

The University of Texas at Austin LBJ School of Public Affairs

2021 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Strategies

CHILD CARE SUBSIDIES

What are child care subsidies and why are they important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the <u>Prenatal-to-3 Policy Clearinghouse</u> for an ongoing inventory of rigorous evidence reviews, including more information on child care subsidies.

What impact do child care subsidies have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of child care subsidies for the health and wellbeing of young children and their families:

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How can states effectively implement child care subsidies?

In the absence of an evidence-based state policy lever to ensure child care subsidies effectively provide families the support they need, we present several choices that states can make to more effectively implement their child care subsidy program. We identify states as leaders in the implementation of child care subsidies if they:

- Set reimbursement rates at or above the 75th percentile of a recent market rate survey;
- Set high reimbursement rates that fully cover or come close to covering the estimated true cost of providing care;
- Use cost estimation models to set reimbursement rates;
- Require low family copayments and fees; and
- Have families contribute a low share of the total cost of child care.

We collected states' most recently published market rate survey information and current reimbursement rates for center- and home-based care (or family child care homes, typically referred to as "registered" and regulated to serve a small group of children). We pulled this information for both infants (as close to a rate for a 1 year old as possible) and toddlers (as close to a rate for a 2 year old as possible) as of July 1, 2021. If a state's published, current reimbursement rates were enhanced due to COVID-19 they were used in our reporting. However, if a state had a non-published rate change due to COVID-19 that was not reflected in their current reimbursement rates, it is not reflected in our data. Following this collection, we verified the market rate survey and current reimbursement rate information with each state's relevant child care subsidy contact, most typically the Child Care Development Fund (CCDF) administrator and/or their team.

Researchers also collected information regarding the copayment fees for families receiving child care subsidies as of August 1, 2021 based on information published on state's websites and/or in current (2019-2021) and upcoming (2022-2024) CCDF plans. In general, copayment information was collected for a three-person family with an infant in center-based care with family income at 150% of the current federal poverty level (FPL). However, for seven states (Alabama, Idaho, Indiana, Iowa, Missouri, Nevada, and Ohio) the initial eligibility threshold for the receipt of child care assistance falls below this income level (150%). For those states, copayment information was documented both for a three-person family at the maximum income threshold for initial eligibility and at 150% of the FPL (an income level that fell within continuing eligibility thresholds in all seven states). Adjustments to copayment fees due to COVID-19 were considered using a similar methodology to reimbursement rates. If a state's published current copayment fee schedules were enhanced due to COVID-19 and were scheduled to be applicable for the foreseeable future, these fees were used in reporting. However, if a state had a non-published fee schedule or stated temporary adjustments to fees that differed from the published amounts, these data were not reflected in the copayment amounts. Due to timing constraints, this information (unlike the market rate survey and reimbursement rate data) was not verified by state contacts, with limited exceptions.

We also performed an electronic search using Quorum State between July 1, 2020 and August 15, 2021 to assess legislative progress pertaining to child care subsidies, specifically related to progress towards lowering

family copayments, increasing reimbursement rates, and changing the methodology for assessing and setting reimbursement rates paid to providers in the subsidy system. The main search strategy used combinations of keywords for proposals related to altering child care subsidy systems (child care subsidies OR child care financial assistance OR CCDBG OR childcare subsidies OR childcare assistance OR child care WITHIN 10 OF subsidies OR child care WITHIN 10 OF assistance OR child care market rate survey OR child care WITHIN 10 OF market rate survey). Research staff conducted searches, analyzed results for relevant state legislation, and summarized the progress states made towards altering their child care subsidy system, particularly through lowering or capping copayment fees, increasing reimbursement rates, or changing the methodology for determining reimbursement rates.

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Note: The area listed below the state name reflects the most populous geographic region in the state. Rates were obtained for providers in these regions, similar to the process used in state Child Care Development Fund (CCDF) plans.

How do child care subsidies vary across states?

Data were collected for 10 different measures to assess how states vary in their implementation of child care subsidies. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Income eligibility for child care assistance as a percentage of the state median income

Definition:

Initial income eligibility, for a family of three, to qualify for child care assistance as a percentage of the state median income (SMI)

Notes:

- 1. State median income (SMI) estimates are based on those reported annually for use in the Low Income Home Energy Assistance Program (LIHEAP) and are based on estimates from the US Census Bureau of multiple years of American Community Survey (ACS) data.
- 2. SMI calculations are based on state income eligibility dollar amounts (for a family of three) and converted to the percent of SMI using the 2020 LIHEAP values for a three-person household.
- 3. Initial income eligibility represents the maximum income families can have when they apply for child care assistance. Many states allow families, once receiving assistance, to continue receiving assistance up to a higher income level than that initial limit.
- 4. Data for most states are as of February 2020 and do not reflect any temporary changes or updates in response to the COVID-19 pandemic. To account for the updated state median income estimates, data for California reflect income eligibility as a percentage of SMI as of July 2020; data for Arkansas, Connecticut, Georgia, Maine, Massachusetts, Minnesota, North Dakota, South Carolina, Tennessee, and Texas reflect income eligibility as a percentage of SMI as of October 2020.

- 5. Notes 6-15 are replicated from the source document.
- 6. In Alaska, the Alaska Permanent Fund Dividend (PFD) payment, which the majority of families in the state receive, is not counted when determining eligibility.
- 7. In Colorado, counties set their income limits to qualify for assistance within state guidelines. The percentage reported reflects the minimum income limit allowed by the state.
- 8. In Nevada, for families served by contracted slots or receiving wrap-around services associated with Head Start as well as families receiving child protective services, foster families, and families experiencing homelessness, the income eligibility limit to qualify for assistance was 85% of SMI as of October 2020.
- 9. In North Carolina, the income eligibility limits presented apply to families with children from birth to age five and families with children of any age who have special needs. There are separate income eligibility limits for families with children ages six or older without special needs.
- 10. For South Dakota, the income limits presented include a 4% disregard of earned income.
- 11. In Tennessee, families who qualify for assistance through Smart Steps a program that serves parents who are working or pursuing postsecondary education and who are not receiving or transitioning from TANF have an income eligibility limit of 85% SMI. The income eligibility limit for all other families is 60% of SMI, as of October 2020.
- 12. In Texas, local workforce development boards set their income limits to qualify for assistance within state guidelines. The income eligibility limit presented in the table reflects the threshold for the Gulf Coast development board, the most populous geographic area in the state.
- 13. In Utah, the income limit presented accounts for a standard deduction of \$100 per month (\$1,200 per year) for each working parent, assuming there is one working parent in the family, and a standard deduction of \$1,00 per month (\$1,200 per year) for all families to help cover any medical expenses.
- 14. In Virginia, there are different income limits for different regions of the state. The income eligibility limit presented in the table reflects the threshold for Fairfax County, the most populous geographic area in the state.
- 15. In Wyoming, the income limit presented accounts for a standard deduction of \$200 per month (\$2,400 per year) for each working parent, assuming there is one working parent in the family.

Source:

Schulman, K., National Women's Law Center. (2021, May). *On the Precipice: State child care assistance policies 2020.* Retrieved on June 7, 2021, from https://nwlc.org/wp-content/uploads/2021/05/NWLC-State-Child-Care-Assistance-Policies-2020.pdf

Measure 2: Income eligibility for child care assistance as a percentage of the federal poverty level (FPL)

Definition:

Initial income eligibility, for a family of three, to qualify for child care assistance as a percentage of the federal poverty threshold

Notes:

- 1. Federal poverty level (FPL) calculations are based on 2020 thresholds (\$21,720 for a family of three).1
- 2. The FPL percentages for Alaska and Hawaii were modified to reflect those states' higher federal poverty level guidelines (\$27,150 and \$24,980 for a family of three, respectively).
- 3. Initial income eligibility represents the maximum income families can have when they apply for child care assistance. Many states allow families, once receiving assistance, to continue receiving assistance up to a higher income level than that initial limit.
- 4. Data for most states are as of February 2020 and do not reflect any temporary changes or updates in response to the COVID-19 pandemic. To adjust for the 2020 FPL, income eligibility amounts were increased for Indiana, New Jersey, Oregon, South Dakota, Wisconsin, and Wyoming in March 2020; for Kansas, New Mexico, Rhode Island, and Washington in April 2020; Michigan, Missouri, and Pennsylvania in May 2020; New York in June 2020; Florida, Illinois, Iowa, and New Hampshire in July 2020; Alabama, Arizona, Colorado, Delaware, Idaho, Nebraska, Ohio, Vermont, and Virginia in October 2020; and Montana in November 2020.
- 5. Notes 6-7 and 9-16 are replicated from the source document.
- 6. In Alaska, the Alaska Permanent Fund Dividend (PFD) payment, which the majority of families in the state receive, is not counted when determining eligibility.
- 7. In Colorado, counties set their income limits to qualify for assistance within state guidelines. The percentage reported reflects the minimum income limit allowed by the state.
- 8. Nebraska's FPL income eligibility limit was increased to 185% as a result of the passing and enactment of L.B. 475, effective as of July 1, 2021.
- 9. In Nevada, for families served by contracted slots or receiving wrap-around services associated with Head Start as well as families receiving child protective services, foster families, and families experiencing homelessness, the income eligibility limit to qualify for assistance was 85% of SMI as of October 2020.
- 10. In North Carolina, the income eligibility limits presented apply to families with children from birth to age five and families with children of any age who have special needs. There are separate income eligibility limits for families with children ages six or older without any special needs.
- 11. For South Dakota, the income limits presented include a 4% disregard of earned income.
- 12. In Tennessee, families who qualify for assistance through Smart Steps a program that serves parents who are working or pursuing postsecondary education and who are not receiving or transitioning from TANF have an income eligibility limit of 85% SMI. The income eligibility limit for all other families is 60% of SMI, as of October 2020.
- 13. In Texas, local workforce development boards set their income limits to qualify for assistance within state guidelines. The income eligibility limit presented in the table reflects the threshold for the Gulf Coast development board, the most populous geographic area in the state.

¹ Department of Health and Human Services. (January 17, 2020). *Annual update of the HHS poverty guidelines*. Retrieved July 1, 2021 from https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines

- 14. In Utah, the income limit presented accounts for a standard deduction of \$100 per month (\$1,200 per year) for each working parent, assuming there is one working parent in the family, and a standard deduction of \$1,00 per month (\$1,200 per year) for all families to help cover any medical expenses.
- 15. In Virginia, there are different income limits for different regions of the state. The income eligibility limit presented in the table reflects the threshold for Fairfax County, the most populous geographic area in the state.
- 16. In Wyoming, the income limit presented accounts for a standard deduction of \$200 per month (\$2,400 per year) for each working parent, assuming there is one working parent in the family.

Source:

Schulman, K., National Women's Law Center. (2021, May). *On the Precipice: State child care assistance policies 2020.* Retrieved on June 7, 2021, from https://nwlc.org/wp-content/uploads/2021/05/NWLC-State-Child-Care-Assistance-Policies-2020.pdf

Measure 3: Child care subsidy reimbursement rates for infants in center-based care (current and comparison metrics)

Definition:

- Current Base Reimbursement Rate: The current subsidy amount (in dollars) paid to providers for full-time
 monthly care for infants in center-based settings typically paid for care meeting basic licensing
 standards.
- 2. 75th Percentile of the Most Recent Market Rate Survey: The price (in dollars) at or below which 75 percent of child care slots at providers included in the market rate survey reported charging for full-time monthly child care services. (If states do not weight by provider capacity, this figure represents the dollar value at or below which 75 percent of the providers included in the market rate survey reported charging for full-time monthly child care services.)
- 3. Estimated Cost of Base-Quality Care: The estimated cost of full-time monthly child care based on cost-estimation models that assume characteristics associated with standard licensing regulations.
- 4. Estimated Cost of High-Quality Care: The estimated cost of full-time monthly child care after adjusting base care costs to account for multiple indicators associated with increased child care quality (such as teacher pay, student/teacher ratios, etc.).
- 5. Year of Market Rate Survey: The year of the market rate survey used to set current reimbursement rates.

Notes:

1. Full-time care is defined as 9 hours per day, 5 days per week.²

² Murrin, S., Office of the Inspector General, US Department of Health and Human Services. (August 2019). *States'* payment rates under the child care and development fund program could limit access to child care providers. OEI-O3-15-O0170. Retrieved August 1, 2021 from https://oig.hhs.gov/oei/reports/oei-O3-15-O0170.pdf

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- 2. Current base reimbursement rates are as of July 1, 2021.
- 3. All rates are monthly and rounded to the nearest dollar. Weekly rates were converted to a monthly rate by multiplying by 4.33. Daily rates were multiplied by a conversion factor of 20.9167, based on methodology recommended by the Early Childhood National Centers³ and frequently used in state market rate survey calculations.⁴
- 4. States vary in how they define the ages of infants and toddlers. In determining rates, we considered an "infant" to be close to one year of age and a toddler to be close to two years old.
- 5. The District of Columbia and New Mexico do not report/calculate rates at the 75th percentile level. Both DC and New Mexico use a cost estimation model rather than a market rate survey to assess child care prices and/or costs.
- 6. Illinois establishes center-based rates through legislation and family child care rates through SEIU negotiations.
- 7. Massachusetts establishes rates through a combination of SEIU negotiations and the 2018 Market Rate Survey.
- 8. Virginia does not report/calculate rates at the 75th percentile level.
- 9. Base-quality child care cost estimates are modeled primarily using state licensing regulations and default characteristics in the Provider Cost of Quality Calculator (a tool developed for the US Department of Health and Human Services' Office of Child Care) for infants in center-based child care.⁵ Detailed information on the methodology associated with the base quality child care cost estimates is available from the Center for American Progress (CAP).⁶
- 10. High-quality child care cost estimates take the "base-quality" settings and adjust state specific costs for the following characteristics: ⁷
 - a. Fewer children per teacher
 - b. Increasing salaries
 - c. Providing retirement benefits
 - d. Increasing contributions to health insurance
 - e. Providing more time for teachers to plan lessons
 - f. Making the classroom bigger
 - g. Increasing resources for classroom materials

⁷ Ibid.

³ National Center on Early Childhood Quality Assurance and National Center on Subsidy Innovation and Accountability (January 2018). *Guidance on estimating and reporting the costs of child care.* Retrieved on August 1, 2021 from https://childcareta.acf.hhs.gov/sites/default/files/public/guidance_estimating_cost_care_0.pdf

⁴ Burns & Associates, Inc. (2018). Arizona Department of Economic Security 2018 Child Care Market Rate Survey. Prepared for the Division of Employment and Rehabilitation Services Child Care Administration. Retrieved August 1, 2021 from https://des.az.gov/sites/default/files/dl/2018-Child-Care-Market-Rate-Survey.pdf?time=1592940902480

⁵ US Office of Child Care. (January 24, 2019). *Provider cost of quality calculator (PCQC)[Data Tool]*. Last accessed September 15, 2021 at www.ecequalitycalclator.com. Additional information available: https://childcareta.acf.hhs.gov/pcqc

⁶ Workman, S. & Falgout, M. K., Center for American Progress. (June 28, 2021). Methodology for the 'The True Cost of High-Quality Child Care Across the United States'. Retrieved June 30, 2021 from

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11. In the CAP cost-estimation model, there is an additional high-quality child care option that increases teachers' salaries to have parity with kindergarten teachers. In "The True Cost of High-Quality Child Care" report, high-quality child care refers to this option of the cost model. We chose to use the version of high-quality that increases teacher salaries but not to the point of parity with kindergarten teachers.

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Notes: The area listed below the state name reflects the most populous geographic region in the state. Rates were obtained for providers in these regions, similar to the process used in state Child Care Development Fund (CCDF) plans.

Measure 4: Child care subsidy reimbursement rates for toddlers in center-based care

Definition:

- Current Base Reimbursement Rate: The current subsidy amount (in dollars) paid to providers for full-time monthly care for toddlers in center-based settings typically paid for care meeting basic licensing standards.
- 2. 75th Percentile of the Most Recent Market Rate Survey: The price (in dollars) at or below which 75 percent of child care slots at providers included in the market rate survey reported charging for full-time monthly child care services. (If states do not weight by provider capacity, this figure represents the dollar value at or below which 75 percent of the providers included in the market rate survey reported charging for full-time monthly child care services.)
- 3. Estimated Cost of Base-Quality Care: The estimated cost of full-time monthly child care based on cost-estimation models that assume characteristics associated with standard licensing regulations.
- 4. Estimated Cost of High-Quality Care: The estimated cost of full-time monthly child care after adjusting base care costs to account for multiple indicators associated with increased child care quality (such as teacher pay, student/teacher ratios, etc.).
- 5. Year of Market Rate Survey: The year of the market rate survey used to set current reimbursement rates.

Notes:

1. Full-time care is defined as 9 hours per day, 5 days per week.8

- 2. Current base reimbursement rates are as of July 1, 2021.
- 3. All rates are monthly and rounded to the nearest dollar. Weekly rates were converted to a monthly rate by multiplying by 4.33. Daily rates were multiplied by a conversion factor of 20.9167, based on

⁸ Murrin, S., Office of the Inspector General, US Department of Health and Human Services. (August 2019). *States'* payment rates under the child care and development fund program could limit access to child care providers. OEI-O3-15-O0170. Retrieved August 1, 2021 from https://oig.hhs.gov/oei/reports/oei-O3-15-O0170.pdf

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- methodology recommended by the Early Childhood National Centers⁹ and frequently used in state market rate survey calculations.¹⁰
- 4. States vary in how they define the ages of infants and toddlers. In determining rates, we considered an "infant" to be close to one year of age and a toddler to be close to two years old.
- 5. The District of Columbia and New Mexico do not report/calculate rates at the 75th percentile level. Both DC and New Mexico use a cost estimation model rather than a market rate survey to assess child care prices and/or costs.
- 6. Illinois establishes center-based rates through legislation and family child care rates through SEIU negotiations.
- 7. Massachusetts establishes rates through a combination of SEIU negotiations and the 2018 Market Rate Survey.
- 8. Virginia does not report/calculate rates at the 75th percentile level.
- 9. Base-quality child care cost estimates are modeled primarily using state licensing regulations and default characteristics in the Provider Cost of Quality Calculator (a tool developed for the US Department of Health and Human Services' Office of Child Care) for infants in center-based child care. Detailed information on the methodology associated with the base quality child care cost estimates is available from the Center for American Progress (CAP). 12
- 10. High-quality child care cost estimates take the "base-quality" settings and adjust state specific costs for the following characteristics: ¹³
 - a. Fewer children per teacher
 - b. Increasing salaries
 - c. Providing retirement benefits
 - d. Increasing contributions to health insurance
 - e. Providing more time for teachers to plan lessons
 - f. Making the classroom bigger
 - g. Increasing resources for classroom materials
- 11. In the CAP cost-estimation model, there is an additional high-quality child care option that increases teachers' salaries to have parity with kindergarten teachers. In "The True Cost of High-Quality Child Care"

Child-Care.pdf? ga=2.81336400.679511692.1632503742-1840403989.1632503742

⁹ National Center on Early Childhood Quality Assurance and National Center on Subsidy Innovation and Accountability (January 2018). *Guidance on estimating and reporting the costs of child care.* Retrieved on August 1, 2021 from https://childcareta.acf.hhs.gov/sites/default/files/public/guidance_estimating_cost_care_0.pdf

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report, high-quality child care refers to this option of the cost model. We chose to use the version of high-quality that increases teacher salaries but not to the point of parity with kindergarten teachers.

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Notes: The area listed below the state name reflects the most populous geographic region in the state. Rates were obtained for providers in these regions, similar to the process used in state Child Care Development Fund (CCDF) plans.

Measure 5: Child care subsidy reimbursement rates for infants in family child care

Definition:

- Current Base Reimbursement Rate: The current subsidy amount (in dollars) paid to providers for full-time monthly care for infants in family child care settings typically paid for care meeting basic licensing standards.
- 2. 75th Percentile of the Most Recent Market Rate Survey: The price (in dollars) at or below which 75 percent of child care slots at providers included in the market rate survey reported charging for full-time monthly child care services. (If states do not weight by provider capacity, this figure represents the dollar value at or below which 75 percent of the providers included in the market rate survey reported charging for full-time monthly child care services.)
- 3. Estimated Cost of Base-Quality Care: The estimated cost of full-time monthly child care based on cost-estimation models that assume characteristics associated with standard licensing regulations.
- 4. Estimated Cost of High-Quality Care: The estimated cost of full-time monthly child care after adjusting base care costs to account for multiple indicators associated with increased child care quality (such as teacher pay, student/teacher ratios, etc.).
- 5. Year of Market Rate Survey: The year of the market rate survey used to set current reimbursement rates.

Notes:

- 1. Full-time care is defined as 9 hours per day, 5 days per week.¹⁴
- 2. Current base reimbursement rates are as of July 1, 2021.

¹⁴ Murrin, S., Office of the Inspector General, US Department of Health and Human Services. (August 2019). *States'* payment rates under the child care and development fund program could limit access to child care providers. OEI-O3-15-O0170. Retrieved August 1, 2021 from https://oig.hhs.gov/oei/reports/oei-O3-15-O0170.pdf

- 3. All rates are monthly and rounded to the nearest dollar. Weekly rates were converted to a monthly rate by multiplying by 4.33. Daily rates were multiplied by a conversion factor of 20.9167, based on methodology recommended by the Early Childhood National Centers¹⁵ and frequently used in state market rate survey calculations.¹⁶
- 4. States vary in how they define the ages of infants and toddlers. In determining rates, we considered an "infant" to be close to one year of age and a toddler to be close to two years old.
- 5. The cost-estimation model from CAP does not distinguish between infant and toddler costs in family child care settings.
- 6. The District of Columbia and New Mexico do not report/calculate rates at the 75th percentile level. Both DC and New Mexico use a cost estimation model rather than a market rate survey to assess child care prices and/or costs.
- 7. Illinois establishes center-based rates through legislation and family child care rates through SEIU negotiations.
- 8. Massachusetts establishes rates through a combination of SEIU negotiations and the 2018 Market Rate Survey.
- 9. New Jersey's market rate survey does not include family child care in the survey; 75th percentile rates were not available.
- 10. Virginia does not report/calculate rates at the 75th percentile level.
- 11. Base-quality child care cost estimates are modeled primarily using state licensing regulations and default characteristics in the Provider Cost of Quality Calculator (a tool developed for the US Department of Health and Human Services' Office of Child Care) for infants in center-based child care. Detailed information on the methodology associated with the base quality child care cost estimates is available from the Center for American Progress (CAP). 18
- 12. High-quality child care cost estimates take the "base-quality" settings and adjust state specific costs for the following characteristics: ¹⁹
 - a. Fewer children per teacher
 - b. Increasing salaries
 - c. Providing retirement benefits
 - d. Increasing contributions to health insurance

Child-Care.pdf? ga=2.81336400.679511692.1632503742-1840403989.1632503742

¹⁹ Ibid.

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- e. Providing more time for teachers to plan lessons
- f. Making the classroom bigger
- g. Increasing resources for classroom materials
- 13. In the CAP cost-estimation model, there is an additional high-quality child care option that increases teachers' salaries to have parity with kindergarten teachers. In "The True Cost of High-Quality Child Care" report, high-quality child care refers to this option of the cost model. We chose to use the version of high-quality that increases teacher salaries but not to the point of parity with kindergarten teachers.

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Notes: The area listed below the state name reflects the most populous geographic region in the state. Rates were obtained for providers in these regions, similar to the process used in state Child Care Development Fund (CCDF) plans.

Measure 6: Child care subsidy reimbursement rates for toddlers in family child care

Definition:

- Current Base Reimbursement Rate: The current subsidy amount (in dollars) paid to providers for full-time
 monthly care for toddlers in family child care settings typically paid for care meeting basic licensing
 standards.
- 2. 75th Percentile of the Most Recent Market Rate Survey: The price (in dollars) at or below which 75 percent of child care slots at providers included in the market rate survey reported charging for full-time monthly child care services. (If states do not weight by provider capacity, this figure represents the dollar value at or below which 75 percent of the providers included in the market rate survey reported charging for full-time monthly child care services.)
- 3. Estimated Cost of Base-Quality Care: The estimated cost of full-time monthly child care based on cost-estimation models that assume characteristics associated with standard licensing regulations.
- 4. Estimated Cost of High-Quality Care: The estimated cost of full-time monthly child care after adjusting base care costs to account for multiple indicators associated with increased child care quality (such as teacher pay, student/teacher ratios, etc.).
- 5. Year of Market Rate Survey: The year of the market rate survey used to set current reimbursement rates.

Notes:

- 1. Full-time care is defined as 9 hours per day, 5 days per week.²⁰
- 2. Current base reimbursement rates are as of July 1, 2021.

²⁰ Murrin, S., Office of the Inspector General, US Department of Health and Human Services. (August 2019). *States'* payment rates under the child care and development fund program could limit access to child care providers. OEI-O3-15-O0170. Retrieved August 1, 2021 from https://oig.hhs.gov/oei/reports/oei-O3-15-O0170.pdf

- 3. All rates are monthly and rounded to the nearest dollar. Weekly rates were converted to a monthly rate by multiplying by 4.33. Daily rates were multiplied by a conversion factor of 20.9167, based on methodology recommended by the Early Childhood National Centers²¹ and frequently used in state market rate survey calculations.²²
- 4. States vary in how they define the ages of infants and toddlers. In determining rates, we considered an "infant" to be close to one year of age and a toddler to be close to two years old.
- 5. The cost-estimation model from CAP does not distinguish between infant and toddler costs in family child care settings.
- 6. The District of Columbia and New Mexico do not report/calculate rates at the 75th percentile level. Both DC and New Mexico use a cost estimation model rather than a market rate survey to assess child care prices and/or costs.
- 7. Illinois establishes center-based rates through legislation and family child care rates through SEIU negotiations.
- 8. Massachusetts establishes rates through a combination of SEIU negotiations and the 2018 Market Rate Survey.
- 9. New Jersey's market rate survey does not include family child care in the survey; 75th percentile rates were not available.
- 10. Virginia does not report/calculate rates at the 75th percentile level.
- 11. Base-quality child care cost estimates are modeled primarily using state licensing regulations and default characteristics in the Provider Cost of Quality Calculator (a tool developed for the US Department of Health and Human Services' Office of Child Care) for infants in center-based child care.²³ Detailed information on the methodology associated with the base quality child care cost estimates is available from the Center for American Progress (CAP).²⁴
- 12. High-quality child care cost estimates take the "base-quality" settings and adjust state specific costs for the following characteristics: ²⁵
 - a. Fewer children per teacher
 - b. Increasing salaries
 - c. Providing retirement benefits
 - d. Increasing contributions to health insurance

²¹ National Center on Early Childhood Quality Assurance and National Center on Subsidy Innovation and Accountability (January 2018). *Guidance on estimating and reporting the costs of child care.* Retrieved on August 1, 2021 from https://childcareta.acf.hhs.gov/sites/default/files/public/guidance_estimating_cost_care_0.pdf

²² Burns & Associates, Inc. (2018). Arizona Department of Economic Security 2018 Child Care Market Rate Survey. Prepared for the Division of Employment and Rehabilitation Services Child Care Administration. Retrieved August 1, 2021 from https://des.az.gov/sites/default/files/dl/2018-Child-Care-Market-Rate-Survey.pdf?time=1592940902480

²³ US Office of Child Care. (January 24, 2019). *Provider cost of quality calculator (PCQC)[Data Tool]*. Last accessed September 15, 2021 at www.ecequalitycalclator.com. Additional information available: https://childcareta.acf.hhs.gov/pcqc

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 Ibid.

- e. Providing more time for teachers to plan lessons
- f. Making the classroom bigger
- g. Increasing resources for classroom materials
- 13. In the CAP cost-estimation model, there is an additional high-quality child care option that increases teachers' salaries to have parity with kindergarten teachers. In "The True Cost of High-Quality Child Care" report, high-quality child care refers to this option of the cost model. We chose to use the version of high-quality that increases teacher salaries but not to the point of parity with kindergarten teachers.

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Notes: The area listed below the state name reflects the most populous geographic region in the state. Rates were obtained for providers in these regions, similar to the process used in state Child Care Development Fund (CCDF) plans.

Measure 7: Status of state Quality Rating Improvement System (QRIS) participation and child care subsidy reimbursements linked to higher quality standards

Definition:

A description of the state's current QRIS participation status requirements for child care providers and whether the state increases child care subsidy reimbursements for providers rated at a higher level of quality by the state's QRIS

- 1. States typically use QRIS as a means to systematically assess key standards of child care environments and communicate the quality of care in settings. States may require that all licensed providers participate in their QRIS or that providers participate in the state QRIS to receive subsidy reimbursements. Additionally, some states reimburse at higher levels for providers meting higher quality standards (e.g., higher rating levels in the state's QRIS).
- 2. The state's current QRIS participation status falls into one of the following four mutually -exclusive categories:
 - a. QRIS participation is mandatory for all licensed providers,
 - b. QRIS participation is mandatory if a provider serves children receiving subsidies,
 - c. QRIS participation is voluntary for all providers, or
 - d. No QRIS
- 3. The "Yes/No" value reflects whether the state provides a higher child care subsidy reimbursement to providers rated at a higher level of quality by the state's QRIS
- 4. South Dakota and West Virginia's state QRIS are still in planning.
- 5. Louisiana is counted as a "yes" for tying subsidy rates to QRIS quality tiers but refers to their system as bonuses. These bonuses are paid quarterly based on a provider's star rating and the number of subsidy

- payments a provider receives. States that provide bonuses for accreditation or alternative quality systems are not counted as a "yes" in this category.
- 6. Although Mississippi and West Virginia pay providers different rates depending on whether they meet alternative quality criteria, neither state has a QRIS and the states are not counted as a "yes" in this category.
- 7. Some states reimburse providers at a higher level for holding a national accreditation; however, this is not captured in this measure.
- 8. As necessary, state QRIS and administrative child care websites were consulted to confirm QRIS status and tiered reimbursement rates.

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Measure 8: Monthly copayment amount as a percentage of family income for an infant in full-time center-based care

Definition:

Monthly copayment rates for an infant in center-based care as a percentage of income for a family of 3 at 150% of the 2021 Federal Poverty Level (FPL); and whether providers are allowed to charge parents the difference between the state child care subsidy reimbursement rate and the provider rate.

- 1. **Numerator**: Monthly copayment fee for a family of 3 at 150% of the 2021 FPL for an infant in full-time center-based child care.
- 2. **Denominator**: Monthly income for a family of 3 at 150% of the 2021 FPL
- 3. In seven states, initial income eligibility limits are below 150% of the FPL. For these states, household income and subsequent copayment fees were based on the maximum household income allowed to initially qualify for subsidy receipt instead of the household income at 150% of the FPL. These seven states are: Alabama (130% of the FPL), Idaho (130% of the FPL), Indiana (127% of the FPL), Iowa (145% of the FPL), Missouri (138% of the FPL), Nevada (130% of the FPL), and Ohio (130% of the FPL).
- 4. Full-time care is defined as 9 hours per day, 5 days per week.²⁶

²⁶ Murrin, S., Office of the Inspector General, US Department of Health and Human Services. (August 2019). *States'* payment rates under the child care and development fund program could limit access to child care providers. OEI-O3-15-O0170. Retrieved August 1, 2021 from https://oig.hhs.gov/oei/reports/oei-O3-15-O0170.pdf

- 5. Federal poverty level (FPL) calculations are based on 2021 thresholds (\$21,960 for a family of three).²⁷ The annual income threshold for a family of 3 at 150% of the 2021 FPL is \$32,940.
- 6. The FPL thresholds for Alaska and Hawaii were modified to reflect those states' higher federal poverty level guidelines (\$27,450 and \$25,260 for a family of three, respectively). For 150% of the 2021 FPL, these are equal to annual incomes of \$41,175 (Alaska) and \$37,890 (Hawaii).
- 7. All copayment fees reflect fee schedules in place as of August 1, 2021. If a state's published current copayment fee schedules were enhanced due to COVID-19 and were scheduled to be applicable for the foreseeable future, these fees were used in reporting. However, if a state had a non-published fee schedule or stated temporary adjustments to fees that differed from the published amounts, these data were not reflected in the copayment amounts.
- 8. Many states exempt families from copayment requirements if they meet specific criteria. Among the most common of these criteria are families below a certain income level for their family size (e.g., 100% of the FPL), families receiving TANF, children receiving protective services, children in foster care, and homeless families. Some states have also added temporary copayment fee waivers for families as a result of the COVID-19 pandemic. The information reported does not reflect these temporary waiver policies.
- 9. For families not exempt from copayment requirements, amounts are based on a sliding fee scale, determined by each state and dependent on income level and family size. Copayment amounts vary, partly because of differences in the price of child care between states and territories. Higher copayment amounts do not necessarily mean that a state pays a smaller proportion of the price of care.
- 10. Twelve states do not allow providers to charge the difference between the reimbursement rate and the provider rate: Colorado, the District of Columbia, Iowa, Maine, Massachusetts, Nebraska, New Mexico, Ohio, Oklahoma, Rhode Island, Washington, and West Virginia.
- 11. Nebraska's FPL income eligibility limit was increased to 185% as a result of the passing and enactment of L.B. 475, effective as of July 1, 2021.

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Notes: The information regarding whether states allow providers to charge families additional fees (to compensate for the difference between the price charged by the provider for child care and the reimbursement rate) is from the 2020 NWLC source listed for "All States".

Measure 9: Distribution of the total cost of care

Definition:

The distribution of the total cost of care at the market rate price for an infant in full-time center-based child care in a family of three with an annual income at 150% of the FPL.

- 1. Total Cost of Care: The price of care for an infant in full-time center-based care at the 75th percentile of market rates (also referred to as the "market rate price") in the most populous geographic area in the state. The distribution of this total cost of care is comprised of three components: the base subsidy reimbursement rate, which includes both the state contribution plus the family copayment fee, and any difference between the reimbursement rate and the total cost of care at the 75th percentile (either charged as an additional fee to the family or an unreimbursed cost to the provider).
- 2. State Contribution: The component of the base subsidy reimbursement paid by the state to the provider.
- 3. Family Copayment Fee: The component of the base subsidy reimbursement paid by the family to the provider.
- 4. Difference Between Market Rate Price of Care and Reimbursement Rate: Either
 - a. Additional Fees Paid by the Family: The difference between the base subsidy reimbursement rate and the market rate price of care, assumed to be equal to the full price of care charged by the provider to private pay families. In states that allow providers to charge families this difference, this amount is paid by the family to the provider as an additional fee; or
 - b. *Unreimbursed Costs*: The difference between the base subsidy reimbursement rate and the market rate price of care, assumed to be equal to the full price of care charged by the provider to private pay families. In states that do not allow providers to charge families this difference, this amount is assumed to be absorbed by the provider as unreimbursed costs.

- 1. Child care subsidy reimbursement rates are comprised of two components: the state's contribution and the family's copayment fee. Subsidy reimbursement rates do not reflect only the state's contribution and instead reflect the state's contribution PLUS the family's copayment fee (if applicable). Family copayment fee amounts are generally determined by the family's household size and income level.
- 2. In seven states, initial income eligibility limits are below 150% of the FPL. For these states, household income and subsequent copayment fees were based on the maximum household income allowed to initially qualify for subsidy receipt instead of the household income at 150% of the FPL. These seven states are: Alabama (130% of the FPL), Idaho (130% of the FPL), Indiana (127% of the FPL), Iowa (145% of the FPL), Missouri (138% of the FPL), Nevada (130% of the FPL), and Ohio (130% of the FPL).
- 3. Full-time care is defined as 9 hours per day, 5 days per week.²⁸
- 4. Federal poverty level (FPL) calculations are based on 2021 thresholds (\$21,960 for a family of three).²⁹ The annual income threshold for a family of 3 at 150% of the 2021 FPL is \$32,940.
- 5. The FPL thresholds for Alaska and Hawaii were modified to reflect those states' higher federal poverty level guidelines (\$27,450 and \$25,260 for a family of three, respectively). For 150% of the 2021 FPL, these are equal to annual incomes of \$41,175 (Alaska) and \$37,890 (Hawaii).
- 6. All copayment fees reflect fee schedules in place as of August 1, 2021. If a state's published current copayment fee schedules were enhanced due to COVID-19 and were scheduled to be applicable for the

²⁸ Murrin, S., Office of the Inspector General, US Department of Health and Human Services. (August 2019). *States'* payment rates under the child care and development fund program could limit access to child care providers. OEI-O3-15-O0170. Retrieved August 1, 2021 from https://oig.hhs.gov/oei/reports/oei-03-15-00170.pdf

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- foreseeable future, these fees were used in reporting. However, if a state had a non-published fee schedule or stated temporary adjustments to fees that differed from the published amounts, these data were not reflected in the copayment amounts.
- 7. Many states exempt families from copayment requirements if they meet specific criteria. Among the most common of these criteria are families below a certain income level for their family size (e.g., 100% of the FPL), families receiving TANF, children receiving protective services, children in foster care, and homeless families. Some states have also added temporary copayment fee waivers for families as a result of the COVID-19 pandemic. The information reported does not reflect these temporary waiver policies.
- 8. For families not exempt from copayment requirements, amounts are based on a sliding fee scale, determined by each state and dependent on income level and family size. Copayment amounts vary, partly because of differences in the price of child care between states and territories. Higher copayment amounts do not necessarily mean that a state pays a smaller proportion of the price of care.
- 9. Twelve states do not allow providers to charge the difference between the reimbursement rate and the provider rate: Colorado, the District of Columbia, Iowa, Maine, Massachusetts, Nebraska, New Mexico, Ohio, Oklahoma, Rhode Island, Washington, and West Virginia.
- 10. The District of Columbia and New Mexico currently use a cost-estimation model rather than a market rate survey and do not have values for the 75th percentile (market rate price). The total cost of care for these two states was assumed to be the estimated cost of base-quality care for an infant in center-based care from cost-estimation models.³⁰
- 11. Nebraska's FPL income eligibility limit was increased to 185% as a result of the passing and enactment of L.B. 475, effective as of July 1, 2021.
- 12. Virginia reports rates at the 70th percentile; this figure is used for the market rate price.
- 13. Hawaii, Louisiana, Maine, Mississippi, and West Virginia have base reimbursement rates that are higher than the 75th percentile (market rate price). For these states the total cost of care reflects the base reimbursement rate.

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³⁰ Workman, S., Center for American Progress. (June 28, 2021). *The true cost of high-quality child care across the United States*. Retrieved June 30, 2021 from https://www.americanprogress.org/issues/early-childhood/reports/2021/06/28/501067/true-cost-high-quality-child-care-across-united-states/

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Arkansas	Arkansas Division of Child Care and Early Childhood Education. (n.d.). Better Beginning Rates.
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Notes: The area listed below the state name reflects the most populous geographic region in the state. Rates were obtained for providers in these regions, similar to the process used in state Child Care Development Fund (CCDF) plans. The information regarding whether states allow providers to charge families additional fees (to compensate for the difference between the actual price of child care and the reimbursement rate) is from the 2020 NWLC source listed for "All States".

Measure 10: Cost of child care for parents

Definition:

Share of child care costs (at the market rate price) for an infant in full-time center-based care paid by a family of 3 at 150% of the FPL

- 1. **Numerator**: Total monthly child care costs (copayment fee plus any additional fees) for a family of 3 at 150% of the 2021 FPL for an infant in full-time center-based child care.
- 2. **Denominator**: The total price of care for an infant in full-time center-based care at the 75th percentile of market rates (also referred to as the "market rate price") in the most populous geographic area in the state.
- 3. In seven states, initial income eligibility limits are below 150% of the FPL. For these states, household income and subsequent copayment fees were based on the maximum household income allowed to initially qualify for subsidy receipt instead of the household income at 150% FPL. These seven states are: Alabama (130% of the FPL), Idaho (130% of the FPL), Indiana (127% of the FPL), Iowa (145% of the FPL), Missouri (138% of the FPL), Nevada (130% of the FPL), and Ohio (130% of the FPL).
- 4. Full-time care is defined as 9 hours per day, 5 days per week. 31

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- 5. Federal poverty level (FPL) calculations are based on 2021 thresholds (\$21,960 for a family of three).³² The annual income threshold for a family of 3 at 150% of the 2021 FPL is \$32,940.
- 6. The FPL thresholds for Alaska and Hawaii were modified to reflect those states' higher federal poverty level guidelines (\$27,450 and \$25,260 for a family of three, respectively). For 150% of the 2021 FPL, these are equal to annual incomes of \$41,175 (Alaska) and \$37,890 (Hawaii).
- 7. All copayment fees reflect fee schedules in place as of August 1, 2021. If a state's published current copayment fee schedules were enhanced due to COVID-19 and were scheduled to be applicable for the foreseeable future, these fees were used in reporting. However, if a state had a non-published fee schedule or stated temporary adjustments to fees that differed from the published amounts, these data were not reflected in the copayment amounts.
- 8. Many states exempt families from copayment requirements if they meet specific criteria. Among the most common of these criteria are families below a certain income level for their family size (e.g., 100% of the FPL), families receiving TANF, children receiving protective services, children in foster care, and homeless families. Some states have also added temporary copayment fee waivers for families as a result of the COVID-19 pandemic. The information reported does not reflect these temporary waiver policies.
- 9. For families not exempt from copayment requirements, amounts are based on a sliding fee scale, determined by each state and dependent on income level and family size. Copayment amounts vary, partly because of differences in the price of child care between states and territories. Higher copayment amounts do not necessarily mean that a state pays a smaller proportion of the price of care.
- 10. Twelve states do not allow providers to charge the difference between the reimbursement rate and the provider rate: Colorado, the District of Columbia, Iowa, Maine, Massachusetts, Nebraska, New Mexico, Ohio, Oklahoma, Rhode Island, Washington, and West Virginia.
- 11. Nebraska's FPL income eligibility limit was increased to 185% as a result of the passing and enactment of L.B. 475, effective as of July 1, 2021.
- 12. Virginia reports rates at the 70th percentile; this figure is used for the market rate price.
- 13. The US average reflects the state value averaged across the 51 states.

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Notes: The information regarding whether states allow providers to charge families additional fees (to compensate for the difference between the actual price of child care and the reimbursement rate) is from the 2020 NWLC source listed for "All States".