS) Child Care Division: licensed child care centers, licensed homes, registered and listed homes  
• Child Care Development Fund (CCDF)  
• Public School Pre-K program for at-risk children (Pre-K)  
• Private School Survey (PSS)  
• Public School Preschool Programs for Children with Disabilities (PPCD)  
• Early Childhood Intervention (ECI)  
• Head Start, Early Head Start and Migrant programs (HS/EHS)  
• Department of Defense (DOD) military installation child care centers |
| Quality data       | A formal designation of quality by any of the following external organizations or programs:  
• Texas School Ready! (TSR!)  
• Texas Rising Star (TRS)  
• National Association for the Education of Young Children (NAEYC)  
• National Association for Family Child Care (NAFCC)  
• National Early Childhood Program Accreditation (NECPA)  
• National Accreditation Commission for Early Child Care and Education Programs (NAC)  
• Association of Christian Schools International (ACSI)  
• National Afterschool Association (NAA) |

### Detailed Findings

Estimates of the total unduplicated number of ECE providers and slots in 2010 are presented, followed by individual supply estimates for each of the types ECE programs and

\(^7\)This report can be accessed at: www.utexas.edu/research/cshr/
services included in this study. Partial estimates of SAC are then discussed, along with a summary of home visiting services for families of young children.

**Unduplicated Supply of Formal Early Care and Education and Services in Texas**

For the purposes of this study, the total unduplicated supply of formal ECE consists of education and care provided by facilities listed in the Texas Department of Family and Protective Services (TDFPS) registry (child care centers and family homes), public Pre-K and child care centers on military installations. Other types of ECE — Head Start (HS) and Early Head Start (EHS), many private school Pre-K programs and services mandated by Individuals with Disabilities Education Act (IDEA) programs — are either included within one or more of the main supply categories or cannot be described at the desired level of sub-state detail to be included for this analysis. Although it is possible for some young children to be co-enrolled in both a TDFPS slot and Pre-K, it was not possible to measure the actual rates of co-enrollment from the available data.

Estimates based on the best available data found that nearly 23,500 unique Texas operators provided over 865,000 slots of ECE services in 2010. As shown in Table 2, over two-thirds of the total unduplicated capacity was located in child care centers and another 25 percent in public Pre-K programs. Child care centers and homes comprise nearly three-fourths of the unduplicated supply of care. These organizations typically serve working parents and are fairly responsive to market conditions based on parents’ ability to pay for care.

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8 A slot is defined as care or education for one child for one full day. More than one child can occupy one slot if each child attends a program for only one-half day.
Table 2. Distribution of Unduplicated Providers and Slots by Type

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Providers</th>
<th></th>
<th>Slots</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>23,465</td>
<td>100%</td>
<td>867,628</td>
<td>100%</td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>8,300</td>
<td>35%</td>
<td>586,923</td>
<td>67%</td>
</tr>
<tr>
<td>Licensed Homes</td>
<td>1,626</td>
<td>7%</td>
<td>12,600</td>
<td>1%</td>
</tr>
<tr>
<td>Registered Homes</td>
<td>6,330</td>
<td>27%</td>
<td>30,557</td>
<td>4%</td>
</tr>
<tr>
<td>Listed Homes</td>
<td>4,037</td>
<td>17%</td>
<td>10,155</td>
<td>1%</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>3,154</td>
<td>13%</td>
<td>224,287</td>
<td>26%</td>
</tr>
<tr>
<td>Military CDCs</td>
<td>18</td>
<td>.07%</td>
<td>3,106</td>
<td>.3%</td>
</tr>
</tbody>
</table>

Percentages don't total 100% due to rounding.

The distribution of the total ECE capacity roughly corresponded to the child population density, with approximately 90 percent of providers and slots located within MSAs. Among specific MSAs, the Dallas Fort Worth-Arlington and Houston-Sugar Land-Baytown MSAs had the largest supplies, with over 215,000 slots each, while the Sherman-Denison MSA had the fewest number of slots (2,877). Non-MSA counties totaled approximately 87,000 slots. Figure 9 displays the total distribution of formal ECE slots by county.
Specific Types of Early Care and Education and Services

In addition to estimating total unduplicated early care and education for young children, the report on program supply gave detailed estimates of the number of providers and slots for the following specific sources of early care and education in 2010 (Table 3.) To the extent possible from the available data, these also were tabulated for COGs, MSAs, and individual Texas counties.
Table 3. Distribution of all Providers and Slots by Program Type  
(counts may be duplicative)

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Providers</th>
<th>Slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Centers</td>
<td>8,300</td>
<td>586,923</td>
</tr>
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<td>Licensed Homes</td>
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</tr>
<tr>
<td>Registered Homes</td>
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</tr>
<tr>
<td>Listed Homes</td>
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<td>10,155</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>3,154</td>
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</tr>
<tr>
<td>Private Pre-K</td>
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<td>Military CDCs</td>
<td>18</td>
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<tr>
<td>Head Start</td>
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<td>Early Head Start</td>
<td>233</td>
<td>7,119</td>
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<tr>
<td>Migrant/ Seasonal Head Start</td>
<td>39</td>
<td>7,700</td>
</tr>
<tr>
<td>Child Care Development Fund</td>
<td>12,652</td>
<td>139,537</td>
</tr>
<tr>
<td>IDEA: Early Childhood Intervention</td>
<td>56</td>
<td>66,648</td>
</tr>
<tr>
<td>IDEA: Preschool Programs for Children with Disabilities</td>
<td>4,044</td>
<td>41,815</td>
</tr>
</tbody>
</table>

Note: The IDEA programs are required to serve all eligible children, therefore the ECI and PPCD slot totals represent actual numbers of children served.

Texas Department of Family and Protective Services Registered Facilities

The Child Care Licensing Division of the TDFPS is responsible for the regulation of child care. The division creates and enforces minimum child care standards and investigates alleged abuse/neglect in child care settings. The minimum standards outline basic requirements designed to protect the health and safety of children in out-of-home care settings by reducing the risk of injury, abuse and communicable disease.

The Child Care Licensing Division grants permits to different types of child care businesses: child care centers are licensed while private caregiver homes can be licensed, registered, or listed depending upon the number of children served and other characteristics of the care setting. Although there are more formal child care homes (nearly 12,000) than centers
(8,300), over 90 percent of TDFPS-regulated care (nearly 587,000 of over 640,000 slots) was provided by licensed centers in 2010. Over half of the care provided within homes occurred within registered home settings, with the remainder fairly evenly split between licensed and listed homes (Figure 10).

Statewide, over 91 percent of TDFPS-regulated care occurs in child care centers. This varies somewhat across the state, with 92 percent of such care within MSAs located within centers compared to 89 percent in non-MSA counties. Among MSAs, center-based care ranged from a high of 96 percent in the Tyler MSA to a low of 81 percent in the Wichita Falls MSA. Among COGs, the percent of regulated care provided in centers ranged from a high of 97 percent in the Middle Rio Grande COG to 80 percent in the Nortex COG.

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9 Because the official TDFPS data often lists building capacity instead of ideal program capacity, the slot estimates were derived by using Texas child care market rate survey data to adjust the capacity listed in the TDFPS database. Details of this estimation technique are described in Appendix A of the Supply and Quality of Early Care and Education and School-Age Care report.
Figure 10. Distribution of TDFPS-Regulated Care Provider Sites and Slots Statewide

Pre-Kindergarten

Public Pre-K. Texas independent school districts offer public school Pre-K to eligible 4-year-olds who are economically disadvantaged, English-language learners, homeless, from a foster care background, or from a military family (either active duty, injured, or deceased). Public schools are required to offer a half-day Pre-K program when the district can identify at least 15 eligible four-year olds. Some school districts can receive exemptions from offering this service if there are facility and capacity limitations and some offer Pre-K to non-eligible children as a tuition-based service.

In the 2010-2011 school year, Texas public schools provided public Pre-K services to 224,287 children, of whom 215,672 children met program eligibility requirements. Eighty-seven percent of total slots were located within MSAs. The Houston and Dallas MSAs had the largest number of children enrolled in this program, while the Rio Grande area had a disproportionately high share of Pre-K due to high poverty rates in the region.

If funds permit, districts may also enroll 3-year-olds or expand the program from half-day to full-day. It was not possible to distinguish between half-day and full-day programs from the available data.
Private Pre-K. Every two years, the National Center of Education Statistics conducts the Private School Survey to gather data on private schools that do not rely on public funds to provide classroom instruction to students in grades Pre-K-12. Nearly 94 percent of surveyed schools completed this survey in the 2009-2010 school year. Of the Texas schools in this survey, 1,064 offered Pre-K to nearly 55,000 children. Private Pre-K programs identified in the Private School Survey are exempt from TDFPS day care licensing; however, 62 percent of them were included in the TDFPS registry database. As shown in Figure 11, a disproportionate share of private Pre-K slots were located within MSAs — 95 percent compared to 87 percent in public Pre-K.

Figure 11. Distribution of Public and Private Pre-K Slots by MSA Status

Military-Sponsored Child Care

The military child care system is viewed as a leader in providing high-quality child care throughout the nation. Of the 21 military installations in Texas, 13 offer child care through onsite child development centers (CDC), family child care homes (FCC) and school-age care (SAC). In 2010, the 18 CDCs on Texas installations provided care for 3,106 children. The FCC program includes military spouses who provide care both on and off installations.
When military sponsored care is unavailable, the National Association for Child Care Resource and Referral Agencies (NACCRRA) administers Department of Defense’s Military Child Care in Your Neighborhood program. NACCRRA provides off-installation quality child care referrals for military families. All NACCRRA referral centers and homes must meet standards of quality in order to be eligible to accept military child care subsidies. Military children also enroll in other community based, federal- and state-funded programs that provide early childhood care and services including: public school Pre-K, Head Start (HS) and Early Head Start (EHS) and CCDF.

**Head Start and Early Head Start**

Head Start and Early Head Start are comprehensive child development programs that serve economically disadvantaged children from birth through age four, pregnant women, and their families. Grantees — local public, private non-profit, or for-profit organizations — provide comprehensive services in the areas of early childhood education and development; medical, dental, and mental health; nutrition; and parent involvement focused on increasing school readiness. Services may be delivered through local collaborative agreements with other area programs providing early childhood, medical, dental, and social services.

Participating families must meet categorical or income eligibility requirements. Categorical eligibility is available for children who are currently in foster care, from families receiving public assistance (TANF or SSI), or experiencing homelessness. A family that is income-eligible must be determined to have an income below 100 percent of the Federal Poverty Guidelines (FPG), with exemptions for certain types of military income.

In 2010-2011, services in Texas were provided through 85 HS grantees, 52 EHS grantees, one Migrant/Seasonal program grantee, and one Native American tribe. Each grantee may offer services at numerous provider sites. Services were provided at 1,260 HS/EHS /Migrant HS provider sites to a total of 93,132 children and pregnant women through different types of service models, including part-day, part-year, full-day, and full-year variations provided in child development centers, public school Pre-K programs, and home-based settings. The provider sites are widely distributed across Texas, with all but 30 counties having at least one of these providers located within its borders. A disproportionately high share of providers (30 percent) is
located in non-MSA counties. Due to the summarized nature of the Texas HS data and the nature of the HS grantee geographic boundaries, it is not possible to divide the total number of children served below the state level.

**Child Care Development Fund**

The Child Care Development Fund (CCDF) is a federal program of child care services for low-income parents and parents receiving or transitioning off public assistance who work, attend school or participate in a job training program. The Texas Workforce Commission oversees the CCDF program, with services generally managed through the state’s 28 local workforce boards. Temporary Assistance for Needy Families (TANF)-related eligibility is governed by the state, but other CCDF eligibility requirements — generally based on family income up to a maximum of 85 percent of the state median income — may vary by board. Parents may also select CCDF-subsidized informal care provided through relatives.

In Texas, over 12,600 providers offer early care and education through the CCDF program to nearly 140,000 children each month. Approximately 88 percent of children receiving CCDF-care are served in child care centers and another seven percent in licensed or registered child care homes. Less than five percent of Texas children served in the CCDF program in 2010 used informal care. Across the MSAs only two areas served more than 1,000 children through informal arrangements: Austin-Round Rock-San Marcos and Dallas-Ft. Worth-Arlington. Two other MSAs, Midland and Texarkana, served less than 10 children each through informal arrangements.

**Individuals with Disabilities Education Act Services**

The Individuals with Disabilities Education Act (IDEA) is a federal law governing the provision of early intervention, special education, and related services to children with disabilities. Under Part C of the law, Early Childhood Intervention services (ECI) are required for all eligible children with disabilities up to age two while Part B, the Preschool Program for Children with Disabilities (PPCD), covers children ages three to five. To be eligible to receive these services, children must have a medically diagnosed condition determined to impact
capacity to learn or an auditory or visual impairment. Federal, state and local monies fund the programs in addition to Medicaid, insurance and parent fees.

*Early Childhood Intervention (ECI).* In 2010, 56 ECI grantees received IDEA Part C grants in Texas to provide services for families with children from birth through age two with disabilities, developmental delays, and at-risk conditions for developing a delay. All COG regions had at least one ECI grantee in 2010 except the Middle Rio Grande and South Texas COGs, as did all MSAs except Brownsville-Harlingen and Laredo. Even though some areas did not have an ECI grantee, children were being served in all regions as grantee service areas extend to ensure that all eligible children in the state receive services. In 2010, the ECI program served 66,648 children in Texas, with 88 percent of these children located within MSAs and 12 percent in non-MSA counties.

A recent decrease in funding influenced ECI to narrow the program eligibility criteria, resulting in 17 percent fewer children being served in 2011. Furthermore, a recent revision to the Texas Administrative Code required that all ECI contractors establish third-party billing systems to submit reimbursement requests to numerous organizations including private insurance, Medicaid programs and others. Five agencies chose not to renew contracts with the state’s Department of Assistive and Rehabilitative Services (DARS), leaving a current total of only 51 ECI providers to serve the entire state.

*Preschool Program for Children with Disabilities.* PPCD is an early education program for children with disabilities ages three through five that is coordinated through school districts. Eligible children may receive services in a wide variety of settings, but children must be served in the least restrictive environment. In other words, to the fullest possible extent, children should be placed in the same settings as students without disabilities. In 2010, 4,044 Texas providers coordinated PPCD services for 41,815 students. In 2010, there were PPCD providers in all COGs and MSAs. Eighty-five percent of PPCD providers and 89 percent of children served were located within MSAs.

**Home Visiting Programs**

Home visiting programs provide early intervention services for high-risk families. In 2010, Texas provided home visiting services through 12 programs located throughout the state
providing support to families with pregnant women and children up to age five. The goals of
the various program models focus on improving maternal and child health, preventing child
injuries and child abuse, increasing school readiness, and supporting family economic self-
sufficiency.

In 2011, the Texas Health and Human Services Commission (HHSC) secured federal
funds to administer the Texas Home Visiting Program to support evidence-based home visiting
programs in eight selected counties and support a “promising approach” home visiting program
in an additional county. These programs will serve an estimated 2,254 families through August
31, 2013, with funding expected to continue for an additional three years. Although home
visiting programs were not part of the original scope of this study, a description of these
programs was added as an amendment to this project to reflect the growing interest in serving
more young children through home-based approaches to early care.

**School-Age Care**

As defined by this project, school-age care (SAC) includes care provided before and after
the school day and on school holidays for children ages 5-12. Because there is no definitive list
of SAC providers in the state of Texas, the SAC estimates in this report only encompass two
types of SAC: center- and home-based care regulated by providers listed in the formal child
care registry, and SAC subsidized by CCDF. The TDFPS registry data for 2010 identified over
18,000 facilities that provided SAC, but it was not possible to determine how many slots were
allocated for school-age children. CCDF subsidized 6,662 SAC providers serving 51,602 children
ages 5-12.

A number of organizations at the state and local levels are working to improve funding
for and the quality of SAC, including the Texas Partnership for Out-of-School Time (TXPOST).
TXPOST is a statewide stakeholder network interested in mapping the available school-age-care
programs throughout the state. Although this organization may be able to serve as an
additional data source in the future, no such information was available for use in this study.

**Share of Supply Meeting Quality Standards**

Eight quality/accreditation designation programs were identified and reviewed for Texas
program participation. Among these accreditation programs, Texas Rising Star (TRS), Texas
School Ready! (TSR!), the National Association for the Education of Young Children (NAEYC), and the National Association for Family Child Care (NAFCC) rate fairly large numbers of providers; the remaining four organizations accredit comparatively few programs across the state. The most common type of quality designation is TRS, with over 1,200 provider sites meeting those standards. Figure 12 displays the total number of facilities meeting each of the major types of quality standards within the state.

**Figure 12. Total Provider Sites Meeting Quality Standards by Provider Type**

![Graph showing total provider sites meeting quality standards by provider type](image)

Every COG and MSA contained at least one provider meeting some sort of quality standard in 2010, but only 160 of Texas’ 254 counties had any providers meeting such a designation (Figure 13). Due to the varied manner in which provider names were recorded in multiple databases and the lack of a common provider identifier in these databases, provider lists could not be directly matched to quality lists; thus, a zip code match was used instead. This made it impossible to obtain an unduplicated count of the number of providers meeting quality standards within each zip code. However, even if each provider only received one type of quality designation, no more than 16 percent of all child care centers and 12 percent of all public Pre-K programs received any type of quality designation.
Texas School Ready!

Texas School Ready! (TSR!) is a an early childhood quality improvement and quality certification project administered by the Children's Learning Institute at the University of Texas Health Science Center at Houston (UTHSCH). The project includes mentoring, professional development, progress monitoring, research-based curricula, and a quality certification system. TSR! certification identifies preschool programs that are effective in preparing at-risk Pre-K children for Kindergarten. Public schools, Head Start, charter schools, nonprofit, and for-profit programs are eligible to enroll in the certification process. TSR!-certified programs are listed on the Children’s Learning Institute’s website. In Texas, for the 2010-2011 school year, there were
1,765 TSR!-certified classrooms serving a total of 30,098 students, with an additional 1,452 in the process of certification.

In March 2012, the Texas Education Agency (TEA) announced a new Kindergarten Readiness System (KRS) to certify quality Pre-K programs at no cost to the local programs. This new certification program is part of the larger Texas Student Data System (TSDS) initiative to improve upon the statewide longitudinal education data system. The TSR! quality enhancement program will remain the same but the KRS will provide the certification that identifies a Pre-K classroom as a “Pre-K Center of Excellence.”

**Texas Rising Star**

Texas Rising Star (TRS) is a quality rating system that the state originally developed for CCDF-subsidized providers. TRS gives ratings ranging from two to four stars which signal various levels of quality improvements as providers go beyond the state’s Minimum Child Care Licensing Standards. Providers are assessed according to health and safety records, group size, child/staff ratios, caregiver training, and age-appropriate curricula and activities. With over 1,200 accredited sites in 110 out of 254 counties, TRS is the most frequently achieved quality certification in the State (Figure 14). However, because local workforce boards now rely on local funds to support quality programming, there is variability in the amount of funding to support this system across the state.
Figure 14. Distribution of Texas Rising Star Certified Sites by County

Summary

The current supply of early care and education and school-age care in Texas is not one unified system. Instead, it consists of a number of different programs and services that each were originally designed for a unique purpose. Approximately three-fourths of the overall supply of early care and education is a market-based system that primarily serves employed parents needing child care. While required to meet certain child care standards developed by the state, this portion of the supply generally responds to parental preferences for type of care, work schedules, and ability to pay. The remainder consists of government-funded programs designed either to improve the development and school-readiness of young children or to support the work efforts of low-income parents. Generally, the eligibility requirements for
These programs are based on family income, but selected programs have other eligibility criteria such as disability status, limited English, and military status.

There were over 23,000 unique providers of early care and education in Texas in 2010 that could be measured at the county level, consisting of child care centers, child care family homes, public Pre-K, and military child care centers. Together, these facilities could serve nearly 860,000 children, ages 0-4, on a daily basis. Two-thirds of the total capacity is located in licensed child care centers and 26 percent in public Pre-K programs.

Other specific types of providers are either subsets of the overall figures or are not included in these counts due to their data reports lacking sufficient detail. The following types of ECE are sub-sets of the above totals: HS/EHS (1,260 providers serving 93,000 children); private pre-K (1,064 providers serving 55,000 children), and CCDF (12,600 providers serving nearly 140,000 children). In addition, services for developmentally delayed or disabled children included 56 providers serving 66,600 children in the ECI program for children ages 0-2 and 4,000 providers serving 42,000 3-5 year-olds in the PPCD program.

Although there are differences in the geographic distribution of ECE across the state, the location of most ECE parallels the share of children living in urban areas. Major exceptions are private Pre-K, which is more prevalent within MSAs, and HS/EHS, which is disproportionately located in non-MSAs.

Only a portion of school-age care could be measured from the available data. Over 18,000 child care centers and homes provided SAC, but the number of children served could not be estimated; over 6,600 CCDF providers were able to serve over 51,000 school-age children before or after school each day.

Many diverse organizations assess the quality of programs serving young Texas children. In addition to the TDFPS minimum child care standards for centers and family homes, eight other organizations that review the quality of individual programs provided data for this study. An unduplicated list of quality providers by county could not be determined due to data limitations but only 160 of the state’s 254 counties had at least one provider meeting any of these additional quality standards in 2010. Texas Rising Star is the most common type of quality designation achieved by ECE providers.
Part III: Gap Analysis

Overview

The first two parts of this report analyzed the size and geographic distribution of the population of Texas children (ages 0-12) and the existing supply of available ECE and SAC. The gap analysis further refines the demand for ECE by child age, parental work status, and family income, then discusses the relationship between the demand for services and the available supply in 2010 for the following groups: 1) all young children, 2) young children of working parents, and 3) children eligible for specific programs based on family income. Service gaps are first estimated for the entire state in 2010, then expanded, if feasible, to include sub-state variation and future projected estimates to reflect the expected increase in the Texas child population in 2015. Due to many gaps in the available supply data, it is not possible to analyze specific service gaps for many of the desired geographic regions, several ECE programs or school-age care, or to create an unduplicated number of providers meeting any quality standards. The concluding section summarizes the specific types of data gaps impeding further analysis.

Research Methods

Dividing the child population (ages 0-12) data into categories that could be compared to the ECE supply data, necessitated several additional computations: 1) division of the 0-12 population into smaller age groups that are comparable to the age groups for which ECE is typically provided, and 2) estimation of the total children in each age group who either need care because their parents are working or in school, or are eligible for ECE programs with specific eligibility requirements (particularly family income). The 2010 Census data were used to develop the more detailed child age groups but did not contain data needed to estimate either the number of children in working families or children in low-income families. The American Community Survey was used for this purpose; however, due to its smaller sample size, analysis of some measures could not be computed for many counties.
To estimate the variation in the demand for formal ECE among working families in 2010, the Ray Marshall Center constructed an estimation model that includes a set of predictor variables that prior literature has shown to reflect families’ child care needs due to parental employment or educational enrollment. Due to the limited ACS sample size, results could only be interpreted for the 20 largest counties. Assuming similar rates of employment, poverty and family structure in 2015 as in 2010, this estimation model was then applied to the predicted changes in child population to identify those counties with the predicted greatest need for formal ECE in 2015.

The desired method for calculating service gaps for programs with specific eligibility criteria is to directly compare the number of eligible children (based on family income or other criteria) from population data to the total capacity of that program for each sub-state geographical area. Due to data limitations, it is only possible to use this approach for the public Pre-K program. A more generalized discussion of service gaps is included for Head Start and the CCDF programs.

**Detailed Service Gaps**

**All Young Children**

Of the five million children in Texas ages 0-12 in 2010, 1.9 million children ages 0-4 potentially needed ECE services. Of these, 1.1 million were 2 years old or younger, and 0.8 million were 3-4 years old. An additional 3 million children ages 5-12 potentially need SAC.

As discussed earlier, approximately 858,000 formal ECE slots were available to serve young Texas children in 2010 in licensed child care centers, family homes, public pre-kindergarten and military installations. Assuming a 1:1 ratio between available slots and total children and even distribution of these slots across the state, there was a sufficient supply of formal ECE to serve 45 percent of all Texas children ages 0-4 in 2010. The lowest shares of formal ECE slots per 100 children within the state’s MSAs were in the Brownsville-Harlingen and the Sherman-Denison MSAs (37 slots per 100 each) the high was 78 slots per 100 children in Texarkana. (County-level per capita distribution of ECE is displayed in Figure 15.) To maintain

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11 To compute this, divide the total number of slots by the total number of Texas children in these age groups.
the same percentage of statewide coverage in the future, an additional 51,752 number of ECE slots would be needed by 2015 and an additional 542,237 slots by 2040 just to meet the projected future growth in child population.

Although the ratio of available slots to total children could be considered one measure of the unmet need for ECE, not all young children need formal ECE. In some families, one parent may prefer to stay home with young children before they enter kindergarten and has the family resources needed to do so. Even in two-parent families in which both parents work, parents may have different schedules so that one parent can be home with the young children. Finally, some families may opt for informal care arrangements — such as a grandparent, other relative, or neighbor — to care for a child while they are working. The following part refines the estimates for formal ECE to the population most likely to need these services.
Young Children of Working Parents

Typically, families of young children seek ECE for two different reasons: either parents are working or in school and/or they want a socialization or educational experience for their child before the child enters kindergarten. Based on estimates from American Community Survey data, approximately 59 percent of children live in a family with two working parents or live in a single parent family with a working parent (Table 4).
Table 4. Texas Children, Ages 0-5, by Family Structure and Parent Employment in 2010

<table>
<thead>
<tr>
<th>Total Children age 0-5</th>
<th>2,315,927</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children age 0-5 residing with one or both parents</td>
<td>2,230,481</td>
</tr>
<tr>
<td><strong>Married couples</strong></td>
<td></td>
</tr>
<tr>
<td>Both parents employed</td>
<td>713,027</td>
</tr>
<tr>
<td>One parent employed</td>
<td>663,852</td>
</tr>
<tr>
<td>Neither parent employed</td>
<td>22,340</td>
</tr>
<tr>
<td><strong>Single parents</strong></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>612,963</td>
</tr>
<tr>
<td>Not employed</td>
<td>218,299</td>
</tr>
</tbody>
</table>

Source: U.S Census Bureau, 2010 American Community Survey
Note: The total children include children residing in foster care, residential facilities, or with grandparents or other relatives.

Applying the percentage of children of working parents to the total population of Texas children ages 0-4 would mean that nearly 1.1 million young children needed child care or early education in 2010 because their parents were working. If these slots were evenly distributed by geographic location and age of young children, the total unduplicated supply of formal ECE could have potentially served 78 percent of the estimated need for child care among working families in 2010.

The statistical model described above was used to estimate the sub-state demand for formal ECE among working parents for the 20 most populous Texas counties by child age. After controlling for the model variables, Brazoria, Bell, and Denton counties had the largest supply of formal slots for children ages 0 to 2 relative to the entire state, while Fort Bend and Williamson counties had the smallest relative supply of slots for this age group. For 3 and 4 year-olds, Galveston, Webb and Bell counties had the largest relative supply of formal slots, while Brazoria and Dallas counties had the smallest relative supply of slots needed for that age group. While these results may indicate an over- or under-supply of formal ECE in those counties, they also could reflect differences in community preferences for certain types of care, or variation in the employment patterns of parents not captured by the Census data, that may necessitate a higher or lower use of informal care. Analyzing the reasons that some counties may prefer a different ratio of formal ECE than other Texas counties is beyond the scope of this study.
The same model was used to compare the current supply of formal ECE to predicted population growth in 2015. Figure 16 illustrates, for the 20 largest counties in the state, those counties with the most projected need to create ECE capacity by 2015, based upon the projected population growth among 0-4 year olds. For example, in Travis County, the number of young children who need care is expected to increase by approximately 20 percent; however, the capacity of the county to meet that need falls short by approximately 2.5 percent. Galveston County appears to have more formal ECE slots than expected based upon the combination of variables controlled for in the RMC model. While these estimations shed light on formal child care needs for 2015 in those counties, they also raise questions for future analysis such as: which factors in different counties influence the formal ECE market; how do parent choice and preferences influence the formal care market; and to what degree can normal market forces be expected to handle future increases or decreases in demand for ECE.
Low Income Children

The degree to which service gaps could be determined for specific programs at the sub-state level was severely constrained due to data limitations. Gaps could only be fully estimated at all sub-state levels for public Pre-K. Statewide gap estimates also could be computed for HS/EHS.

Public Pre-K. Two different methods were used to estimate service gaps for Pre-K programs, which showed that existing programs served 85-90 percent of eligible children in 2010. One of these methods, used by TEA, allows for analysis of sub-state variation and shows a wide degree of variation among the 20 most populous counties. Using that approach, Fort Bend County appears to have enough slots to serve 60 percent of eligible children, while Bell County appears to have 119
percent of the needed slots. However, data imprecision, family mobility, and school district waivers all could affect these county estimates.

The second method, based on ACS data, allows for future projection of public Pre-K needs based on expected growth in the low-income child population. An additional 15,000 slots would have been needed to serve all eligible low-income children in 2010. Assuming the same future poverty and enrollment rates, an additional 7,600 Pre-K slots would be needed by 2015 (in addition to the current 15,000 gap) to serve all income-eligible children, and an additional 98,000 slots by 2040, to meet the growth in the income-eligible Pre-K population.

**HS/EHS.** Because HS data were summarized at the state level, service gaps for HS and EHS programs could only be computed for the entire state. Based on summary HS and EHS data, it appears that only five percent of eligible 2-year-olds, 31 percent of eligible 3-year-olds, and 39 percent of eligible 4-year-olds were served in Texas HS programs. Because many of the 4-year-olds eligible for HS could have also been served in Texas public Pre-K programs, it is possible that all income-eligible 4-year-olds were served in one of the two programs and/or that some children were co-enrolled in both programs. However, the summarized nature of the HS data made it impossible to directly link student records across these two programs.

**CCDF.** As discussed above, CCDF provides child care subsidies for low-income TANF families to aid their transition to employment, as well as child care for low-income working families. These subsidies can be used for both formal and informal care for children, ages 0-12. In Texas, TANF families have top priority for CCDF subsidies. Other income-eligible families with child care needs can receive subsidies if their incomes are less than the maximum income limits set by each local Board. CCDF income limits vary across the state but 19 of the 28 Boards maintain an income limit of 85 percent of State Medium Income (SMI), which roughly equals 240 percent of the federal poverty level.

The flexible nature of the services that can be offered through CCDF, the family-based eligibility system (instead of a system restricted to specific services for children of a certain age), and the ability of different workforce boards to set specific income-eligibility ceilings all make it difficult to precisely estimate service gaps for CCDF services using the data available in this needs assessment. Because TANF families receive priority for CCDF services, there should be no service gap for that portion of the eligible CCDF population. Prior research has found that only 6-10 percent
of income-eligible families actually receive CCDF services. Figure 17 displays the share of children in families with incomes less than 185 percent of poverty who actually received CCDF subsidies in an average month during 2010.

**Figure 17. Share of Children in Low-Income Families Served by CCDF in 2010**

Note: Low-income families are defined as those having incomes of less than 185% of poverty.

*Other services.* Service gaps could not be computed for the Early Childhood Intervention (ECI) program or the Preschool Programs for Children with Disabilities (PPCD) due to the lack of a suitable variable measuring developmental delay or disability in the Census data. However, the Department of Assistive and Rehabilitative Services (DARS) estimates that approximately three or
four percent of children statewide have a medically diagnosed condition or developmental delay that would make them eligible for comprehensive early intervention services. Because both programs are required to serve all eligible children and families, the ECI program recently tightened those eligibility requirements to match the available funding to the children most in need.

**Quality Gaps**

There is no consistent approach to assigning quality to Texas ECE and SAC programs. The most frequently used quality measure for child care programs (Texas Rising Star) has not received statewide financial support for nearly ten years and is subject to local variations in funding and staffing. The major quality certification for early education programs (Texas School Ready!) is being replaced by a new system (Kindergarten Readiness System). Even with eight different organizations providing some sort of quality designation, only 160 of Texas’s 254 counties had even one provider meeting any quality seal of approval in 2010. Even by assuming that no provider received more than one type of quality designation, a maximum of 16 percent of child care centers and 12 percent of public Pre-K programs received a quality designation. Improvement in this area clearly needs to occur to aid parents and case managers in selecting better care.

Few formal program evaluations have been conducted on the specific ECE components to evaluate their effect on child outcomes. A recent longitudinal analysis of Texas public Pre-K found that children participating in public Pre-K in the 2000-2001 school year showed small but significant gains in 3rd grade standardized test scores when compared to Pre-K-eligible children who did not participate, with most of the gains concentrated among children from very poor families and those who qualified by virtue of both family income and limited English proficiency (Huston et al, 2012). In 2009, Head Start programs received support to implement the Classroom Assessment Scoring System (CLASS), a valid and reliable research–based observational instrument that assesses classroom quality. CLASS is now included in the triennial review for a sample of HS grantees but the results of those reviews are currently unavailable.
Detailed Data Gaps

Due to the local nature of the market for early care and education, a needs assessment would be most useful if conducted at the local level. Ideally, local data measuring the demand for ECE could be matched against the available local ECE supply, including the cost and program eligibility information for each type of service. Program quality would be measured using both structural and observational techniques and published in a form that is readily available to parents and case managers who need to make day-to-day decisions when choosing the best environments for young children and children needing school-age care.

Even for a needs assessment conducted solely from existing data, the level of detail listed in Table 5 for each county would be required in order to fully complete the requested analyses originally envisioned for this study. As a result of the many gaps in the available supply data, the ability to measure the gaps between the demand for and supply of early care and education was limited to the types of services for which full county information was available. To the extent possible, researchers used statistical estimation techniques to account for these data deficiencies but, in general, the best estimates for the gaps between supply and demand for services are those for the most populous counties in the state.
Table 5. Desired Units of Analysis for Each Type of Measure in Needs Assessment

<table>
<thead>
<tr>
<th>Type of Measure</th>
<th>Desired Level of Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children needing ECE or SAC</td>
<td>By age</td>
</tr>
<tr>
<td></td>
<td>By family income</td>
</tr>
<tr>
<td></td>
<td>By family structure and work status</td>
</tr>
<tr>
<td></td>
<td>By geography (county preferred)</td>
</tr>
<tr>
<td>Number of providers</td>
<td>By zip code (or county)</td>
</tr>
<tr>
<td></td>
<td>By number of slots per age group</td>
</tr>
<tr>
<td></td>
<td>By type of service provided</td>
</tr>
<tr>
<td></td>
<td>By waiting list vs. excess capacity</td>
</tr>
<tr>
<td>Number of providers meeting quality standards</td>
<td>Matched to list of providers</td>
</tr>
<tr>
<td></td>
<td>By type of quality standards</td>
</tr>
<tr>
<td>Number of ECE and SAC slots</td>
<td>By child age</td>
</tr>
<tr>
<td></td>
<td>By full-day or part-day</td>
</tr>
<tr>
<td></td>
<td>By work week and season</td>
</tr>
<tr>
<td></td>
<td>By geography (county preferred)</td>
</tr>
<tr>
<td></td>
<td>By number of children served</td>
</tr>
<tr>
<td></td>
<td>By eligible vs. non-eligible enrollees</td>
</tr>
</tbody>
</table>

Table 6 summarizes the types of population, supply and quality data barriers that were encountered when conducting this study. Unless resolved, these barriers would impede any future attempts to replicate this study.
## Table 6. Types of Data Barriers Encountered When Performing This Research

<table>
<thead>
<tr>
<th>Data Category</th>
<th>Type of Barrier</th>
<th>Specific Issues and Data Files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Data</td>
<td>Limited sample size</td>
<td>Important socioeconomic characteristics — income, employment, family structure — only available through ACS and could only be used for larger counties</td>
</tr>
<tr>
<td>Population Data</td>
<td>Lack of variables needed to measure program eligibility</td>
<td>No variables for measuring disabilities, development delays or limited English within ACS</td>
</tr>
<tr>
<td>Program Data</td>
<td>Data access</td>
<td>Only most recent data available (i.e. website updated dynamically with no historical record) – NAEYC, Head Start Center list</td>
</tr>
<tr>
<td>Program Data</td>
<td>Data availability</td>
<td>No comprehensive source of data for SAC</td>
</tr>
<tr>
<td>Program Data</td>
<td>Level of reporting (summarized at state level vs. individual county)</td>
<td>Head Start – enrollment and demographic data only available at grantee level; ECI – demographic data only available at state level</td>
</tr>
<tr>
<td>Program Data</td>
<td>Differing sub-state geographical boundaries</td>
<td>Pre-K at campus level; CCDF at county level; HS center zip codes available but service area (grantees) unclear</td>
</tr>
<tr>
<td>Program Data</td>
<td>Inability to measure multiple services per provider</td>
<td>HS and Pre-K overlap; LCCC and HS; LCCC and private Pre-K;</td>
</tr>
<tr>
<td>Program Data</td>
<td>Lack of details re: types of service, ages of children served, service capacity, unit of service</td>
<td>Licensing data do not specify number of slots for each age group. Public Pre-K data do not indicate if full-day or half-day slots.</td>
</tr>
<tr>
<td>Quality data</td>
<td>Lack of common identifier</td>
<td>Could not link any program directly to state licensing data or determine if one program had multiple accreditations</td>
</tr>
</tbody>
</table>
Part IV: Analysis of Findings and Recommendations

Analysis of Findings

The overall growth in the population of young Texans, the projected continued growth and diversity of this population segment, and the large share of Texas children living in low-income households compel state policy makers to take a close look at the nature of available services for young children and the extent to which the existing services improve kindergarten readiness. Nearly half of all young Texas children are participating in some type of formal early care or education before entering kindergarten; however, a relatively small share of providers meet any quality standards other than the minimum standards required by the state.

There are major differences in the overall rates of formal ECE availability across the state (37 slots per 100 children in the Brownsville-Harlingen and Sherman-Denison MSAs to 78 slot per 100 children in the Texarkana MSA). Some of the differences are clearly linked to the family structure, employment status, and income of the families in each of these areas. What is not as clear from this analysis are the reasons why certain communities have lower amounts of formal ECE, the degree to which the addition of more formal ECE would enhance the kindergarten readiness of children in those communities or who should bear the cost of increasing the formal supply of ECE in communities that face a shortage. The comparison of the child population growth projections and work and family demographics against available supply of early care and education gives some indication as to which communities will need to expand their services for young children; however, individual communities will need to conduct more in-depth analyses in order to properly match the expected changes in the sizes of their child population to the needed services.

Licensed child care centers (67 percent of total) and public Pre-K (26 percent of total) provide over 90 percent of the formal early care and education capacity. Child care centers’ primary users are families who can afford to pay for such care and low-income families receiving subsidized care (primarily CCDF). Lower-income families who are eligible for subsidies
generally prefer center-based care but choose less expensive forms of care when subsidies are not available (Dowsett et al., 2008). Families sometime prefer other, more flexible forms of care because their work schedules are not compatible with traditional center hours.

Less than ten percent of eligible families receive child care subsidies. Policy makers need more information about the early care and education choices of low-income families not receiving subsidies, particularly those whose children are too young to participate in public Pre-K. Some children participate in Head Start or Early Head Start but the statewide statistics show that a small fraction of the eligible children under 4 years old (5 percent of 0-2 year-olds and 31 percent of 3-year-olds) participate. Because so few low-income children are served in those programs, major gaps exist in the knowledge about the early care settings for the majority of Texas’ youngest and most vulnerable populations.

Texas serves roughly 90 percent of 4-year-olds eligible for public Pre-K, and does a good job in making half-day services available. Over the past decade, the state has attempted to increase the overall breadth of its Pre-K program by providing grants to local school districts to offer full-day programs; however, funding for these grants was eliminated during the 2011 legislative session. While the supply calculations imply that there may be an over-supply of ECE devoted to 4-year-olds, the data available for this study did not provide sufficient detail needed to determine how much of the supposed over-supply was due to co-enrollment of children in public Pre-K, Head Start, and CCDF programs. An important policy question to consider (but one beyond the scope of this analysis) is whether a more systematic investment in full-day Pre-K programs would be a better approach than continued coordination with existing Head Start and CCDF-care.

Texas does not have a coordinated approach for judging the quality of ECE programs across all types of care, which means that parents and other consumers need to search for quality information across multiple sources. The Texas Early Learning Council has initiated several projects to better inform parents and other consumers about the overall quality of early childhood education providers. But with only 16 percent of child care centers and 12 percent of public Pre-K programs having received any type of external quality designation, the state’s child...
care licensing standards and the public Pre-K guidelines provide the only uniform quality standards governing the vast majority of early childhood education across the state.

**Recommendations**

Two types of recommendations are offered from this needs assessment: how to meet the identified gaps in programs and quality identified in this study and suggested approaches and a timeline for periodically updating this needs assessment.

**Recommended Service Improvements**

At the statewide level, policy makers should consider the following recommendations:

1. Identify and better articulate the total array of services that would enable families and communities to better support young families and their children.

2. Implement a common protocol across all existing types of services to gather the desired types of program data on at least an annual basis. This may require legislation to specify the overall governance and data reporting requirements for Texas ECE and SAC programs.

3. Assess whether the creation of a separate agency of early learning for the administration of all programs related to ECE and SAC would enhance the state’s ability to coordinate its efforts to improve the kindergarten readiness of its youngest residents.

4. Increase its services for low-income children under the age of four. Brain research and early child development research both have demonstrated the importance of early learning during the first three years of life. In order to increase the kindergarten readiness for children who are most in need, the number of opportunities for young low-income Texas children to participate in language-rich environments must be expanded. Both traditional ECE programs
(centers and homes) and family-based programs (home-visiting programs) should be considered.

5. Develop a more systematic approach to measuring and improving program quality, either by improving licensing standards and public Pre-K or by allocating funds to support a unified system of granting quality designation to early care and education programs across the major types of care.

6. Determine the extent to which children entering PPCD programs received ECI services in order to identify those groups of developmentally delayed children who are not receiving the earliest possible program interventions.

7. Work with relevant groups to better understand the need for and supply of school-age care.

8. Conduct a cost-benefit analysis to determine which service approaches have the greatest impact on child outcomes such as kindergarten readiness and other educational outcomes.

This analysis also can be used as a starting point for gathering the more detailed information that communities will need to conduct more targeted program needs assessments in their local geographical areas. In conducting that work, planners should address the following questions:

1. Is the current share of formal ECE in each community sufficient to meet this community’s specific needs?

2. How prepared is this community to deal with the overall projected growth of the population of young children who will need care because of their parents’ employment?

3. Are there opportunities to maximize the coordination between certain types of care (e.g., Pre-K, Head Start, CCDF) so as to improve the kindergarten readiness of young children considered to be at-risk?
4. How much additional public funding will be required to deal with the expected growth in children requiring specialized services?

5. Are there additional opportunities to enhance the overall quality of care within this community? To what extent can local resources from various community stakeholders — e.g., employers, government, military, philanthropic community — be engaged in the process of improving the availability and quality of care?

Future Needs Assessments

Prior to conducting any future needs assessments of this type, the state should develop and implement a common data protocol for the collection of the program data needed for such an analysis. The preferred structure would be a data warehouse whose operators have the authority to recommend data collection standards for all government-funded programs, to link individual records across various programs and years, and to work with all relevant program administrators to improve the quality of the data collected about each of these programs. Assigning this responsibility to an existing agency or creating a new agency to handle such work would require legislative action.

Specific recommendations for improving the data needed for future needs assessments include:

1. Increase the sample of detailed population information needed to identify key characteristics of demand for early care and education that cannot be obtained from existing Census data. One approach might be to periodically enhance the existing ACS data with a larger sample that includes other variables — such as disability status — needed to better plan for program needs.

2. Add a common program identifier code to the TDFPS registry database and a standardized school name code to the TEA database. Encourage providers and accrediting bodies to use these common identifiers in their databases.

3. Add desired program capacity (by child age) to the information in the TDFPS registry database for child care centers.
4. Encourage all providers and accrediting bodies to archive past data or assign some group to collect data on a periodic basis to create such a data archive.

Once a more standardized approach is developed for the collection of data for programs serving young children and their families, studies such as this one should ideally be updated every five years, or at a minimum, once every decade following the release of detailed Census population data. In the meantime, data currently being collected as part of the National Survey of Early Care and Education and scheduled for release in the summer of 2014 may be able to provide additional local details of the demand for and supply of early care and education for selected local communities.
References


### Appendix A


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