2021 Prenatal-to-3 State Policy Roadmap

CHILD CARE SUBSIDIES

How can states effectively implement child care subsidies?

State	Implementation
Alabama	Based on a recent market rate survey, Alabama's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 76.9% of the estimated market rate price for infants in center-based settings. To qualify for child care subsidies in Alabama, a family's income must be at or below 130% of the FPL. At this income level, the state charges the family a copayment that is equal to 4.9% of their income. However, the state allows providers to charge families additional fees to cover the full market price of care, which means families at the top of the initial income eligibility guidelines in Alabama have to pay up to 36.9% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Alabama, a family with this level of income would not qualify for a child care subsidy, and would be responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment. At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 5.2% of their income at 150% of the FPL. Because the state allows providers to charge families additional fees, at redetermination, families would have to pay up to 40.0% of the total market price. This percentage puts Alabama among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Alabama, and the state's base reimbursement rates cover only 63.0% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Alaska	Based on a market rate survey, Alaska's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 97.4% of the estimated market rate price for infants in center-based settings. Alaska charges families with incomes at 150% of the FPL a copayment that is equal to 6.0% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 23.0% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Alaska, and the state's base reimbursement rates cover only 68.0% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Arizona	Based on a recent market rate survey, Arizona's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 81.3% of the estimated market rate price for infants in center-based settings. Arizona charges families with incomes at 150% of the FPL a copayment that is equal to 2.3% of their income. The state also allows providers to charge families

State	Implementation
	additional fees to cover the full market price of care, which means families have to pay up to 24.7% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Arizona, and the state's base reimbursement rates cover only 66.5% of the true cost of care. In the last year, legislators enacted H.B. 2016 to expand eligibility to the child care subsidy program to parents continuing their education or attending training programs, and allows for waiving the work requirement for these individuals.
Arkansas	Based on a recent market rate survey, Arkansas' base reimbursement rates exceed the federal equal access target of the 75th percentile for infant or toddler care in home-based settings, but do not meet this target for center-based settings. For example, the state's current reimbursement rates cover 84.1% of the estimated market rate price for infants in center-based settings. Arkansas charges families with incomes at 150% of the FPL a copayment that is equal to 1.3% of their income, making it one of 10 states with a copay under 2.0%. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 21.0% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Arkansas, and the state's base reimbursement rates cover only 52.0% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
California	California is a leader in implementing an affordable child care subsidy program for families based on its high reimbursement rates and low family costs. Based on a recent market rate survey, California's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 94.4% of the estimated market rate price for infants in center-based settings. California charges families with incomes at 150% of the FPL a copayment that is equal to 2.3% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 9.3% of the total market rate of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly higher than the market rate price in California, and the state's base reimbursement rates cover 89.3% of that true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators in California proposed a number of notable bills related to increasing reimbursement rates. Legislators proposed the 2021-2022 Budget Act (S.B. 112) to include a change in statute and appropriations to increase reimbursement rates to either $51.54 per day or the 85th percentile of the 2018 market rate survey, effective January 1, 2022. In addition to S.B. 112, legislators proposed a bill to establish reimbursement rates at the 85th percentile of the most recent market rate survey, subject to an appropriation. As of August 1, 2021, both bills remained pending.
Colorado	Based on a market rate survey, Colorado's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 71.0% of the estimated market rate price for infants in center-based settings. Colorado charges families with incomes at 150% of the FPL a copayment that is equal to 11.0% of their income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Colorado have to pay up to 18.4% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is somewhat lower than the market rate price in Colorado, and the state's base reimbursement rates cover 80.6% of the true cost of care. In the last year, legislators enacted S.B. 21-236 to establish new grant programs to increase capacity of early childhood education programs,

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	improve recruitment and retention rates for early childhood education providers through scholarships and retention grants, and to improve salaries for child care providers.
Connecticut	Based on a recent market rate survey, Connecticut's base reimbursement rates exceed the federal equal access target of the 75th percentile for infant or toddler care in home-based settings, but do not meet this target for center-based settings. For example, the state's current reimbursement rates cover 86.2% of the estimated market rate price for infants in center-based settings. Connecticut charges families with incomes at 150% of the FPL a copayment that is equal to 6.0% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 24.6% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Connecticut, and the state's base reimbursement rates cover only 77.2% of the true cost of care. In the last year, legislators enacted H.B. 6558 to expand eligibility to the child care subsidy program to families participating in higher education, job training, certification programs, and more. Another bill that legislators enacted this session, H.B. 6690, includes bonds whose proceeds will support the Office of Early Childhood's Smart Start competitive grant program. This program will support facility improvements in the state's child care and early education programs, as well as support expanded delivery of child care services for infants and toddlers where the greatest need exists.
Delaware	Based on a recent market rate survey, Delaware's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 70.0% of the estimated market rate price for infants in center-based settings. Delaware charges families with incomes at 150% of the FPL a copayment that is equal to 9.0% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 48.2% of the total market price. This percentage puts Delaware among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly higher than the market rate price in Delaware, and the state's base reimbursement rates cover only 67.7% of the true cost of care. In the last year, legislators enacted S.C.R. 36 to direct the Department of Education and the Delaware Early Childhood Council to create a target compensation and professional career pathway for early childhood educators in the state. The state's legislators also enacted S.C.R. 55, which directs the Department of Education to establish more consistent child care licensing regulations and better align the state's QRIS. The legislation directs the Department to go through a stakeholder engagement process and make recommendations to the General Assembly by October of 2022.
District of Columbia	The District of Columbia is a leader in implementing an affordable child care subsidy program for families based on its low family costs and innovative cost model. The District sets reimbursement rates equal to the average cost of care based on quality level, as estimated from its cost estimation model. The District updated its cost estimation model as part of the FY22-24 CCDF State Plan and released the updated rates in late summer 2021, per federal requirements. The District charges families with incomes at 150% of the FPL a copayment that is equal to 2.1% of their income. The District does not permit providers to charge families additional fees to cover the cost of care, which means providers may be required to absorb some additional costs if the providers charge more than the reimbursement rates. In the District, families have to pay up to only 2.9% of the total price as projected by their cost model, one of the five lowest shares in the country. Based on separate estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is still higher than the average cost based on the District's own model, and the District's base reimbursement rates cover only 67.0% of the true cost. In

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	the last year, councilmembers proposed a budget bill that includes provisions to increase appropriations for the Access to Quality Child Care Fund, the Child Development Facilities Fund, the Early Childhood Development Fund, and the Early Childhood Educator Pay Equity Fund. As of August 1, 2021, the bill remained pending. The District of Columbia also continues to work towards investing in and improving upon their early childhood systems, as outlined in its previously passed Birth-to-Three for all DC Act and its initiatives.
Florida	Based on a recent market rate survey, Florida's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant and toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 96.5% of the estimated market rate price for infants in center-based settings. Florida charges families with incomes at 150% of the FPL a copayment that is equal to 4.3% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 17.7% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Florida, and the state's base reimbursement rates cover only 58.3% of the true cost of care. In the last year, legislators proposed H.B. 295, which would have created a Child Care Trust Fund. The bill did not move past initial filing.
Georgia	Based on a market rate survey, Georgia's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 63.4% of the estimated market rate price for infants in center-based settings. However, the state is paying provider's full rates during the pandemic and through September 30, 2022. Additionally, Georgia is paying a bonus percentage of the reimbursement rate between 10.0% and 40.0%, depending on a program's QRIS rating. Under typical circumstances, Georgia charges families with incomes at 150% of the FPL a copayment that is equal to 7.0% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families at 150% of the FPL have to pay up to 55.4% of the total market price, one of the five highest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly lower than the market rate price in Georgia, and the state's base reimbursement rates cover only 64.2% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Hawaii	Based on a recent market rate survey, Hawaii is one of six states whose base reimbursement rates meet or exceed the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. Hawaii meets this benchmark based on their current enhanced, emergency reimbursement rates which are effective through December 2021. For example, the state's current reimbursement rates cover 103.6% of the estimated market rate price for infants in center-based settings. Although the state's reimbursement rates are relatively generous for providers, Hawaii charges families with incomes at 150% of the FPL a copayment that is equal to 31.7% of their income. Although the state allows providers to charge families additional fees to cover the full market price of care, families using providers with prices at the market rate price would not incur fees, because the base reimbursement rate covers the full market rate price. However, due to high copayments, families in Hawaii with incomes at 150% of the FPL have to pay up to 50.0% of the total market price, one of the five highest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is somewhat lower than the market rate price in Hawaii, and the state's current enhanced base reimbursement rates cover 118.3% of the true cost of care.

State	Implementation
	In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Idaho	Based on a recent market rate survey, Idaho's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 82.3% of the estimated market rate price for infants in center-based settings. To qualify for child care subsidies in Idaho, a family's income must be at or below 130% of the FPL. At this income level, the state charges the family a copayment that is equal to 3.2% of their income. However, the state allows providers to charge families additional fees to cover the full market price of care, which means families at the top of the initial income eligibility guidelines in Idaho have to pay up to 25.5% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Idaho, a family with this level of income would not qualify for a child care subsidy, and would be responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment. At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 2.7% of their income. Because the state allows providers to charge families additional fees, at redetermination, families would have to pay up to 25.5% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly higher than the market rate price in Idaho, and the state's base reimbursement rates cover only 78.8% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Illinois	Based on an outdated market rate survey, Illinois' base reimbursement rates exceed the federal equal access target of the 75th percentile for infant and toddler care in home-based settings, but are slightly below this target in center-based settings. For example, the state's current reimbursement rates cover 90.2% of the estimated market rate price for infants in center-based settings. Illinois charges families with incomes at 150% of the FPL a copayment that is equal to 4.8% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 19.6% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is somewhat lower than the market rate price in Illinois, and the state's base reimbursement rates cover 102.6% of the true cost of care. In the last year, legislators enacted H.B. 3620 to amend state statute to increase income eligibility to no less than 200% of the FPL (up from 185%) for the state's child care subsidy program, effective July 1, 2021. Other bills were introduced but did not pass, including H.B. 3468, which proposed increasing reimbursement rates to the 75th percentile of the 2018 market rate survey, and H.B. 177, which proposed establishing a "Universal Child Care Demonstration Program."
Indiana	Based on a recent market rate survey, Indiana's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 72.6% of the estimated market rate price for infants in center-based settings. To qualify for child care subsidies in Indiana, a family's income must be at or below 127% of the FPL. At this income level, the state charges the family a copayment that is equal to 7.0% of their income. However, the state allows providers to charge families additional fees to cover the full market price of care, which means families at the top of the initial income eligibility guidelines in Indiana have to pay up to 38.4% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Indiana, a family with this level of income would not qualify for a child care subsidy, and would be

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	responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment. At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 8.0% of their income at 150% of the FPL. Because the state allows providers to charge families additional fees, at redetermination, families would have to pay up to 42.3% of the total market price. This percentage puts Indiana among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is somewhat lower than the market rate price in Indiana, and the state's base reimbursement rates cover 81.6% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Iowa	Based on a recent market rate survey, Iowa's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 88.1% of the estimated market rate price for infants in center-based settings. To qualify for child care subsidies in Iowa, a family's income must be at or below 145% of the FPL. At this income level, the state charges the family a copayment that is equal to 6.2% of their income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Iowa with incomes at 145% of the FPL have to pay up to 18.0% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Iowa, a family with this level of income would not qualify for a child care subsidy, and would be responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment. At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 6.4% of their income at 150% of the FPL. At redetermination, families in Iowa would have to pay up to 19.2% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Iowa, and the state's base reimbursement rates cover only 58.8% of the true cost of care. In the last year, legislators enacted H.F. 302 to establish a graduated eligibility phase-out for the state's child care subsidy program that enables families between 225% and 250% of the FPL to continue accessing child care assistance through continuing eligibility. For families with children needing special needs care, their incomes may rise to up to 275% of the FPL before becoming ineligible. These provisions will be effective no later than July 1, 2022. Legislators proposed, but did not pass, H.F. 292 to require child care reimbursements to be set at least at the 50th percentile of a recent market rate survey.
Kansas	Based on a recent market rate survey, Kansas' base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 95.4% of the estimated market rate price for infants in center-based settings. Kansas charges families with incomes at 150% of the FPL a copayment that is equal to 2.8% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 14.1% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Kansas, and the state's base reimbursement rates cover only 59.7% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.

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Kentucky	Based on a recent market rate survey, Kentucky's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 71.4% of the estimated market rate price for infants in center-based settings. Kentucky charges families with incomes at 150% of the FPL a copayment that is equal to 9.9% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families at 150% of the FPL have to pay up to 59.5% of the total market price, one of the five highest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Kentucky, and the state's base reimbursement rates cover only 52.8% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Louisiana	Louisiana is a leader in implementing an affordable child care subsidy program for families based on its high reimbursement rates and low family costs. Based on a recent market rate survey, Louisiana is one of six states whose base reimbursement rates meet or exceed the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. For example, the state's current reimbursement rates cover 108.0% of the estimated market rate price for infants in center-based settings. Louisiana charges families with incomes at 150% of the FPL a copayment that is equal to 1.5% of their income, making it one of 10 states with a copay under 2.0%. Although the state allows providers to charge families additional fees to cover the full market price of care, families using providers with prices at the market rate price would not incur fees, because the base reimbursement rate covers the full market rate price. Families in Louisiana with incomes at 150% of the FPL have to pay up to 5.6% of the total market rate of care, one of the lowest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is somewhat higher than the market rate price in Louisiana, and the state's base reimbursement rates cover 89.4% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Maine	Based on a recent market rate survey, Maine is one of six states whose base reimbursement rates meet or exceed the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. For example, the state's current reimbursement rates cover 121.2% of the estimated market rate price for infants in center-based settings. Maine charges families with incomes at 150% of the FPL a copayment that is equal to 9.0% of their income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs if the providers charge more than the reimbursement rates. Families in Maine have to pay up to 18.8% of the total market rate of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Maine, and the base reimbursement rates cover 80.9% of that true cost of care. In the last year, legislators enacted S.P. 533 which included a new grant program that will invest in existing child care and Early Head Start programs to expand access to child care slots and help address the state's shortage in care.
Maryland	Based on a recent market rate survey, Maryland's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 84.3% of the estimated market rate price for infants in center-based settings. Maryland charges families with incomes at 150% of the FPL a

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	copayment that is equal to 4.6% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 25.3% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Maryland, and the state's base reimbursement rates cover only 54.2% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Massachusetts	Massachusetts is a state to watch for implementing an affordable child care subsidy program for families, based on its low family burden and innovative legislative momentum. Based on a recent market rate survey, Massachusetts' base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 85.2% of the estimated market rate price for infants in center-based settings. Massachusetts charges families with incomes at 150% of the FPL a copayment that is equal to 1.9% of their income, making it one of 10 states with a copay under 2.0%. The state also does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Massachusetts only have to pay up to 2.8% of the total market price, one of the five lowest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Massachusetts, and the state's base reimbursement rates cover only 79.6% of the true cost of care. In the last year, legislators proposed S. 362 and its companion, H. 605, to create a "universal" system of child care, with families earning less than 50.0% of the median income receiving subsidies with no copayments, and families earning more than that not paying more than 7.0% of their income on child care. The bills had 49 and 109 sponsors, respectively, and are backed by the Common Start Coalition. As of August 1, 2021, the bills were pending in the state's two-year session. For most rate increases implemented, Massachusetts regularly makes the effective date of the increase the current fiscal year and provides retroactive payments once implemented. Massachusetts is also in the process of overhauling their family copayment system to avoid counting income below the federal poverty line and is going through a public comment period with this plan.
Michigan	Based on a recent market rate survey, Michigan's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 71.4% of the estimated market rate price for infants in center-based settings. Michigan charges families with incomes at 150% of the FPL a copayment that is equal to 2.4% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 34.2% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly lower than the market rate price in Michigan, and the state's base reimbursement rates cover only 73.9% of the true cost of care. In the last year, legislators proposed H.B. 5044 which would implement a child care contract model in communities with a limited supply of infant and toddler care and would be funded by the state's CCDBG appropriation. As of August 1, 2021, the bill had not moved passed introduction.
Minnesota	Based on a recent market rate survey, Minnesota's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 76.6% of the estimated market rate price for infants in center-based settings. Minnesota charges families with incomes at 150% of the FPL a copayment that is equal to 3.0% of their income. The state also allows providers to charge families

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	additional fees to cover the full market price of care, which means families have to pay up to 28.1% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly lower than the market rate price in Minnesota, and the state's base reimbursement rates cover only 79.7% of the true cost of care. In the last year, Minnesota legislators proposed a number of bills related to child care, but none of the bills passed. Legislators proposed S.F. 1574 which would have updated reimbursement rates to be based on the 75th percentile of the most recent market rate survey, effective immediately upon enactment of the legislation. The bill did not move beyond introduction. Legislators also proposed, but did not pass, S.F. 21 which would have created the Office of Ombudsperson for Child Care Providers.
Mississippi	Based on an outdated market rate survey, Mississippi's base reimbursement rates meet the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. For example, the state's current reimbursement rates cover 125.0% of the estimated market rate price for infants in center-based settings. However, the state's market rate survey was completed in 2017, and the market rate price likely increased since that time. Additionally, Mississippi's current reimbursement rates are enhanced due to the COVID-19 pandemic and are effective through December 31, 2021. Mississippi charges families with incomes at 150% of the FPL a copayment that is equal to 6.0% of their income. Although the state allows providers to charge families additional fees to cover the full market price of care, families using providers with prices at the market rate price would not incur fees, because the base reimbursement rate covers the full market rate price. Families in Mississippi with incomes at 150% of the FPL have to pay up to 27.5% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Mississippi, and the state's base reimbursement rates cover only 54.6% of the true cost of care. In the last year, Mississippi legislators proposed several bills related to child care, although many of these bills died in committee, including H.B. 17, which would have established a Child Care for Working Families Study Committee to develop recommendations for improving upon families' ability to access and afford child care in the state.
Missouri	Based on a recent market rate survey, Missouri's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 58.0% of the estimated market rate price for infants in center-based settings, which is the lowest percentage of any state. To qualify for child care subsidies in Missouri, a family's income must be at or below 138% of the FPL. At this income level, the state charges the family a copayment that is equal to 4.1% of their income. However, the state allows providers to charge families additional fees to cover the full market price of care, which means families at the top of the initial income eligibility guidelines in Missouri have to pay up to 49.7% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Missouri, a family with this level of income would not qualify for a child care subsidy, and would be responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment. At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 3.8% of their income at 150% of the FPL. Because the state allows providers to charge families additional fees, at redetermination, families at 150% of the FPL would have to pay up to 49.7% of the total market price, one of the five highest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly higher than the market rate price in Missouri, and the state's base reimbursement rates cover only 54.4% of the true cost of care. In the last year, legislators proposed

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	H.B. 1071, which would have extended the sunset clause on a temporary pilot that has allowed child care providers to have access to continued coaching and education supports. The bill did not pass.
Montana	Based on a recent market rate survey, Montana is one of six states whose base reimbursement rates meet the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. For example, the state's current reimbursement rates cover 100.0% of the estimated market rate price for infants in center-based settings. Montana charges families with incomes at 150% of the FPL a copayment that is equal to 14.0% of their income. Although the state allows providers to charge families additional fees to cover the full market price of care, families using providers with prices at the market rate price would not incur fees, because the base reimbursement rate covers the full market rate price. Families in Montana with incomes at 150% of the FPL have to pay up to 40.8% of the total market price. This percentage puts Montana among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Montana, and the state's base reimbursement rates cover 87.6% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Nebraska	Based on a recent market rate survey, Nebraska's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 90.9% of the estimated market rate price for infants in center-based settings. Based on recently enacted legislation, families with incomes at 150% of the FPL are eligible and are charged a copayment that is equal to 7.0% of their family income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Nebraska have to pay up to 16.7% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly higher than the market rate price in Nebraska, and the state's base reimbursement rates cover 87.4% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators enacted L.B. 485, which temporarily increased the initial eligibility threshold for child care subsidies in the state from 130% of FPL to 185% of FPL and the continuing eligibility threshold to 200% of FPL, until October 1, 2023. As legislated, this change in eligibility was effective July 1, 2021. Legislators also proposed L.B. 68 which would have made the temporary policy of reimbursing child care providers based on enrollment rather than attendance a permanent policy. The bill did not pass.
Nevada	Based on a recent market rate survey, Nevada's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 80.7% of the estimated market rate price for infants in center-based settings. To qualify for child care subsidies in Nevada, a family's income must be at or below 130% of the FPL. At this income level, the state charges the family a copayment that is equal to 7.4% of their income. However, the state allows providers to charge families additional fees to cover the full market price of care, which means families at the top of the initial income eligibility guidelines in Nevada have to pay up to 35.4% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Nevada, a family with this level of income would not qualify for a child care subsidy, and would be responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment.

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	At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 9.6% of their income at 150% of the FPL. Because the state allows providers to charge families additional fees, at redetermination, families would have to pay up to 43.5% of the total market price. This percentage puts Nevada among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is similar to the market rate price in Nevada, and the state's base reimbursement rates cover only 79.2% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
New Hampshire	Based on a recent market rate survey, New Hampshire's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 91.7% of the estimated market rate price for infants in center-based settings. New Hampshire charges families with incomes at 150% of the FPL a copayment that is equal to 12.5% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 37.3% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly lower than the market rate price in New Hampshire, and the state's base reimbursement rates cover 94.2% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators proposed, but did not pass S.B. 144, which would have required the state to reimburse child care providers based on enrollment rather than attendance for FY22-23.
New Jersey	Based on a market rate survey, New Jersey's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in center-based settings; data on home-based settings were unavailable. For example, the state's current reimbursement rates cover only 77.3% of the estimated market rate price for infants in center-based settings. New Jersey charges families with incomes at 150% of the FPL a copayment that is equal to 1.9% of their income, making it one of 10 states with a copay under 2.0%. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 26.5% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in New Jersey, and the state's base reimbursement rates cover only 70.1% of the true cost of care. In the last year, legislators enacted A. 4746 to require the state to reimburse providers based on enrollment rather than attendance, for the foreseeable future. Legislators also passed S. 3990 to appropriate $100 million dollars to create workforce development support for the early education workforce, and to conduct a child care landscape study in the state. Legislators were also exploring the creation of a "Task Force for the Development of Universal Child Care" in S. 3257 which as of August 1, 2021, was still pending.
New Mexico	New Mexico is a leader in implementing an affordable child care subsidy program for families based on its low family costs and innovative cost model. New Mexico released their new reimbursement rates based on their federally approved cost model, effective July 1, 2021. New Mexico charges families with incomes at 150% of the FPL a copayment that is equal to 6.7% of their income. The state does not permit providers to charge families additional fees to cover the full cost of care, which means providers may be required to absorb some additional costs. Families in New Mexico have to pay up to 17.2% of the total cost of care, as projected by the rates based on their cost model. Based on alternative estimates of the true cost of providing base-quality care for infants in center-based arrangements, the state's base reimbursement rates cover 82.9% of the true cost of care. In the last year, legislators enacted H.J. R. 1,

State	Implementation
	which will allow voters to decide whether a portion of the Land Grant Permanent Fund should be used to help fund early childhood education programs in the state. The ballot question to approve the constitutional amendment will go to voters in November of 2022. The state also is working towards a number of other changes to the subsidy system within the Early Childhood Education and Care Department, including an increase in eligibility from 200% of the FPL to 350% of the FPL, with a phase-out of continuing eligibility of 400% of the FPL.
New York	New York is a leader in implementing an affordable child care subsidy program for families based on its high reimbursement rates and low family costs. Based on a recent market rate survey, New York's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 95.5% of the estimated market rate price for infants in center-based settings. New York charges families with incomes at 150% of the FPL a copayment that is equal to only 0.5% of their income, making it one of 10 states with a copay under 2.0%. The state allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 5.2% of the total market price, one of the five lowest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly higher than the market rate price in New York, and the state's base reimbursement rates cover 94.0% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators proposed S. 6706B to change the eligibility threshold of the child care subsidy program in New York from 200% of the FPL to 85% of the state median income. The bill passed out of the Senate, but during this legislative session it did not pass in the Assembly. Legislators proposed a number of other bills, including S. 3903 which would implement a cost model for reimbursing for child care, S. 3997 which proposed standardizing child care copayments for families to be no more than 20.0% of their income that exceeds the federal poverty level, and more. However, none of these other notable bills passed during the legislative session.
North Carolina	Based on a market rate survey, North Carolina's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings, at the 3-star level. For example, the state's current reimbursement rates cover only 79.9% of the estimated market rate price for infants in center-based settings. North Carolina only reimburses providers through the subsidy system that have at least a 3-star rating in the state's QRIS. North Carolina charges families with incomes at 150% of the FPL a copayment that is equal to 10.0% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 42.9% of the total market price. This percentage puts North Carolina among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is slightly lower than the market rate price in North Carolina, and the state's base reimbursement rates cover 83.4% of the true cost of care. In the last year, legislators proposed, but did not pass, H. 574 which would have set reimbursement rates at the 75th percentile of the 2018 market rate survey by October 2021.
North Dakota	Based on an outdated market rate survey, North Dakota's base reimbursement rates meet the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. For example, the state's current reimbursement rates cover 100.0% of the estimated market rate price for infants in center-based settings. However, the state's market rate survey was completed in 2017, and the market rate price likely increased since that time. North Dakota charges families with incomes at 150% of the FPL a copayment that is equal to 6.0% of their income. Although

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	the state also allows providers to charge families additional fees to cover the full market price of care, families using providers with prices at the market rate price would not incur fees, because the base reimbursement rate covers the full market rate price. Families in North Dakota with income at 150% of the FPL have to pay up to 19.6% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in North Dakota, and the state's base reimbursement rates cover only 73.7% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Ohio	Based on a recent market rate survey, Ohio's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 70.0% of the estimated market rate price for infants in center-based settings. To qualify for child care subsidies in Ohio, a family's income must be at or below 130% of the FPL. At this income level, the state charges the family a copayment that is equal to 9.0% of their income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Ohio with incomes at 130% of the FPL have to pay up to 16.4% of the total market price. For nearly all other states, we present information on child care expenses for families with incomes at 150% of the FPL. In Ohio, a family with this level of income would not qualify for a child care subsidy, and would be responsible for the entire market price of care. If that family had previously qualified for a child care subsidy in the past year when their income was lower, the family would remain eligible without a change to their copayment. At redetermination, the family would remain eligible, but be obligated to pay a copayment that is equal to 9.0% of their income at 150% of the FPL. At redetermination, families in Ohio would have to pay up to 18.9% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is lower than the market rate price in Ohio, and the state's base reimbursement rates cover 85.8% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators proposed, but did not pass, H.B. 145 which would have increased continuous or transitional eligibility of the state's child care subsidy program from 150% of the FPL to 200% of the FPL.
Oklahoma	Based on a recent market rate survey, Oklahoma's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings, at the 2-star level. For example, the state's current reimbursement rates cover 95.0% of the estimated market rate price for infants in center-based settings. Oklahoma only reimburses providers through the subsidy system that have at least 2-stars in the state's QRIS. Oklahoma charges families with incomes at 150% of the FPL a copayment that is equal to 7.0% of their income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Oklahoma have to pay up to 22.9% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Oklahoma, and the state's base reimbursement rates cover only 60.3% of the true cost of care. In the last year, legislators proposed, but did not pass, H.B. 1613 which would have based child care reimbursement to providers on a formula that would consider both attendance and enrollment, whereas currently providers are reimbursed only for attendance.
Oregon	Based on a recent market rate survey, Oregon's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based

State	Implementation
	settings. For example, the state's current reimbursement rates cover 97.3% of the estimated market rate price for infants in center-based settings. Oregon charges families with incomes at 150% of the FPL a copayment that is equal to 20.3% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 41.0% of the total market price. This percentage puts Oregon among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Oregon, and the state's base reimbursement rates cover 89.6% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators enacted H.B. 3073 to create a Department of Early Learning and Care in Oregon that will be launched in January 2023. The Department will centralize early childhood services and will create a sliding fee scale that caps copayments at 7.0% of a family's income, base reimbursements on enrollment rather than attendance, along with a number of other charges. Legislators also passed H.B. 2166, which creates an Early Childhood Suspension and Expulsion Prevention Program with a focus on reducing disparities and promoting trauma-informed practices and social-emotional learning.
Pennsylvania	Based on a recent market rate survey, Pennsylvania's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 86.5% of the estimated market rate price for infants in center-based settings. Pennsylvania charges families with incomes at 150% of the FPL a copayment that is equal to 8.7% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 35.4% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Pennsylvania, and the state's base reimbursement rates cover only 65.5% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering family copayments.
Rhode Island	Based on a recent market rate survey, Rhode Island's base reimbursement rates exceed the federal equal access target of the 75th percentile for infant and toddler care in home-based settings and toddler care in center-based settings, but are slightly below this target for infants in center-based care. For example, the state's current reimbursement rates cover 97.7% of the estimated market rate price for infants in center-based settings. These rates are based on enhanced rates that are effective through December 31, 2021. Rhode Island charges families with incomes at 150% of the FPL a copayment that is equal to 5.0% of their income. The state does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs. Families in Rhode Island have to pay up to 12.0% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Rhode Island, and the state's base reimbursement rates cover only 68.7% of the true cost of care. In the last year, legislators enacted the budget bill H.B. 6122 which includes a cap of 7.0% of family's income on the copayment sliding fee scale for child care assistance, effective July 1, 2021. The budget bill also includes an expansion of eligibility of the child care subsidy program to include those enrolled in a Rhode Island higher education institution, extends the emergency enhanced COVID-19 rates through December 31, 2021, and increases standard reimbursement rates in January 2022.
South Carolina	Based on a recent market rate survey, South Carolina's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 86.9% of the

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	estimated market rate price for infants in center-based settings. South Carolina charges families with incomes at 150% of the FPL a copayment that is equal to 1.7% of their income, making it one of 10 states with a copay under 2.0%. The state allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 18.3% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in South Carolina, and the state's base reimbursement rates cover only 70.4% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering family copayments.
South Dakota	South Dakota is a leader in implementing an affordable child care subsidy program for families based on its high reimbursement rates and low family costs. Based on a recent market rate survey, South Dakota is one of six states whose base reimbursement rates meet or exceed the 75th percentile for infant and toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 100.0% of the estimated market price for infants in center-based settings. South Dakota does not charge families with incomes at 150% of the FPL a copayment, making it one of 10 states with a copay under 2.0%. Although the state allows providers to charge families additional fees, families using providers with prices at the market rate price would not incur fees, because the base reimbursement rate covers the full market rate price. Families in South Dakota with incomes at 150% of the FPL would not have any out of pocket expense for child care. Families in South Dakota are responsible for the lowest share of the total market rate of care in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is similar to the market rate price in South Dakota, and the base reimbursement rates cover 97.6% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other states. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Tennessee	Based on a recent market rate survey, Tennessee's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 79.1% of the estimated market rate price for infants in center-based settings. Tennessee charges families with incomes at 150% of the FPL a copayment that is equal to 1.6% of their income, making it one of 10 states with a copay under 2.0%. The state allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 25.5% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Tennessee, and the state's base reimbursement rates cover only 55.2% of the true cost of care. In the last year, legislators enacted S.B. 1105 to make child care reimbursement based on enrollment rather than attendance on a permanent basis.
Texas	Based on a recent market rate survey, Texas' base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 77.0% of the estimated market rate price for infants in center-based settings. Texas charges families with incomes at 150% of the FPL a copayment that is equal to 9.8% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families at 150% of the FPL have to pay up to 52.6% of the total market price, one of the five highest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Texas, and the state's base reimbursement rates cover only 56.0% of the true cost of care. In the last year, legislators passed H.B. 619 to charge the Texas

State	Implementation
	Workforce Commission with developing a strategic plan related to the early childhood workforce, which will go into effect September 1, 2021. Many other bills were proposed related to child care that did not pass, including H.B. 1364 which attempted to increase the child care supply through contracts, and H.B. 1964 which would have directed a study to compare the cost of quality child care to families' incomes.
Utah	Based on a recent market rate survey, Utah's base reimbursement rates do not quite meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 94.7% of the estimated market rate price for infants in center-based settings. Utah does not charge families with incomes at 150% of the FPL a copayment, making it one of 10 states with a copay under 2.0%. Currently, Utah is waiving copayments for families regardless of their income level with support from federal COVID-19 recovery funding. This policy change in Utah does not have a specific, published end date, and therefore reflects the accurate copayment a family in the state can expect to receive. The state allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 5.3% of the total market price, one of the five lowest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Utah, and the state's base reimbursement rates cover only 67.8% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Vermont	Based on a recent market rate survey, Vermont's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover only 72.4% of the estimated market rate price for infants in center-based settings. Vermont charges families with incomes at 150% of the FPL a copayment that is equal to 9.9% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 49.3% of the total market price. This percentage puts Vermont among 13 states with a burden on a family at 150% of the FPL that is 40.0% or more of the market price of care. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Vermont, and the state's base reimbursement rates cover only 52.2% of the true cost of care.
Virginia	Based on a recent market rate survey, Virginia's base reimbursement rates are slightly below the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. Although the figures of Virginia's 75th percentile rates are unreported, the state's current reimbursement rates are set to the 70th percentile. Virginia charges families with incomes at 150% of the FPL a copayment that is equal to 8.0% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 15.8% of the total market price, at the 70th percentile. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is somewhat lower than the market rate price in Virginia, and the state's base reimbursement rates cover 108.5% of the true cost of care. In the last year, a number of bills were proposed related to child care in Virginia. Legislators enacted H.B. 2206 which will temporarily expand eligibility to 85.0% of state median income for the state's child care subsidy program due to COVID-19. Legislators also enacted H.B. 2105 which will require all child care and early education programs that receive public funds to be part of the state's QRIS system.

State	Implementation
Washington	Washington is a leader in implementing an affordable child care subsidy program for families based on its high reimbursement rates and low family costs. Based on a recent market rate survey, Washington's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 88.2% of the estimated market rate price for infants in center-based settings. Washington charges families with incomes at 150% of the FPL a copayment that is equal to 4.2% of their income. The state, however, does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs if the providers charge more than the reimbursement rates. Families in Washington have to pay up to only 5.8% of the total market price, one of the lowest shares in the country. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is lower than the market rate price in Washington, and the state's base reimbursement rates cover 103.1% of the true cost of care. In the last year, legislators enacted S.B. 5237, which will make many investments in the Washington's early childhood system. The legislation requires the state to set reimbursement rates at the 85th percentile of the market and suggests that a task force should develop and implement a child care cost estimate model. The legislation also aims to eliminate copayments for low-income families, those at or below 20% of the state median income, and place a cap on monthly copayments for all families at no more than 7.0% of their income. The legislation takes a gradual approach, with some elements not becoming effective until 2026. The legislation also includes an infant care incentive program that will go into effect on July 1, 2022, providing rate enhancements to providers serving infants in the state's subsidy program.
West Virginia	Based on a recent market rate survey, West Virginia is one of six states whose base reimbursement rates meet or exceed the federal equal access target of the 75th percentile for infant and toddler care in both center-based and home-based settings. For example, the state's current reimbursement rates cover 104.3% of the estimated market rate price for infants in center-based settings. West Virginia charges families with incomes at 150% of the FPL a copayment that is equal to 4.4% of their income. The state, however, does not permit providers to charge families additional fees to cover the full market price of care, which means providers may be required to absorb some additional costs if the providers charge more than the reimbursement rates. Families in West Virginia have to pay up to 16.0% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in West Virginia, and the state's base reimbursement rates cover only 55.0% of that true cost of care. In the last year, legislators proposed, H.C.R. 99 which would have directed the state's Joint Committee on Government and Finance to study the cost and availability of child care in the state. The bill passed in the House, but did not pass in the Senate.
Wisconsin	Based on a recent market rate survey, Wisconsin's base reimbursement rates exceed the federal equal access target of the 75th percentile for infant and toddler care in home-based settings, but are slightly below the target for infants and toddlers in center-based settings. For example, the state's current reimbursement rates cover 94.6% of the estimated market rate price for infants in center-based settings. Wisconsin charges families with incomes at 150% of the FPL a copayment that is equal to 11.3% of their income. The state also allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 29.9% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is higher than the market rate price in Wisconsin, and the state's base reimbursement rates cover 86.7% of the true cost of care. This percentage is an above average portion of the true cost of care, relative to other

State	Implementation
	states. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.
Wyoming	Based on a market rate survey, Wyoming's base reimbursement rates do not meet the federal equal access target of the 75th percentile for infant or toddler care in either center-based or home-based settings. For example, the state's current reimbursement rates cover 85.7% of the estimated market rate price for infants in center-based settings. Wyoming charges families with incomes at 150% of the FPL a copayment that is equal to 1.3% of their income, making it one of 10 states with a copay under 2.0%. The state allows providers to charge families additional fees to cover the full market price of care, which means families have to pay up to 19.3% of the total market price. Based on estimates of the true cost of providing base-quality care for infants in center-based arrangements, the true cost is substantially higher than the market rate price in Wyoming, and the state's base reimbursement rates cover only 50.3% of the true cost of care. In the last year, legislators took no notable legislative initiative related to increasing reimbursement rates or lowering copayments for families.

Find additional information on the methods and sources used throughout the Roadmap and for each state.