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THE CHILD CARE AND DEVELOPMENT BLOCK GRANT ACT OF 2014: UPDATE ON STATE IMPLEMENTATION OF KEY POLICIES

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TABLE OF CONTENTS

Introduction	1
New Child Care Licensing Staff	4
Eligibility Period and Interim Reporting for Child Care Assistance	6
Payment for Days When Children Are Absent from Child Care	11
Differential Payment Rates for Specialized Care	15
Conclusion	19
Tables	22

Introduction

The Child Care and Development Block Grant (CCDBG) Act of 2014,[1] which reauthorized (renewed and updated) the major federal child care assistance program for the first time since 1996, aimed to accomplish several essential goals: ensuring the health and safety of children in child care, improving the quality of care, and making it easier for families to get and retain child care assistance. These are important objectives, but achieving them entails costs—and Congress did not provide significant new funding to cover those additional costs when it passed the reauthorization law. In the absence of new funding, states found it challenging to fully implement the specific requirements of the reauthorization law, much less meet the law's broader goals of helping parents work and promoting children's healthy development by supporting affordable, high-quality child care.

As states focused more resources on meeting the reauthorization law's new requirements, some reduced the number of families able to receive child care assistance or neglected to raise already low payment rates for child care providers. The number of children receiving child care assistance had already been declining prior to the enactment of the reauthorization law in 2014; the number of children receiving assistance in 2017 (the most recent year for which data are available) was 121,000 below the number served in 2014 and more than 450,000 below the number served in 2006.[2] Meanwhile, payment rates for child care providers serving those children who receive assistance remain inadequate. As a result, high-quality providers are often reluctant to serve families receiving assistance and providers serving these families often lack the resources they need to sustain their businesses, much less support high-quality care.

In March 2018, Congress approved a historic funding increase for CCDBG—$2.37 billion in additional funding for FY 2018, bringing total CCDBG funding to $8.143 billion.[3] This funding will allow states to make further progress toward implementing the reauthorization law while also expanding the availability of child care assistance for families and raising provider payment rates. Yet, after years of stagnant funding, this funding increase is not sufficient for states to fully close gaps in all of these areas.

States, which receive funds through CCDBG to help low-income families afford care and to support activities to improve the quality of care, set policies for their child care assistance programs within federal parameters. The CCDBG Act of 2014 established a number of new requirements that states must meet, but states still have significant flexibility to determine their own policies, and have been given time to come into compliance with the law. In addition, many states received individual waivers allowing them additional time to implement certain provisions of the law.[4]

The National Women's Law Center has been tracking states' progress in implementing the CCDBG Act of 2014 and will continue to do so in the coming years by obtaining updates from state administrators and advocates and collecting data on state policies. As part of this effort, this report—an update to our initial report published in 2017—analyzes data on state policies and policy changes in four key areas addressed by the law. These four areas were selected as indicators of states' progress in carrying out the law because they reflect the range of objectives of the law—related to improving the health and safety of child care, the supply and quality of child care, and families' access to child care assistance. The four areas are:

- Additional staff hired to implement the law's new licensing and monitoring requirements.
- Length of the eligibility period during which families can continue to receive child care assistance without having to recertify and interim reporting requirements during that period.
- Payment to child care providers for days when children receiving child care assistance are absent.
- Differential (higher) payment rates for special needs care, care during nontraditional hours, and other specialized care in short supply.

The trends in state policies in these four areas indicate that while many states have taken steps to meet specific requirements of the law, many states need to make additional changes to achieve full compliance and fulfill the law's larger goals in one or more of these areas. The trends also demonstrate that states have made fewer policy changes in those areas where the reauthorization law's requirements are less specific—possibly because states were instead focusing their limited resources on complying with aspects of the law where there are clear, detailed requirements.

This report examines states' policies in these areas as of February 2018—just prior to the approval of the new child care funding—and how these policies have changed both since February 2017 and since the reauthorization law's passage. The report also includes some initial information about changes or expected changes after February 2018, but does not reflect the full impact of the new funds. The Center's research into how states are using the new CCDBG funds[5] indicates that a number of states are using or plan to use the funds to complete implementation of the reauthorization law, underscoring the connection between additional child care investments and states' progress on critical child care policies.

This report's key findings include:

- Twenty-four states hired additional child care licensing staff to help implement the health and safety requirements of the reauthorization law between the law's passage and February 2018, and four other states planned to hire additional staff by February 2019. However, the remaining 23 states had not yet hired additional licensing staff as of February 2018, and did not have immediate plans to do so.
- Twenty-three states expanded the eligibility period—the period that families could continue receiving child care assistance without having to recertify their eligibility—to 12 months for some or all families between the reauthorization law's passage and February 2018. As of February 2018, a total of 41 states had a 12-month eligibility period for all families, as required by the reauthorization law, but 10 states had a shorter recertification period for some or all families.
- Twenty-two states reduced interim reporting requirements for families receiving child care assistance between the reauthorization law's passage and February 2018.
- Nine states adopted more generous policies for paying child care providers during days when children receiving child care assistance are absent from care between the reauthorization law's passage and February 2018. Two states adopted less generous policies for paying providers when children are absent.
- Only six states added, increased, or expanded access to differential rates for specialized types of care between the reauthorization law's passage and February 2018.

States will need to make additional improvements in their policies and practices to ensure that children are healthy and safe in child care, families are able to retain child care assistance over an extended period, child care providers are adequately compensated and have incentives to serve families

receiving child care assistance, and families and children with specialized needs have high-quality child care options.

At the same time they are working to comply with reauthorization law, states must also address existing gaps in their state child care assistance programs—including the unmet need for help among low-income families and inadequate support for the child care providers who serve them. Fewer than one out of six children eligible for child care assistance under federal law receives it.[6] Nineteen states placed eligible families on waiting lists or froze intake (turned away eligible families without adding their names to a waiting list) for child care assistance in 2018.[7] Only one state set payment rates for child care providers serving families receiving child care assistance at federally recommended levels as of February 2018.[8] For states to make greater progress in implementing the reauthorization law and, at the same time, close these gaps, it is essential for federal and state policymakers to maintain and build on the recent increase in child care funding.

Methodology

The policy data for 2018 included in this report were collected from child care administrators in the 50 states and the District of Columbia (counted as a state in this report) in the spring of 2018. State child care administrators were contacted again in December 2018 to verify and update the data. The policy data for 2017 included in this report were collected from state child care administrators as part of the Center's broader annual survey on state child care assistance policies in the spring and summer of 2016, and then verified and updated by administrators in the spring of 2017; the Center analyzed these data in its September 2017 report, *The Child Care and Development Block Grant Act of 2014: Uneven State Implementation of Key Policies.*

New Child Care Licensing Staff

As one component of the effort to ensure healthy, safe child care settings, the CCDBG Act of 2014 established new requirements for monitoring and licensing child care providers. Under the law, licensed providers must receive at least one inspection prior to licensing to ensure compliance with health, safety, and fire standards and at least one annual, unannounced inspection for compliance with all child care licensing standards, including health, safety, and fire standards.[9] License-exempt providers (except for those related to all children in their care) must receive an annual inspection for compliance with health, safety, and fire standards at a time to be determined by the state.[10] The law also requires that states have a sufficient number of licensing inspectors to fulfill the inspection requirement.[11]

Most states did not fully meet these requirements at the time of the law's passage,[12] and had to increase the frequency of their licensing visits or expand the types of providers subject to the inspection requirements. While the law does not require states to have a specific number of child care licensing staff or hire additional staff, many states recognized the need for more licensing staff to meet the law's requirements.

With additional resources, states could expand their child care licensing staff and invest more in training for staff to help ensure that all required inspections are carried out fairly and thoroughly.

- Fifteen states (Alabama, Colorado, Florida, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New Jersey, Ohio, Pennsylvania, Utah, and Virginia) hired additional licensing staff that will help them comply with the inspection and other licensing requirements between February 2017 and February 2018 (*see Table 1*).
  - These 15 states hired a total of 127 full-time equivalent (FTE) staff, which represented a 14 percent increase in staff in these states.
  - Nine of these 15 states (Alabama, Colorado, Florida, Kentucky, Louisiana, Michigan, Nevada, Pennsylvania, and Utah) had hired additional staff in 2015 or 2016 as well.
  - Six of these 15 states (Colorado, Louisiana, Minnesota, Mississippi, Nevada, and Pennsylvania) planned to hire additional staff between February 2018 and February 2019 as well.
- Nine states (California, Connecticut, Delaware, Hawaii, New York, Oregon, Rhode Island, Texas, and Washington) did not hire additional licensing staff between February 2017 and February 2018, but had previously reported hiring staff between early 2015 and February 2017.
  - One of these nine states (California) planned to hire additional staff between February 2018 and February 2019 as well.
- Four states (District of Columbia, Indiana, Kansas, and Vermont) that had not hired additional staff as of February 2018 planned to do so by February 2019.

- The remaining 23 states had not hired additional licensing staff between early 2015 and February 2018 and had no immediate plans to do so.

With additional resources, all states could expand—or further expand—their licensing staff, as well as invest more in training for new and existing licensing staff, to help ensure that all required inspections are carried out, and done so in a way that is fair to providers and thorough enough to identify and address any health and safety risks to children.

Eligibility Period and Interim Reporting for Child Care Assistance

Under the reauthorization law, states must allow families to remain eligible for child care assistance for a minimum of 12 months, regardless of temporary changes in parental employment or participation in education or training or changes in income, as long as household income remains below 85 percent of state median income.[13] Other than exceeding the federal income limit, there are only a few circumstances in which a family's child care assistance can be terminated before the end of the 12-month eligibility period: the family moves out of state, the child has excessive unexplained absences despite attempts to contact the family, there is a substantiated fraud or intentional program violation that invalidates prior determinations of eligibility, or the parent has a permanent job loss (although the parent must first have at least three months to search for a job before losing assistance).[14]

To ensure that families have a truly continuous 12-month eligibility period, the reauthorization law and regulations limit interim reporting requirements. Under the final rule, states may only require families to report changes that affect their eligibility (such as income increasing to above 85 percent of state median income and, at the state's option, a non-temporary change in the parent's work status or participation in training or education) or that affect the ability of the state to contact the family or pay providers (such as a change in the family's address or child care provider). States must allow families to report changes that could benefit them—for example, an increase in work hours that requires additional child care hours or a decrease in income that would correspond to a reduction in the family's copayment.[15]

Allowing families to remain eligible for child care assistance for a full year without interruption is important for providing stability for the family. Parents are able to work without worrying that a small change in income or temporary change in work status could result in a sudden loss of their child care assistance, making their child care arrangement unaffordable. And without disruptions to their child care every time their parent loses a job or has a change in income, children are able to have the continuity of care that nurtures their healthy development. In addition, a longer eligibility period with limited interim reporting requirements reduces administrative burdens and costs for families and state agencies.

Eligibility Period

Approximately four-fifths of the states had a 12-month eligibility period for all families receiving child care assistance as of February 2018; nearly half of these states adopted the 12-month eligibility period following the reauthorization law's enactment. However, approximately one-fifth of all states maintained shorter eligibility periods for some or all families as of February 2018.

- Forty-one states allowed all families to continue receiving child care assistance for 12 months before having to recertify their eligibility as of February 2018 (*see Table 2a*).[16] Twenty of these states had increased their eligibility period to 12 months for all families after the reauthorization law was enacted.
  - Fifteen of these states (Alabama, Alaska, Arizona, Idaho, Indiana, Iowa, Minnesota, Montana, New Mexico, Oklahoma, Pennsylvania,

South Dakota, Tennessee, Utah, and Wyoming) increased their eligibility period from six months to 12 months in 2015, 2016, or 2017, including two states (Alaska and Minnesota[17]) that did so between February 2017 and February 2018.

- One of these states (Connecticut) increased its eligibility period from eight months to 12 months as of 2016.
- One of these states (Texas), which previously permitted localities to determine the length of the eligibility period, began requiring all localities to allow families to have a 12-month eligibility period as of 2016.
- Three of these states (California, Mississippi, and Oregon), which previously had a shorter eligibility period for families receiving other types of assistance when doing so aligned with the eligibility period for those other assistance programs, began allowing all families to have a 12-month eligibility period as of 2015, 2016, or 2017.

- Six states (Arkansas,[18] Florida, Massachusetts, New Hampshire, New Jersey, and North Dakota) allowed most families to continue receiving child care assistance for 12 months before having to recertify their eligibility, but required certain groups of families—such as families receiving Temporary Assistance for Needy Families (TANF), families receiving protective services, or families experiencing homelessness—to recertify their eligibility more frequently as of February 2018.[19] Three of these six states had increased their eligibility period to 12 months for most families in 2016 or 2017. One of the six states planned to extend 12-month eligibility to all families after February 2018.
  - Florida, which previously had an eligibility period that differed across localities and groups of families, began allowing all families, except TANF families (who still have a six-month eligibility period), to have a 12-month eligibility period as of 2016.
  - North Dakota increased its eligibility period from six months to 12 months for all families, except homeless families (who still have a one-month eligibility period in most cases), in 2016.
  - New Hampshire, which had typically used an eligibility period of six months for families receiving other types of assistance in addition to child care assistance, began allowing all families, except families receiving preventive or protective child care, to have a 12-month eligibility period for child care assistance as of July 2017.
  - Massachusetts, which as of February 2018 had an eligibility period of six months for children involved with the state's child welfare agency and an eligibility period that could be shorter than 12 months for families receiving TANF, increased its eligibility period to 12 months for all families as of October 2018.

Allowing families to remain eligible for child care assistance for a full year without interruption is important for providing stability for the family.

- Three states (Hawaii, Illinois, and West Virginia) allowed families to continue receiving child care assistance for only six months before having to recertify their eligibility as of February 2018.[20] One of these states planned to increase its eligibility period to 12 months after February 2018.
  - Hawaii planned to extend its eligibility period to 12 months as of September 2019.
- One state (New York) permitted localities to determine how long families could continue receiving child care assistance—either six months or 12 months—before having to recertify their eligibility as of February 2018.[21]

Interim Reporting

Although most states allow families to receive child care assistance for 12 months without having to recertify their eligibility, states generally require families to report certain significant changes in their circumstances shortly after the change occurs. States vary widely in what types of changes—such as changes in income, the parent's work schedule, the child's child care schedule or arrangement, and/or household members—they require families to report (*see Table 2b*). A number of states have limited their interim reporting requirements, or stopped acting on reported changes, since the enactment of the reauthorization law, but many states still require families to report changes other than the narrow set of changes specified in the regulations. In addition, as of February 2018, some states may still have been taking adverse actions—such as making families ineligible for child care assistance or reducing their level of benefits—in response to reported changes that should not result in negative consequences for families according to the regulations.

- Twenty-two states (Alabama, Alaska, Arizona, California, Colorado, Connecticut, Florida, Georgia, Idaho, Iowa, Minnesota, Missouri, Montana, New Hampshire, New Jersey, Oklahoma, Pennsylvania, Rhode Island, Texas, Vermont, Washington, and Wisconsin) reduced their interim reporting requirements for families receiving child care assistance—decreased the frequency of required reporting, limited the types of changes required to be reported, or took other steps that lessened the burden for families—between the reauthorization law's enactment and February 2018. Ten of these states (Alaska, California, Idaho, Minnesota, Montana, New Hampshire, New Jersey, Oklahoma, Pennsylvania, and Rhode Island) did so between February 2017 and February 2018.

- Five states (Kansas, Massachusetts, North Carolina, Utah, and Wisconsin) reduced, or further reduced, their interim reporting requirements after February 2018.

- Two states (Kentucky and Vermont) reported that, as of 2016, they stopped taking adverse actions—such as ending families' child care assistance or reducing their benefits—in response to interim changes reported by families, unless the family's income exceeded 85 percent of state median income. Three additional states (Kansas, Utah, and Virginia) stopped taking adverse actions in response to interim changes, except in limited circumstances, between February 2018 and February 2019.

- One state (Rhode Island) did not require interim reporting as of February 2018. The remaining states all required interim reporting in at least some circumstances.

- A number of states required families to report changes only in limited circumstances as of February 2018—policies that appear to align with the reauthorization law and regulations. For example:
  - Delaware required families to report only when they no longer needed child care.
  - South Carolina required families to report only when they had a change in their address or child care provider.
  - California, New Jersey, Oklahoma, Oregon, and Pennsylvania required families to report only when their income increased to above 85 percent of state median income.
  - Iowa and Missouri required families to report only when their income increased to above 85 percent of state median income or they no longer needed child care.
  - Alaska, Arkansas, Colorado, and Maine required families to report only when their income increased to above 85 percent of state median income or parents had a non-temporary change or cessation of their employment or other eligible activity.
  - The District of Columbia required families to report only when their income increased to

above 85 percent of state median income, parents had a non-temporary change in their activities, or they moved outside of the city.

- Texas required families to report only when their income increased to above 85 percent of state median income, parents had a non-temporary change in their activities, or they had a change in family size or primary contact information.
- Connecticut required families to report only when their income increased to above 85 percent of state median income, parents ceased participating in an approved activity, they changed their provider, or their child left the household.
- Michigan required families to report only when their income increased to above 85 percent of state median income, they had a change in address or provider, they lost their state residency, the parent was incarcerated, the child left home, or their assets exceeded $1 million.

- Many states had interim reporting requirements that appear to be broader than those allowed under the regulations—requiring families to report in circumstances such as any changes in income (rather than just when income rises above 85 percent of state median income), parents' activities (even if temporary), parents' work hours, hours of care needed, household composition, marital status, and/or other changes—as of February 2018. For example:
  - Maryland required families to report when they had a change in income, employment, family composition, marital status, address, or hours or days of child care.
  - Nebraska required families to report when they had a change in income, family composition, address, child care schedule, or need for child care.
  - Virginia required families to report when they had an increase in income to above the state eligibility limit; when they had a change in employment, education or training activity, household members, address, hours of child care, or provider; or when their child reached age 13.

- States that required interim reporting by families when they experienced certain changes differed in how much time they gave families to report those changes as of February 2018.
  - Three states (Arizona, New Mexico, and North Carolina) required families to report certain changes within five business days.
  - Twenty states (Alabama, Alaska, District of Columbia, Florida, Georgia, Hawaii, Kansas, Louisiana, Maryland, Minnesota, Mississippi, Nebraska, Nevada, North Dakota, Ohio, South Dakota, Tennessee, Utah, Virginia, and Wisconsin) required families to report certain changes within 10 days.[22]
  - Illinois required families to report certain changes within 10 days, except in the case of a job loss, which had to be reported within 30 days.
  - Montana required families to report certain changes within 10 days, except in the case of a change in provider, which had to be reported within one day.

While most states are making progress in implementing the CCDBG law's provisions on 12-month continuous eligibility, many states need to make further changes for complete compliance and to enable families to retain their child care assistance without unnecessary hurdles.

- Washington required families to report certain changes within 10 days, except in the case of a change in provider, which had to be reported within five days.
- West Virginia required families to report certain changes within 13 days.
- Two states (Massachusetts and Texas) required families to report certain changes within 14 days.
- Idaho required families to report certain changes by the tenth day of the month following the month of the change.
- Twenty states (Arkansas, California, Colorado, Connecticut, Delaware, Indiana, Iowa, Kentucky, Maine, Michigan, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, Vermont, and Wyoming) required families to report certain changes, but did not indicate a specific timeframe for reporting that change.

While most states are making progress in implementing the CCDBG law's provisions on 12-month continuous eligibility, many states need to make further changes for complete compliance and to enable families to retain their child care assistance without unnecessary hurdles. To ensure families truly have access to a full 12 months of child care assistance without interruption, while allowing new families to access child care assistance, states will need additional resources.

Payment for Days When Children Are Absent from Child Care

The reauthorization law requires states to adopt payment practices for child care providers serving children who receive child care assistance that reflect generally accepted payment practices for providers in their state or service area serving children who do not receive child care assistance.[23] In particular, the law requires that, to the extent practicable, states delink provider payment rates from an eligible child's occasional absences due to holidays or unforeseen circumstances, such as illness.[24] The regulations indicate that states can meet this requirement by: paying based on a child's enrollment (paying for all scheduled days) rather than based on attendance; providing full payment if a child attends at least 85 percent of the authorized time; providing full payment if a child is absent for five or fewer days in a month; or an alternative approach that the state justifies in the plan it must submit every three years detailing how it will carry out its child care assistance program.[25]

It is important to pay providers for days when children are absent because providers have fixed costs—for staff, rent, and utilities—that they must cover whether or not children are in attendance on any given day. When providers do not receive payment for absent days for children receiving child care assistance, they may prefer to serve children of parents who pay out of their own pocket (private-paying parents), who typically are charged for absent days, instead of families receiving child care assistance. Providers may be particularly reluctant to serve children receiving assistance that are at risk of frequent absences—for example, infants and toddlers (whose immune systems are still developing) and children with chronic illnesses. Those providers that do serve children receiving assistance but are not paid for absent days are deprived of the resources they need to support a high-quality program. By paying for absent days, states can increase families' access to high-quality child care options, ensure those families can hold onto their child care slot even when their children have frequent absences, and allow providers to have the stable source of income necessary to operate their businesses.

Nine states increased the number of days for which they will pay child care providers when a child receiving child care assistance is absent from care, or made their policies on paying for absent days more generous, between the reauthorization law's enactment and February 2018, including three states that did so between February 2017 and February 2018. In addition, five states improved or planned to improve their absent day policies after February 2018. However, two states have made their absent day policies more restrictive, and most states have not made any improvements in their absent day policies, since the reauthorization law's enactment.

Although all states but one paid for some absent days as of February 2018, the amount of absences for which states paid varied widely (*see Table 3*).[26] As of February 2018, approximately three-fifths of the states paid for a sufficient number of absent days to align with the reauthorization law and regulations, but approximately two-fifths of the states did not pay for an adequate number of absent days.

- Three states increased the number of days for which they will pay child care providers when a child receiving child care assistance is absent

from care, or made their policies more flexible, between February 2017 and February 2018.

- Arkansas, which previously paid for 12 absent days between July and October, 16 absent days between November and February, and 12 absent days between March and June, began paying for 40 absent days per year.
- New Hampshire, which previously paid for no absent days, began paying for up to 62 hours of absences per year.
- Utah, which previously provided full payment as long as the child attended care for at least eight hours by the 15th of the month, began providing full payment as long as the child attended care for at least eight hours by the 25th of the month.

- Seven states had improved their policies on paying child care providers for absent days in 2015 or 2016 (Louisiana, Montana, Nevada, North Dakota, Texas, Utah, and Wyoming).

- One state made its policy for paying child care providers for absent days more restrictive between February 2017 and February 2018.
  - Alaska, which had provided full payment if a child attended at least one day during the month, began providing full payment only if the child attended at least six days during the month.[27]

- One state had reduced the number of absent days for which it will pay child care providers in 2015.
  - Tennessee reduced the number of paid absent days from 10 days per month to five days per month.

- Thirty-one states had policies that were largely consistent with (or more generous than) the options specified in the CCDBG regulations for meeting the law's requirements on paying for absent days, as of February 2018. These states either paid based on a child's enrollment, provided full payment even when the child was absent for 15 percent of his or her authorized time,[28] or provided full payment even when the child was absent for five days per month.
  - Eight states (California, Hawaii, Kansas, Nevada, New Mexico, Texas, Utah, and Wisconsin) paid on a prospective or enrollment basis, paying for all days that children were scheduled to attend, even if absent.
  - Idaho paid for all absent days if the child was absent for no longer than one calendar month and planned to return.
  - Two states (Connecticut and Washington) paid for all absent days during a month if the child attended at least one day during the month.
  - Georgia paid for all absent days during a week if the child attended at least one day during the week.
  - Alaska paid for all absent days if the child attended at least six days during the month.
  - West Virginia paid for all absent days if the child attended at least 13 days during the month.
  - Vermont paid for all absences due to illness as well as up to 15 days when the provider was closed and 10 family vacation days per year.
  - The District of Columbia paid for up to five unexcused absences per month, 15 excused absences per month, and 15 vacation days per year.
  - North Carolina paid for up to 10 absent days per month.
  - Oklahoma paid for up to seven absent days per month.
  - Seven states (Alabama, Delaware, Kentucky, Louisiana, Missouri, Oregon, and Tennessee) paid for up to five absent days per month.[29]
  - South Dakota paid for up to 36 hours of absences per month.

- Massachusetts paid for up to 30 absent days per six-month period.[30]
- Maryland paid for up to 60 absent days per year (or more in case of documented illness or injury).
- Arkansas paid for up to 40 absent days per year.
- Two states (Illinois and New Jersey) paid for absences equal to up to 20 percent of scheduled time.

It is important to pay providers for days when children are absent because providers have fixed costs—for staff, rent, and utilities—that they must cover whether or not children are in attendance on any given day.

- Twenty states had policies that were not aligned with one of the options offered in the regulations for meeting the law's requirement on payment for a child's absent days, as of February 2018; the regulations require states that do not adopt one of these options to justify their absent day policies in their state plans.
  - Iowa paid for up to four absent days per month.
  - Florida paid for up to three absent days per month.[31]
  - Arizona paid for up to two absent days per month.
  - Wyoming paid for up to one absent day per month.
  - North Dakota paid for up to 16 hours of absences per month.
  - Ohio paid for up to 10 absent days per six-month period.
  - Rhode Island paid for up to two weeks of absences per year.
  - South Carolina paid for up to 31 absent days per year.
  - Two states (Minnesota and Pennsylvania) paid for up to 25 absent days per year.[32]
  - Two states (Montana and Virginia) paid for up to 24 absent days per year.
  - Indiana paid for up to 20 absent days per year.
  - Mississippi paid for up to 15 absent days and 11 holidays per year.
  - Michigan paid for up to 208 hours of absences per year.
  - Maine paid for up to 200 hours of absences per year.
  - New Hampshire paid for up to 62 hours of absences per year.
  - Colorado required counties to pay for at least six absent days per year.[33]
  - New York allowed, but did not require, local districts to pay for up to 80 absent days per 12-month period.
  - Nebraska did not pay for any absent days.
- Four of the states whose policies did not align with the regulation's options on payment for absent days as of February 2018 brought their policies into alignment, or planned to do so, after February 2018. One state whose policy on paying for absent days was already aligned with the regulations also made its policy more generous.
  - Michigan increased the number of hours of absences for which it will pay from 208 hours to 360 hours per year as of October 2018.
  - Nebraska, which did not pay for any absent days in February 2018, planned to begin paying for up to five absent days per month, but had not yet determined when the new policy would go into effect.

- New Hampshire, which paid for up to 62 hours of absences per year in February 2018, planned to pay based on enrollment or provide full payment as long as a child attends for at least 85 percent of his/her authorized time as of September 2019.
- Pennsylvania increased the number of absent days for which it will pay from 25 days to 40 days per year as of July 2018.
- South Dakota increased the amount of time for which it will pay providers while a child is absent from 36 hours to 50 hours per month as of December 2018.

Many states will need to make further progress on their absent day policies, as well as their other provider payment policies, so that the payment practices for the child care assistance program more closely resemble those in the private market, and so that providers serving families receiving child care assistance have sufficient income to support high-quality services.

Differential Payment Rates for Specialized Care

The reauthorization law requires states to describe in their state plans how they will implement strategies to increase the supply and improve the quality of child care for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during nontraditional hours.[34] One strategy for increasing the supply and quality of these types of care is to pay higher, or differential, rates to providers that care for children receiving child care assistance. Differential rates can give providers an incentive to offer care that is in short supply and the resources to cover the additional costs entailed in doing so. The law clarifies that states are not barred from differentiating payment rates based on a provider's geographic location, a child's age or particular needs, whether a provider offers care during nontraditional hours (such as early morning, evening, overnight, or weekend hours), and/or a provider's quality level.[35] (This section covers differential payment rates for specialized care other than higher-quality care or care for infants and toddlers, which are addressed in separate Center reports.[36])

Expanding the supply of specialized care through strategies such as differential rates is essential because families with certain circumstances and needs—including families who have children with disabilities and families with parents working nonstandard or variable hours—struggle to find care. Care for children with disabilities is scarce in many communities because it is costly to provide, as it requires low child-staff ratios to allow children to receive individualized attention, sufficient compensation for staff with specialized training on caring for children with disabilities, specialized equipment and learning materials, and facilities that can accommodate children's needs. Child care during nontraditional hours is also in short supply because there is often not sufficient demand in a concentrated location to sustain a licensed program or because not enough teachers and staff are available and willing to work during the late evening, overnight, or morning hours necessary to match parents' work schedules.

While the law's provisions encourage states to take steps to address unmet needs for particular types of care, including care for children with disabilities or other special needs and care during nontraditional hours, the law does not require states to take any specific actions to increase the supply and quality of these types of care. As a result, few states have made changes to their differential rates for these or other specialized types of care.

Six states adopted new differential payment rates, increased existing differential rates, or expanded the availability of differential rates for special needs care, nontraditional-hour care, or some other specialized type of care between the start of 2015 and February 2018, and two states increased or expanded the availability of their differential rates between February 2018 and February 2019.

- Connecticut increased its differential rate for special needs care from 15 percent above the base rate to 25 percent above the base rate as of July 2016.
- The District of Columbia, which had previously determined payment rates for special needs

care on a case-by-case basis, established a new rate for center care for infants and toddlers with special needs as of October 2017.

- Georgia began allowing providers caring for children with special needs or children in the custody of the Division of Family and Children Services to receive a payment rate that is equal to the provider's published private-pay fee, even if that fee is higher than the state's base rate, as of October 2016.
- Louisiana increased its differential rates for special needs care as of February 2017.
- Massachusetts increased its differential rate paid to programs awarded contracts to serve homeless children, children receiving protective services, or children of teen parents from $17.22 per day above the base rate to $18.22 per day above the base rate as of January 2019 (retroactive to July 2018).
- Missouri began allowing new providers to qualify for its disproportionate share differential rate—which applies to providers that have at least 50 percent of the children enrolled in their program receiving child care assistance—as of September 2016. Prior to that date, only providers that had already been receiving the differential as of 2003 were allowed to receive it. Providers that qualify for this differential receive a rate that is 30 percent higher than the base rate.
- New Jersey, which previously only allowed family child care homes to be eligible for differential rates for special needs care, began allowing centers to be eligible for such differential rates as well as of January 2019.
- New York began requiring local districts to pay a differential rate that is 5 to 15 percent higher than the base rate for all providers caring for children during nontraditional hours and for regulated providers caring for children experiencing homelessness as of March 2017. Previously, the state allowed, but did not require, local districts to set differential rates for nontraditional care up to 15 percent above the base rate, and the state did not have a policy on differential rates for care for homeless children.

The remaining states did not report changes in their differential rates for specialized care. However, many states already had differential rates for certain populations or circumstances. Approximately three-quarters of the states have differential rates for special needs care, approximately one-quarter of the states have differential rates for care during nontraditional hours, and a handful of states have differential rates for care for one or more particularly vulnerable groups of children (*see Table 4*). But states vary widely in how they set their differential rates and in the amount of the differential. In many cases, that differential may be too small to serve as an incentive to offer the care or to cover the higher costs involved in providing it—especially since the differential is often added to a base rate that is far from adequate.

Differential Rates for Special Needs Care

- Thirty-eight states paid a differential rate to providers caring for children with special needs as of February 2018. One additional state allowed localities the option of paying a differential rate for special needs care. In some of these states, the special needs rate exceeded the base rate by a set percentage or dollar amount. In other states, the state set the special needs rate at a particular level that was not directly linked to the base rate. And in some states, the payment for special needs care was negotiated based on each child's individual needs and the costs required to address those needs.
  - Ten states (Arkansas, California, Connecticut, Delaware, Illinois, Indiana, Missouri, Montana, Ohio, and Vermont) paid a differential rate for special needs care that exceeded the base rate by a certain percentage amount, with that

amount ranging from 5 percent above the base rate in Delaware and Ohio[37] to 50 percent above the base rate in Arkansas.[38]

- Five states (Kentucky, New Hampshire, Oklahoma, West Virginia, and Wyoming) paid a differential rate for special needs care that exceeded the base rate by a certain dollar amount, with that amount ranging from $1 per day above the base rate in Kentucky to $8 or $14 per day (depending on the child's needs) above the base rate in Oklahoma.
- Three states (Arizona, Kansas, and South Dakota) set a rate for special needs care that applied to all such care regardless of the age of the child, where the child lived, or the type of care, and that was higher than the base rate for any other category of care.
- Four states (Iowa, Louisiana, Mississippi, and New Jersey) set rates for special needs care that varied by the age of the child, where the child lived, and/or the type of care, and that were higher than the base rate for each category of care.
- The District of Columbia had a higher rate for special needs center care for infants and toddlers that was same regardless of the center's quality level and that exceeded the standard rate for infant/toddler care in a center at the highest quality level.
- Oregon paid the infant care rate for special needs care, regardless of the age of the child.
- New York paid a rate for special needs care that was equal to the highest base rate in the state, regardless of the age of the child, where the child lived, or the type of care.
- Utah determined the rate for special needs care on a case-by-case basis, and paid up to the amount of the infant care rate for the type of care at the next higher rate level (for example, family child care would be paid at the rate for center care) if the child was an infant and up to the infant care rate for the type of care being used for children of all other ages.
- Florida determined the rate for special needs care on a case-by-case basis, and paid up to 20 percent above the maximum infant care rate established by the local coalition (as each of the state's local coalitions determines its own payment rates).
- South Carolina determined the rate for special needs care on a case-by-case basis, and paid up to $20 per week above the base rate.
- Maryland allowed providers to receive a rate for special needs care that was up to 15 percent above the base rate, if they documented that the cost of services provided to the child exceeded the cost of reasonable accommodations.[39]
- Texas allowed providers to receive a rate for special needs care that was up to 90 percent above the base rate.
- Virginia allowed providers to receive a rate for special needs care that was up to twice the base rate.
- Minnesota allowed providers to receive a rate for special needs care that was up to three times the base rate.
- Five states (Alaska, Nebraska, North Carolina, Washington, and Wisconsin) determined the rate for special needs care on a case-by-case basis, and did not indicate a maximum allowable payment level.
- Georgia allowed providers to receive a rate for special needs care that was equal to the rate the provider charged private-paying parents, even if that private-pay rate was higher than the base rate.
- Colorado allowed localities to determine whether to offer higher rates for special needs care and, if offered, the level at which these differential rates were set.

Differential Rates for Nontraditional-Hour Care

- Thirteen states paid differential rates for care during nontraditional hours, and one state allowed localities to pay differential rates for care during nontraditional hours, as of February 2018.
  - Eight states (Arkansas, California, Maine, Maryland, Missouri, New Mexico, New York, and Ohio) paid a differential rate for nontraditional-hour care that exceeded the base rate by a certain percentage amount, with that amount ranging from 5 percent above the base rate in Ohio to 35 percent above the base rate in Maine.
  - Three states (Kentucky, Washington, and West Virginia) paid a differential rate for nontraditional-hour care that exceeded the base rate by a certain dollar amount, with that amount ranging from $1 per day above the base rate in Kentucky to $4 per day above the base rate in West Virginia.
  - The District of Columbia set rates for nontraditional-hour care that varied by the age of the child, the type of care, and other factors, and that were higher than the base rate for each category of care.
  - Texas allowed localities to set their differential rates for nontraditional-hour care.
  - Colorado allowed localities to determine whether to offer higher rates for nontraditional-hour care and, if offered, the level at which these differential rates were set.

Differential Rates for Vulnerable Populations

- Ten states paid differential rates for care for one or more other groups of vulnerable children as of February 2018.[40]
  - Nine states (California, Georgia, Louisiana, Massachusetts, Minnesota, Missouri, South Carolina, Vermont, and West Virginia) paid differential rates for care for children who were at risk, receiving protective services, and/or in foster care.
  - Three states (Louisiana, Massachusetts, and New York) paid differential rates for care for children who were homeless.
  - California paid differential rates for care for children with limited or no English proficiency.
  - Massachusetts paid differential rates for care for children of teen parents.
  - Missouri paid differential rates for providers serving a disproportionate share of children receiving child care assistance.

The reauthorization law's general language encouraging states to expand the supply of high-quality care that meets families' specialized needs has not yet prompted many additional states to adopt differential rates as a strategy for achieving this objective. With additional funding, more states could establish or increase differential rates to help boost the supply of high-quality child care for children with special needs, families with parents working nontraditional hours, and other vulnerable children and families.

Expanding the supply of specialized care through strategies such as differential rates is essential because families with certain circumstances and needs struggle to find care.

Conclusion

States have taken notable steps forward in implementing the Child Care and Development Block Grant Act of 2014. The recent funding increase for CCDBG will help states make additional progress on implementation. Yet, further action and further investments are needed to ensure states not only meet the specific, individual requirements of the law but also fulfill its broader goal of expanding families' access to stable, affordable, high-quality child care that supports the well-being and success of parents and children.

Endnotes

1 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971 (2014).
2 National Women's Law Center calculations based on U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, Child Care and Development Fund Statistics for FY 2006 (Final Estimates), FY 2014 (Final Estimates), and FY 2017 (Preliminary Data), Data Table 1 - Average Monthly Adjusted Number of Families and Children Served, *available at* https://www.acf.hhs.gov/occ/resource/ccdf-statistics.
3 This amount includes $5.226 billion in discretionary funding and $2.917 billion in mandatory (entitlement) funding. Consolidated Appropriations Act, 2018, H.R. 1625, 115th Cong. 381-382 (2018) (enacted), *available at* https://www.congress.gov/115/bills/hr1625/BILLS-115hr1625enr.pdf; Office of Management and Budget, Appendix, Budget of the U.S. Government, Fiscal Year 2019 (2018), 464, *available at* https://www.whitehouse.gov/wp-content/uploads/2018/02/appendix-fy2019.pdf. This funding increase was maintained and slightly expanded in FY 2019, when total funding was increased to $8.193 billion ($5.276 billion in discretionary funding and $2.917 billion in mandatory funding). Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, H.R. 6157, 115th Cong. 102 (2018) (enacted), *available at* https://www.congress.gov/115/bills/hr6157/BILLS-115hr6157enr.pdf.
4 National Women's Law Center, Child Care and Development Fund Plans FY 2016-2018: State Waivers and Corrective Actions (2016), *available at* http://nwlc.org/resources/child-care-and-development-fund-plans-fy-2016-2018-state-waivers-and-corrective-actions.
5 National Women's Law Center, States Use New Child Care and Development Block Grant Funds to Help Children and Families (January 2019), *available at* https://nwlc.org/resources/states-use-new-child-care-development-block-grant-funds-help-children-families/.
6 Nina Chien, Factsheet: Estimates of Child Care Eligibility and Receipt for Fiscal Year 2015 (Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2019), *available at* https://aspe.hhs.gov/system/files/pdf/260361/CY2015ChildCareSubsidyEligibility.pdf.
7 Karen Schulman, Overdue for Investment: State Child Care Assistance Policies 2018 (Washington, DC: National Women's Law Center, 2018), 10, *available at* https://nwlc.org/resources/overdue-for-investment-state-child-care-assistance-policies-2018/.
8 Overdue for Investment: State Child Care Assistance Policies 2018, 13.
9 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1977-8 (2014).
10 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1978 (2014).
11 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1978 (2014).
12 National Association for Regulatory Administration, The 50-State Child Care Licensing Study: 2011-2013 Edition (2013), *available at* http://www.naralicensing.org/child-care-licensing-study; U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, National Center on Child Care Quality, Trends in Child Care Center Licensing Regulations and Policies for 2011 (2013), *available at* http://www.qrisnetwork.org/sites/all/files/resources/Debi%20Mathias/2012-12-01%2007:08/999_1208_Center_Licensing_Trends_Brief_FINAL.pdf.
13 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1978-9 (2014).
14 Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67580 (September 30, 2016), *available at* https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-program.
15 Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67580 (September 30, 2016).
16 Some of these 41 states allowed certain groups of families to have an eligibility period longer than 12 months. For example, Colorado allowed families with children dually enrolled in the child care assistance program and a Head Start or Early Head Start program to have an eligibility period for child care assistance longer than 12 months if necessary to align with the Head Start/Early Head Start program year for the first redetermination period that they were dually enrolled; the state also allowed counties to offer all families an eligibility period longer than 12 months. Louisiana allowed families with a three-year-old to receive child care assistance for an eligibility period of 24 months. Minnesota allowed some teens parents to have an eligibility period that extended beyond 12 months, until the end of the school year. Nebraska allowed the eligibility period for child care assistance to be as long as 18 months, if the family was receiving assistance through another program and it was necessary to align the eligibility periods of the different programs. Nevada allowed families receiving wrap-around services (services provided before and after Head Start programs) to have an eligibility period of three years. Pennsylvania allowed families with children participating in Head Start or Early Head Start/Child Care Partnership programs to remain eligible for child care assistance until they aged out of the Head Start or Early Head Start program.
17 Minnesota previously only allowed parents who were under age 21, did not have a high school or general equivalency diploma, and were students in a school district or similar program that provided child care and other specific services to achieve high school graduation to have an eligibility period of up to 12 months.
18 Arkansas allowed families to receive child care assistance for two years without recertifying their eligibility if their child was attending a child care program at level three (the top level) of the state's quality rating and improvement system.
19 Arkansas set its eligibility period for TANF and foster care families based on the referring agency. Florida set its eligibility period for TANF families at up to six months based on the period authorized by the referring agency. Massachusetts redetermined the eligibility of children involved with the state child welfare agency every six months, and allowed the eligibility period for TANF families to be shorter than 12 months. New Hampshire did not ensure a 12-month eligibility period for families receiving preventive or protective child care; these families had their child care assistance ended when their preventive/protective services

cases closed. New Jersey set its eligibility period for TANF families based on the length of the family's work activity. North Dakota redetermined the eligibility of homeless families every month.

20 Illinois allowed families with children participating in an approved Head Start or Pre-K Collaboration program to have an eligibility period of 12 months and allowed teen parents enrolled full time in elementary or high school or GED classes and using a licensed child care provider to remain eligible for assistance for full-time, full-year child care, including summers, up to and including a three-month period after graduation.

21 New York still allowed localities to set the eligibility period at six months, but as of 2017, the state stopped allowing localities to reduce their eligibility period from 12 months to six months.

22 Some of these states specified that the family had 10 business days (as opposed to calendar days) to report changes.

23 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1980 (2014).

24 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1980 (2014).

25 Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67587 (September 30, 2016).

26 The analysis in this section is generally based on the maximum number of absent days for which the state typically provided payment. In some states, providers were only eligible for payment for the maximum number of absent days if the provider was regulated, the child was enrolled full time, the family provided documentation of the reason for the absence, or if certain other conditions were met. In addition, some states paid for additional absent days beyond the standard limit in special circumstances. Also note that states that allowed a certain amount of absences per year varied in how they defined the year, with some using their state fiscal calendar, others using the calendar year, and others using the family's eligibility year. See table and table notes for details.

27 Under the new policy, Alaska pays the part-time rate if a child attends at least one day, but less than six days, during the month.

28 The number of hours, days, or weeks equivalent to 15 percent of authorized time was calculated assuming the child was authorized for care 5 hours a day, 9 days a week, 4.33 weeks per month, 52 weeks per year. Therefore, a state's policy was considered to be in line with the options outlined in the regulations if it paid for up to 29 hours of absences per month, 19.5 absent days per six-month period, 39 absent days per year, 8 weeks of absences per year, or 351 hours of absences per year.

29 Alabama would allow payment for up to five additional absent days per month if a child had documentation from a licensed physician, psychologist, or psychiatrist. Kentucky would allow payment for more than five absent days per month in extraordinary circumstances.

30 Massachusetts planned to change its policy to pay for up to 45 absent days per 12-month period as of March 2019.

31 Florida would pay for up to an additional seven absent days in extraordinary circumstances.

32 Minnesota allowed providers to be paid for additional absent days beyond this limit if a child, the child's parent, or the child's sibling had a medical condition documented by a physician, physician's assistant, nurse practitioner, psychiatrist, chiropractor, public health nurse, school nurse, or the child's center director or lead teacher.

33 Colorado required counties to pay for at least 10 absent days per year for providers at level two of the state's quality rating and improvement system and at least 15 absent days per year for providers at levels three and higher.

34 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1978 (2014).

35 Child Care and Development Block Grant Act of 2014, Pub. L. 113-186, 128 Stat. 1971, 1986-7 (2014).

36 For information on payment rates for infant care and tiered rates for higher-quality care, *see* Overdue for Investment: State Child Care Assistance Policies 2018, 14-15 and 46-51; and Karen Schulman, Shortchanging Our Youngest Children: State Payment Rates for Infant Care (Washington, DC: National Women's Law Center, 2018), 10, *available at* https://nwlc.org/resources/shortchanging-our-youngest-children-state-payment-rates-for-infant-care/.

37 Ohio typically paid a rate for special needs care that was 5 percent higher than the base rate, but would pay up to 100 percent above the base rate for special needs care with additional documentation demonstrating that the provider had to make adjustments to serve the child.

38 Arkansas typically paid a rate for special needs care that was 50 percent higher than the base rate, but would pay a rate that was 100 percent above the base rate if an additional full-time staff person was needed to provide one-one-one care for the child and the provider was at level three (the top level) of the state's quality rating and improvement system.

39 Maryland considered requests for a payment rate that was higher than 15 percent above the base rate if the cost of the additional services to the provider exceeded 15 percent.

40 In addition to these states, South Dakota had a differential rate for family child care homes that cared for six or fewer children.

Table 1: New Child Care Licensing Staff

State	Did the state hire additional child care licensing staff between February 2017 and February 2018 to implement the CCDBG reauthorization law?	Number of new licensing staff hired between February 2017 and February 2018	Total number of staff with new hires, as of February 2018	Had the state hired additional child care licensing staff in 2015 or 2016 to implement the CCDBG reauthorization law?	Did the state hire, or have specific plans to hire, additional child care licensing staff between February 2018 and February 2019 to implement the CCDBG reauthorization law?
Alabama	Yes	6	41	Yes	No
Alaska	No	N/A	N/A	No	No
Arizona	No	N/A	N/A	No	No
Arkansas	No	N/A	N/A	No	No
California*	No	N/A	N/A	Yes	Yes
Colorado*	Yes	7	101	Yes	Yes
Connecticut	No	N/A	N/A	Yes	No
Delaware	No	N/A	N/A	Yes	No
District of Columbia*	No	N/A	N/A	No	Yes
Florida*	Yes	9	128.5	Yes	No
Georgia	No	N/A	N/A	No	No
Hawaii	No	N/A	N/A	Yes	No
Idaho	No	N/A	N/A	No	No
Illinois*	No	N/A	N/A	No	No
Indiana*	No	N/A	N/A	No	Yes
Iowa	No	N/A	N/A	No	No
Kansas*	No	N/A	N/A	No	Yes
Kentucky	Yes	2	34	Yes	No
Louisiana*	Yes	5	48	Yes	Yes
Maine	No	N/A	N/A	No	No
Maryland	No	N/A	N/A	No	No
Massachusetts	No	N/A	N/A	No	No
Michigan	Yes	3	90	Yes	No
Minnesota*	Yes	16	35.5	No	Yes
Mississippi*	Yes	19	42	No	Yes
Missouri	No	N/A	N/A	No	No
Montana	No	N/A	N/A	No	No
Nebraska	No	N/A	N/A	No	No
Nevada*	Yes	1	18	Yes	Yes
New Hampshire*	Yes	2	19	No	No
New Jersey	Yes	N/A	N/A	No	No
New Mexico	No	N/A	N/A	No	No
New York	No	N/A	N/A	Yes	No
North Carolina	No	N/A	N/A	No	No
North Dakota	No	N/A	N/A	No	No
Ohio*	Yes	20	105	No	No
Oklahoma	No	N/A	N/A	No	No
Oregon*	No	N/A	N/A	Yes	No
Pennsylvania*	Yes	20	152	Yes	Yes
Rhode Island	No	N/A	N/A	Yes	No
South Carolina	No	N/A	N/A	No	No
South Dakota	No	N/A	N/A	No	No
Tennessee	No	N/A	N/A	No	No
Texas*	No	N/A	N/A	Yes	No
Utah	Yes	1.4	37	Yes	No
Vermont*	No	N/A	N/A	No	Yes
Virginia	Yes	16	171	No	No
Washington	No	N/A	N/A	Yes	No
West Virginia	No	N/A	N/A	No	No
Wisconsin	No	N/A	N/A	No	No
Wyoming	No	N/A	N/A	No	No

Notes for Table 1: New Child Care Licensing Staff

The child care licensing staff data shown here for 2018 may not be comparable to that reported in the National Women's Law Center's 2017 report on state implementation of the CCDBG reauthorization law.

California: During 2016, the state added 36 licensing positions to increase the minimum inspection frequency from once every five years to at least once every three years, in accordance with state legislation effective January 1, 2017. As of February 2018, the total number of licensing program staff positions was 385.8. The 2018-19 state budget (effective July 1, 2018 to June 30, 2019) appropriated a portion of its additional federal child care funds to implement annual inspections; the state is currently in the process of planning implementation and hiring the new licensing staff necessary for these annual inspections.

Colorado: The total number of licensing staff shown in the table includes 42 full-time Department of Human Services child care employees, 50 contract child care employees, and one 9-month temporary Department of Human Services employee. The state hired 2 additional contract child care employees in the period between February 2018 and February 2019.

District of Columbia: The state, which had 16 licensing staff as of February 2018, planned to hire 3 additional licensing staff between February 2018 and February 2019.

Florida: The total number of licensing staff shown in the table is the total staff for 62 of the state's 67 counties. This total does not include staff in the remaining five counties that elect to regulate child care at the local level. Four of these five counties reported data to the state on their licensing staff, and the total licensing staff across these counties was 39.25 full-time equivalent staff; the remaining county did not report its number of licensing staff.

Illinois: While the state did not plan to hire new licensing staff, it did hire two temporary staff to assist with implementing background checks and other changes resulting from the reauthorization law.

Indiana: The state, which had 31 licensing staff as of February 2018, planned to hire 1.5 additional full-time equivalent licensing staff between February 2018 and February 2019.

Kansas: The state hired 2 additional licensing staff, and planned to hire 1 additional staff person, between February 2018 and February 2019.

Louisiana: The state hired 5 additional licensing staff between February 2018 and February 2019.

Minnesota: The total number of licensing staff shown in the table only includes state-level staff and does not include county-level staff. Also note that the state planned to hire 20 additional licensing staff between February 2018 and February 2019.

Mississippi: The additional staff members hired between February 2017 and February 2018 were hired to help implement the reauthorization law's licensing requirements, although not the monitoring requirements. The state planned to hire 5 additional staff, and possibly more, between February 2018 and February 2019 to help implement the law's licensing requirements, and possibly to assist with implementing the monitoring requirements.

Nevada: The state provided funding to hire 2 additional licensing staff between February 2018 and February 2019.

New Hampshire: The total number of licensing staff shown in the table includes 11 licensing inspectors, 1 background check program specialist, 4 office support staff, 2 supervisors, and 1 chief. Two licensing inspectors were hired between February 2017 and February 2018.

Ohio: The total number of licensing staff shown in the table includes 69 child care licensing staff and 8 supervisors who monitor child care centers and 7 licensing staff with one supervisor who monitor the county agencies responsible for inspecting family child care homes, as well as 19 additional child care licensing staff and one additional supervisor whose positions were created between February 2017 and February 2018. These counts include state-level staff only.

Oregon: The state hired new licensing staff members prior to February 2017 to monitor license-exempt providers. The state also hired a number of licensing staff after February 2018 in an effort to reduce caseloads, but this was not directly related to meeting the CCDBG reauthorization requirements.

Pennsylvania: The total number of licensing staff shown in the table includes 18 clerk typist positions, 106 licensing representatives, 23 licensing representative supervisors, 4 regional managers, and 1 director. The staff added between February 2017 and February 2018 were hired to fill vacancies. The state planned to hire additional staff between February 2018 and February 2019 to fill 7 remaining vacancies (including 6 licensing representatives and 1 regional manager).

Texas: The state did not hire new licensing staff between February 2017 and February 2018, but the child care licensing division converted 30 staff dedicated to finding and investigating illegal operations to staff responsible for regular monitoring.

Vermont: The Child Development Division added 3 licensors as of July 2018.

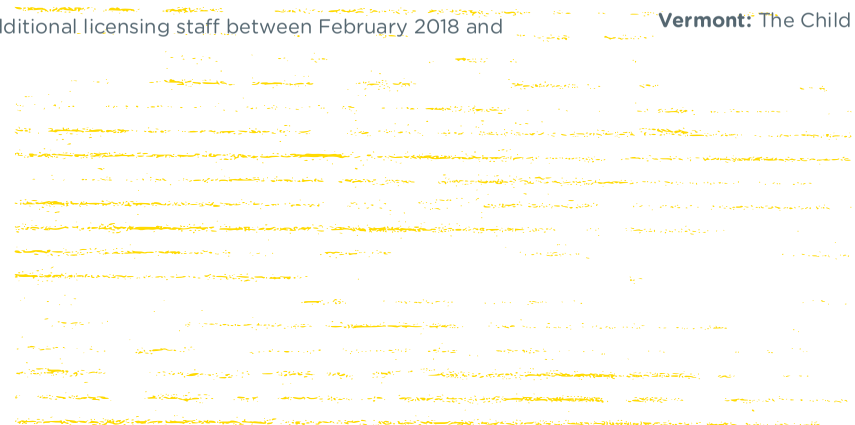

Table 2a: Eligibility Period for Child Care Assistance

State	Length of eligibility period, as of February 2018	Revisions in length of eligibility period made between January 2015 and February 2018, or made or expected after February 2018 (changes after February 2018 in italics)	Effective date of changes
Alabama	12 months	Increased eligibility period from 6 months to 12 months	November 2016
Alaska	12 months	Increased eligibility period from 6 months to 12 months	October 2017
Arizona	12 months	Increased eligibility period from 6 months to 12 months	September 2016
Arkansas*	1 or 2 years (except TANF & foster care)	Increased eligibility period for families using higher-quality care	2016
California*	12 months	Began applying 12-month eligibility period to all families, including child welfare cases	July 2017
Colorado*	12 months	None	N/A
Connecticut	12 months	Increased eligibility period from 8 months to 12 months	April 2016
Delaware	12 months	None	N/A
District of Columbia	12 months	None	N/A
Florida*	12 months (except TANF)	Began applying 12-month eligibility period to all families (except TANF families) statewide	July 2016
Georgia	12 months	None	N/A
Hawaii*	6 months	*Increase eligibility period from 6 months to 12 months*	*September 2019*
Idaho	12 months	Increased eligibility period from 6 months to 12 months	October 2016
Illinois*	6 months (for most families)	Increased eligibility period for teen parents	November 2015
Indiana	53 weeks	Increased eligibility period from 6 months to 53 weeks	February 2016
Iowa	12 months	Increased eligibility period from 6 months to 12 months	July 2016
Kansas	12 months	None	N/A
Kentucky*	12 months	None	N/A
Louisiana*	12 months	Increased eligibility period for families with a 3-year-old from 12 months to 24 months	February 2016
Maine	12 months	None	N/A
Maryland	52 weeks	None	N/A
Massachusetts*	12 months (except TANF & child welfare)	*Increased eligibility period to 12 months for all families*	*October 2018*
Michigan	12 months	None	N/A
Minnesota*	12 months	Increased eligibility period from 6 months to 12 months	October 2017
Mississippi*	12 months	Began applying 12-month eligibility period to all families, including referral families	October 2016
Missouri	12 months	None	N/A
Montana	12 months	Increased eligibility period from 6 months to 12 months	April 2016
Nebraska*	12 months	None	N/A
Nevada*	12 months	None	N/A
New Hampshire	12 months (except protective child care)	Began applying 12-month eligibility period to all families (except for preventive/protective child care)	July 2017
New Jersey*	12 months (except TANF)	None	N/A
New Mexico	12 months	Increased eligibility period from 6 months to 12 months	October 2016
New York*	Locally determined	Stopped allowing localities with eligibility period of 12 months to reduce it to 6 months	2017
North Carolina	12 months	None	N/A
North Dakota*	12 months (except homeless)	Increased eligibility period from 6 months to 12 months (except for homeless families)	October 2016
Ohio	12 months	None	N/A
Oklahoma	12 months	Increased eligibility period from 6 months to 12 months	October 2016
Oregon*	12 months	Began applying 12-month eligibility period to all families, including SNAP families	October 2015
Pennsylvania*	12 months	Increased eligibility period from 6 months to 12 months	December 2015
Rhode Island	12 months	None	N/A
South Carolina	12 months	None	N/A
South Dakota	12 months	Increased eligibility period from 6 months to 12 months	September 2016

Table 2a Continued: Eligibility Period for Child Care Assistance

State	Length of eligibility period, as of February 2018	Revisions in length of eligibility period made between January 2015 and February 2018, or made or expected after February 2018 (changes after February 2018 in italics)	Effective date of changes
Tennessee	12 months	Increased eligibility period from 6 months to 12 months	September 2016
Texas*	12 months	Replaced locally determined eligibility period with statewide 12-month eligibility period	October 2016
Utah	12 months	Increased eligibility period from 6 months to 12 months	October 2016
Vermont	12 months	None	N/A
Virginia	12 months	None	N/A
Washington	12 months	None	N/A
West Virginia	6 months	None	N/A
Wisconsin	12 months	None	N/A
Wyoming	12 months	Increased eligibility period from 6 months to 12 months	September 2016

Table 2b: Interim Reporting for Child Care Assistance

State	How often was interim reporting required, as of February 2018?	Under what circumstances did the state require interim reporting (prior to the end of the eligibility period), as of February 2018?	Revisions in interim reporting requirements made between January 2015 and February 2018, or made or expected after February 2018 (changes after February 2018 in italics)	Effective date of changes
Alabama*	Within 10 days of change affecting eligibility	Increase in income to above 85% SMI; change in activity, household composition, residence, need for care, or provider	Reduced reporting requirements	November 2016
Alaska*	Within 10 business days of change affecting eligibility	Increase in income to above 85% SMI; non-temporary job loss or end of participation in education or training program	Reduced reporting requirements	October 2017
Arizona*	Within 5 business days of change	Increase in income to above 85% SMI; change in eligible activity, household composition, address, or provider	Reduced reporting requirements	September 2016
Arkansas	Required to report certain changes	Increase in income to above 85% SMI; cessation of employment, student status, or training program	Increased reporting requirements	2017
California*	Required to report certain changes	Increase in income to above 85% SMI	Reduced reporting requirements	July 2017
Colorado*	Required to report certain changes	Increase in income to above 85% SMI; non-temporary change or end of eligible activity	Reduced reporting requirements	September 2016
Connecticut*	Required to report certain changes	Increase in income to above 85% SMI; cessation of approved activity; change in provider; child leaves household	Revised reporting requirements	April 2016
Delaware	Required to report non-temporary change in need	No longer need care	None	N/A
District of Columbia	Within 10 days of change	Increase in income to above 85% SMI; non-temporary change in qualifying activity; change in residency outside of city	None	N/A
Florida	Within 10 calendar days of change, to local coalition	Increase in income to above 85% SMI; change in employment or education status; failure to attend training or education program; change in family size or address	Reduced reporting requirements	December 2016
Georgia	Within 10 days of change affecting eligibility	Increase in income to above 85% SMI; non-temporary change in activity (e.g., loss of employment, graduation from school or training activity); move out of state; change in child care arrangements or contact information	Reduced reporting requirements	October 2016
Hawaii	Within 10 days of change	Increase in income to above 85% SMI; loss of activity; change in household composition, marital status, address, provider, or cost of care; closure of child protective services case	None	N/A
Idaho	By 10th day of month following month of change	Increase in income to above 85% SMI; change in activity hours, household composition, address, or provider	Reduced income reporting requirement	March 2017
Illinois*	Within 10 days of change (or 30 days after job loss)	Change in income, employment, family size, or number of children in care	None	N/A
Indiana	Required to report certain changes	Increase in income to above 85% SMI; non-temporary loss of need for care; move out of state; change in household size	None	N/A
Iowa	Required to report certain changes	Increase in income to above 85% SMI; non-temporary loss of need for care	Reduced reporting requirements	July 2016
Kansas*	Within 10 days of change	Change in income, household composition, residence, provider, or need for care	*Revised income reporting requirements, most reported changes no longer result in adverse action prior to redetermination*	*October 2018*
Kentucky*	Required to report changes	Change in income, employment, employer, educational activity, work hours, family members, address, hours of care, or provider	Most reported changes no longer result in adverse action prior to redetermination	September 2016
Louisiana	Within 10 days of change	Increase in income to above 85% SMI; change in employment, training, or education, household composition, address, hours of care, or provider	None	N/A
Maine	Required to report certain changes	Increase in income to above 85% SMI; loss of employment	None	N/A
Maryland	Within 10 days of change	Change in income, employment, family composition, marital status, address, or hours or days of care	None	N/A
Massachusetts*	Within 14 calendar days of substantial change	Change in income by over 20%, service need, family size, household composition, address, or other factor affecting eligibility	*Revised reporting requirements*	*October 2018*
Michigan	Required to report certain changes	Increase in income to above 85% SMI; change in address or provider; loss of state residency; incarceration; child leaves home; assets exceed $1 million	None	N/A
Minnesota*	Within 10 days of change	Increase in income to above 85% SMI; cessation of employment or education activity; starting work for a child care center; change in child's school schedule, family status or size, household composition, citizenship status of any child receiving child care assistance, visitation schedule or custody for any child receiving child care assistance, or provider	Reduced income reporting requirements; further reduced income reporting requirements	August 2016; December 2017
Mississippi	Within 10 days of change	Change in income, work hours, school enrollment, family size, address, provider, or child support	None	N/A

Table 2b Continued: Interim Reporting for Child Care Assistance

State	How often was interim reporting required, as of February 2018?	Under what circumstances did the state require interim reporting (prior to the end of the eligibility period), as of February 2018?	Revisions in interim reporting requirements made between January 2015 and February 2018, or made or expected after February 2018 (changes after February 2018 in italics)	Effective date of changes
Missouri*	Required to report certain changes	Increase in income to above 85% SMI; loss of need for care	Reduced reporting requirements	October 2016
Montana*	Within 10 days of change (or 1 day for provider change)	Increase in income to above 85% SMI; change in work, education, or training status, address, or provider	Revised reporting requirements	2017
Nebraska	Within 10 days of change	Change in income, family composition, address, child care schedule, or need for care	None	N/A
Nevada	Within 10 days of change	Change in income, household composition, address, schedule, or provider	None	N/A
New Hampshire	Required to report certain changes	Increase in income to above 85% SMI; permanent loss or start of employment; beginning or end of training or educational program; change in provider; assets exceed $1 million	Reduced reporting requirements	July 2017
New Jersey	Required to report certain changes	Increase in income to above 85% SMI	Reduced reporting requirements	2017
New Mexico	Within 5 business days of change	Any non-temporary change that affects need for care, such as job loss, end of school attendance, or household member moving in or out	None	N/A
New York	Required to report changes	Any change that affects eligibility or need for care, such as change in income, family composition, or provider	None	N/A
North Carolina*	Within 5 business days of change	Change in income, loss of employment, household composition, address, or hours of care; child moves out of home; assets exceed $1 million	*Allowed more time for reporting*	*November 2018*
North Dakota	Within 10 days of change	Increase in income above eligibility limit; change in activity, household size, state residency, child care hours, or provider	None	N/A
Ohio	Within 10 days of change	Any change that may affect eligibility, including change in income, qualifying activity, or household activity	None	N/A
Oklahoma*	Required to report certain changes	Increase in income to above 85% SMI	Reduced reporting requirements	October 2017
Oregon	Required to report certain changes	Increase in income to above 85% SMI (exit eligibility limit)	None	N/A
Pennsylvania*	Required to report certain changes	Increase in income to above 85% SMI	Reduced reporting requirements	November 2017
Rhode Island	Not required	N/A	Revised policies to ensure that 12-month eligibility period cannot be interrupted; eliminated reporting requirements	September 2016; October 2017
South Carolina	Required to report certain changes	Change in address or provider	None	N/A
South Dakota	Within 10 business days of change	Increase in income to above 85% SMI; permanent change in employment; no longer attending education or training; no longer participating in TANF	None	N/A
Tennessee	Within 10 days of change	Any change that may affect eligibility	None	N/A
Texas	Within 14 days of change	Increase in income to above 85% SMI; non-temporary change in activity; change in family size or primary contact information	Reduced reporting requirements	October 2016
Utah*	Within 10 days of change	Increase in income to above 85% SMI; cessation of employment or participation in approved training/education activity; no longer meeting work requirement; loss of need for care; change in household composition, marital status, address, or provider	*Reduced reporting requirements, most reported changes no longer result in adverse action prior to redetermination*	*July 2018*
Vermont*	Required to report certain changes	Change in income, family composition, or address; end of employment or educational program	Most reported changes no longer result in adverse action prior to redetermination, limited reporting requirements for parents in education or training	September 2016
Virginia*	Within 10 days of change	Increase in income to above eligibility limit; household no longer has income; change in employment or education or training activity, household members, address, hours of care, or provider; child reaches age 13	*Most reported changes no longer result in adverse action prior to redetermination*	*October 2018*
Washington*	Within 10 days of change (or 5 days for provider change)	Increase in income to above 85% SMI; change in provider or family's or provider's address; assets exceed $1 million; provider's pending charges or conviction	Reduced reporting requirements	July 2016
West Virginia	Within 13 days of change	Any change to household, including change in activity, household composition, address, or schedule	None	N/A
Wisconsin*	Within 10 days of change	Increase in income of $250 or more for families below 190% FPL or that would bring the family to next 5% income bracket for families at or above 190% FPL; child not attending provider for 20 days; provider price discount; change in employment or other approved activity, household composition, residence or residency, marital status, need for care, or provider	Eliminated 6-month review of family's eligibility; *revised reporting requirements*	August 2016; *October 2018*
Wyoming	Required to report changes	Change in income or activity	None	N/A

Notes for Tables 2a and 2b: Eligibility Period and Interim Reporting for Child Care Assistance

Alabama: As of November 2016, the state reduced its reporting requirements for eligible families so that families now only have to report changes in income if their income increases to above 85 percent of state median income; previously, families were required to report any change in income.

Alaska: As of October 2017, the state reduced its reporting requirements for eligible families; previously, families were required to report any change in income, activity, family composition, or need for care.

Arizona: As of September 2016, the state reduced its reporting requirements so that families now only have to report income changes if their income exceeds 85 percent of state median income; previously, families had to report any change in income.

Arkansas: The eligibility period for families receiving Temporary Assistance for Needy Families (TANF) and foster families is generally shorter than 12 months and based on the referring agency. For all other families, the eligibility period is either one or two years, depending on the quality rating of the child care provider they use; families receive a one-year authorization if their child is attending a child care program at level one or two of the state's quality rating and improvement system, and a two-year authorization if their child is attending a child care program at level three (the top level). (All providers serving families receiving child care assistance in the state must be at quality level one or higher.)

California: As of July 2017, all families are eligible for child care assistance for 12 months without having to report changes or having their eligibility affected by those changes, except in limited circumstances. Prior to that date, a family receiving child care assistance on the basis of a child at risk of abuse, neglect, or exploitation had an eligibility period of up to 3 months, unless it was certified by a county child welfare agency that child care services continued to be necessary or the child was receiving child protective services at the time, and the family had a need and was otherwise eligible, in which case the family could have an eligibility period of up to 12 months. In addition, prior to July 2017, a family receiving child care assistance had to report to the contractor within 5 calendar days any change in income, family size, or need for care, and then the contractor had to update the application within 30 days of the change.

Colorado: Families that have children who are dually enrolled in the child care assistance program and a Head Start or Early Head Start program must have their redetermination period for child care assistance aligned with the Head Start/Early Head Start program year for the first redetermination period that they are dually enrolled, which may result in an eligibility period longer than 12 months. In addition, a county can choose to offer all families an eligibility period longer than 12 months. Also note that as of September 2016, the state stopped requiring families to report a temporary break in their activity.

Connecticut: In addition to the changes listed in the table, families must also report a change in household size if it results in family income exceeding 85 percent of state median income for that new household size.

Florida: Prior to July 2016, the eligibility period varied by priority group and by local early learning coalition. For at-risk families, the recertification period ranged from 60 days to 6 months. For families receiving TANF, the recertification period was 6 months. For economically disadvantaged and temporary child care families, the recertification period was as long as 12 months for some early learning coalitions. Under the current policy, all families in the state have a 12-month eligibility period, except for TANF families, who still have up to a 6-month eligibility period based on the period authorized by the TANF referring agency.

Hawaii: The state planned to extend the eligibility period to 12 months by September 2019.

Illinois: Parents who are enrolled in an education or training program that lasts less than 6 months are approved by a Responsibility and Service Plan that indicates the activity lasts less than 6 months. Families with children participating in an approved Head Start or Pre-K Collaboration program have an eligibility period of 12 months. As of November 2015, teen parents enrolled full time in elementary or high school or GED classes are eligible for assistance for full-time, full-year child care, including summers, when using a licensed child care provider, up to and including a 3-month period after graduation, in order to secure employment or to prepare for higher education; previously, teen parents receiving child care assistance while they attended school to obtain a high school degree or its equivalent could be approved only for the length of the program or grading period. Also note that families are responsible for reporting to the Department of Human Services or its agents all changes that would affect eligibility for child care assistance; the Department or its agents may schedule a redetermination at any time upon receiving information about changes.

Kansas: In February 2018, families were required to report within 10 days if the source of their income changed; if their income had increased by $50 unearned or $100 earned or was over 85 percent of state median income; if there were changes in their household composition, residence, need for child care, or provider; or if resources were to reach or exceed $10,000. As of October 2018, the state revised its reporting requirements so that families now have to report if their income changes by $50 unearned or $100 unearned; or if there are changes in their household composition, residence, choice of child care provider, and/or hours of care needed/used. However, changes are now only acted on if they would increase the hours of care authorized, reduce the family's copayments, or if the family's income exceeds 85 percent of state median income. Under the current policy, families are allowed to report other changes that will increase their benefits or reduce their copayments.

Kentucky: As of September 2016, families receiving child care assistance are ensured eligibility for 12 months without interruption, unless the family is receiving income-eligible child care assistance and its income exceeds 85 percent of state median income. Families are required to report any changes that may affect eligibility, including a change in employment status, employer, work hours, rate of pay, employment or education activities, hours of care needed, child care provider, mailing address or residence, marital status, or receipt of unearned income. However, unless income exceeds 85 percent of state median income, these changes do not affect eligibility during the initial 12-month eligibility period.

Louisiana: The eligibility period is 12 months for most families, but families with a three-year-old have an eligibility period of 24 months.

Massachusetts: In February 2018, the eligibility period for child care assistance for children involved with the state's child welfare agency was 6 months, and the eligibility period for families receiving services through the TANF program could be shorter than 12 months; as of October 2018, the eligibility period for all children and families, including children involved with the state's child welfare agency and families receiving services through the TANF program, is 12 months. Also note that in February 2018, families were required to report changes that may have affected their eligibility, including a significant change in income, a job loss, a new employer, a change in work or school/training schedule, or a termination of TANF cash assistance. As of October 2018, families must report changes including increases in total household income exceeding 85 percent of state median income, changes in family contact information, changes in household composition for more than 30 total days in a 12-month authorization, changes in child custody arrangements, any out-of-state change in address, or any change or cessation of a parent's work, training, or education participation that lasts for more than 12 weeks. The state also requires reporting on temporary changes as defined under the CCDBG reauthorization law, but does not make any changes to families' child care assistance based on this information. The state now requires families to report within 30 days of the above changes.

Minnesota: For some teen parents, the eligibility period can extend beyond 12 months, until the end of the school year. In addition to the changes shown in the table that all families must report, families who work for licensed child care centers, use multiple child care providers, or use a license-exempt provider must report changes in authorized activity status, including the start or end of employment, education, or training; changes in their employment, education, or training schedule; or changes in job search participation. Also note that as of August 2016, the state limited the income changes that families had to report to changes in earned income of $100 per month or greater or unearned income of $50 per month or greater, or the receipt of any lump-sum income. As of December 2017, the state further limited requirements for reporting income changes, so that families now only have to report if their income exceeds 85 percent of state median income.

Mississippi: As of October 2016, all families referred for child care assistance from other programs or agencies are guaranteed an eligibility period of at least 12 months; previously, referred families only received child care assistance for the duration of their referral, which could have been less than or greater than 12 months. As of fall 2018, the state planned to extend the eligibility period for child care assistance beyond 12 months for families with a Supplemental Nutrition Assistance Program (SNAP) or TANF case when needed to align the eligibility period of the different programs.

Missouri: Prior to October 2016, the state required interim reporting for any change in a family's circumstances.

Montana: In 2017, the state removed the requirement for families to report changes in household composition. The state also added the requirement for families to report changes in training or education status, so that a parent can be given a 90-day grace period for a cessation of school or training.

Nebraska: The eligibility period for child care assistance may be as long as 18 months, if the family is receiving assistance through another program and it is necessary to align the eligibility periods of the different programs.

Nevada: The eligibility period for most families is 12 months, but families receiving wrap-around services (services provided before and after Head Start programs) have an eligibility period of 3 years.

New Jersey: The eligibility period for child care assistance for families receiving TANF is based on the length of the work activity.

New York: Local districts determine the length of the eligibility period. Eligibility must be redetermined at least once every 12 months. Districts have the option to select a 6-month or 12-month eligibility period. However, as of 2017, districts are no longer allowed to switch from a 12-month to a 6-month eligibility period.

North Carolina: As of November 2018, the state increased the amount of time families have to report interim changes to 10 business days.

North Dakota: As of October 2016, the state changed the eligibility period to 12 months for most families, but homeless families have an eligibility period of 1 month.

Oklahoma: As of October 2017, the state reduced its reporting requirements so that families now only have to report if household income exceeds 85 percent of state median income; previously, families had to report any change in income, household composition, address, need for care, or provider.

Oregon: As of October 2015, the state implemented a 12-month eligibility period for all families; previously, a family's eligibility period for child care assistance may have been less than 12 months if necessary to align with its eligibility period for SNAP benefits.

Pennsylvania: While the eligibility period for most families is 12 months, children participating in Head Start or Early Head Start/Child Care Partnership programs can remain eligible for child care assistance until they age out of the Head Start or Early Head Start program. Also note that as of November 2017, the state reduced its reporting requirements so that families now only have to report if the family's income exceeds 85 percent of state median income.

Texas: As of October 2016, local workforce development boards no longer determine the eligibility period; previously, each local board determined the length of its eligibility period, and eligibility periods established by local boards ranged from 6 to 12 months.

Utah: As of July 2018, families are no longer required to report when they stop participating in an approved training or education program or when they are no longer meeting minimum work requirements. In addition, interim changes reported for other assistance programs are no longer acted on for child care assistance unless it benefits the family or results in the family becoming ineligible for child care assistance.

Vermont: Under current policy, any actions on reported changes that adversely affect a family's eligibility are not carried out until the annual redetermination, unless the family's income exceeds 85 percent of state median income. In addition, under current policy, parents participating in education or training activities are eligible for child care assistance for 12 months and are no longer required to submit additional paperwork during their eligibility period; previously, parents participating in education or training activities were required to provide proof of continuing enrollment and prior semester grades if a semester break occurred during their 12-month eligibility period.

Virginia: As of October 2018, families can remain eligible for 12 months unless their gross monthly income exceeds 85 percent of state median income, they are no longer residents of the state, they committed an intentional program violation, they were conditionally approved because they were experiencing homelessness and they do not provide required documentation within 90 days, or they request that their case be closed.

Washington: As of July 2016, the state limited the types of interim changes that families have to report; previously, families had to report any changes to their circumstances, including any changes in income, household size, or employment.

Wisconsin: Changes that families must report include: an increase in monthly income (whether earned or unearned) by $250 or more for families below 190 percent of poverty, or an increase in monthly income (whether earned or unearned) that would bring the family's income to the next 5 percent income bracket for families at or above 190 percent of poverty; a change in residency or mailing address; a change in household members (including when someone moves into or out of the home); a change in marital status; a change in approved activity (including the start or end of employment or other approved activity or a temporary absence from their approved activity); and a change in the need for child care (including if a child has not attended the provider for 20 consecutive calendar days). Families must also report when there is a discount in the provider's fee. In addition, if the parent intends to change to a new provider the following month, the change needs to be reported before the last business day of the current month, with limited exceptions.

Table 3: Payment for Days When Children Receiving Child Care Assistance Are Absent from Care

State	Maximum number of days provider can be paid when child is absent, as of February 2018	Did the state significantly change its absent day policy to make it more or less generous between January 2015 and February 2018, or did it change or plan to change its policy after February 2018? (changes after February 2018 in italics)	Effective date of changes
Alabama*	5 days per month (5 additional days per month with documentation)	No	N/A
Alaska*	Payment for full month if child attends at least 6 days of the month	Less generous	July 2017
Arizona	2 days per month	No	N/A
Arkansas*	40 days per year	More flexible	October 2017
California	Payment on enrollment basis	No	N/A
Colorado*	Counties must pay for at least 6 days per 12-month period	No	N/A
Connecticut	Payment for full month if child attends at least 1 day of the month	No	N/A
Delaware*	5 days per month	No	N/A
District of Columbia*	5 days unexcused, 15 days excused per month, 15 vacation days per year	No	N/A
Florida*	3 days per month (up to 7 additional days in extraordinary circumstances)	No	N/A
Georgia	Payment for full week if child attends at least 1 day of the week	No	N/A
Hawaii*	Payment on enrollment basis	No	N/A
Idaho*	Payment for full month unless absent for longer than a month	No	N/A
Illinois*	20% of eligible days	No	N/A
Indiana*	20 days per enrollment year	No	N/A
Iowa	4 days per month	No	N/A
Kansas*	Payment on enrollment (prospective) basis	No	N/A
Kentucky*	5 days per month (additional days allowed in extraordinary circumstances)	No	N/A
Louisiana*	5 days per month	More generous	August 2015
Maine*	200 hours of excused absences per year (if child enrolled full time)	No	N/A
Maryland	60 days per year (additional days allowed in case of documented illness or injury)	No	N/A
Massachusetts*	30 days per 6-month period or up to 3 consecutive unexplained days	*Less generous*	*March 2019*
Michigan*	208 hours per fiscal year	*More generous*	*October 2018*
Minnesota*	25 days per year (additional days allowed for medical condition)	No	N/A
Mississippi*	15 days plus 11 holidays per federal fiscal year	No	N/A
Missouri*	5 days per month	No	N/A
Montana*	24 days per state fiscal year (if child enrolled full time)	More generous	September 2016
Nebraska*	No absent days paid	*More generous*	*To be determined*
Nevada*	Payment on enrollment basis (if child has set schedule for care)	More generous	March 2016
New Hampshire*	62 hours per calendar year (if child enrolled full time)	More generous	July 2017; *September 2019*
New Jersey*	20% of scheduled time per 2-week period	No	N/A
New Mexico*	Payment on enrollment basis	No	N/A
New York*	Local districts have option to pay for up to 80 days per 12-month period	No	N/A
North Carolina*	10 days per month	No	N/A
North Dakota*	16 hours per month	More generous	April 2016
Ohio*	10 days per 6-month period (January-June and July-December)	No	N/A
Oklahoma	7 days per month (if child in full-time care at least 15 days per month)	No	N/A
Oregon	5 days per month	No	N/A
Pennsylvania*	25 days per year	*More generous*	*July 2018*
Rhode Island*	2 weeks per 12-month period (additional days allowed in certain cases)	No	N/A
South Carolina*	31 days per year	No	N/A
South Dakota*	36 hours per month	*More generous*	*December 2018*
Tennessee*	5 days per month	Less generous	July 2015
Texas*	Payment on enrollment basis	More generous; *less generous*	October 2016; *August 2018*
Utah*	Payment on prospective basis	More generous	April 2016; November 2017

Table 3 Continued: Payment for Days When Children Receiving Child Care Assistance Are Absent from Care

State	Maximum number of days provider can be paid when child is absent, as of February 2018	Did the state significantly change its absent day policy to make it more or less generous between January 2015 and February 2018, or did it change or plan to change its policy after February 2018? (changes after February 2018 in italics)	Effective date of changes
Vermont*	Unlimited sick days, 15 provider closed days, 10 parent vacation days per year	No	N/A
Virginia*	24 days per state fiscal year (if licensed or regulated provider)	No	N/A
Washington	Payment for full month if child attends at least 1 day of the month	No	N/A
West Virginia	Payment for full month if child attends at least 13 days of the month	No	N/A
Wisconsin*	Payment on prospective basis	No	N/A
Wyoming*	1 day per month	More generous	September 2016

Notes for Table 3: Payment for Days When Children Receiving Child Care Assistance Are Absent from Care

Alabama: Providers are paid for up to 5 absent days per month for a child, whether or not the absent days are consecutive. Payment is allowed for an additional 5 absent days per month if a child has documentation from a licensed physician, psychologist, or psychiatrist.

Alaska: Prior to July 2017, providers were paid for all absent days, as long as the child attended at least 1 day during the month and the child was authorized on an enrollment basis. If the child was authorized on an attendance basis, then providers did not receive payment for any absent days. As of July 2017, providers receive the full-time rate if the child attends at least 6 days during the month, and the part-time rate if the child attends at least 1 day, but less than 6 days, during the month.

Arkansas: Providers can only be paid for a child's absent days if they charge private-paying parents (parents paying out of their own pocket) for absent days. Prior to October 2017, providers were paid for up to 12 absent days for a child from July through October, not to exceed 6 absent days in a given month; up to 16 absent days from November through February, not to exceed 8 absent days in a given month; and up to 12 absent days from March through June, not to exceed 6 absent days in a given month. The state now sets an annual limit on absent days. Waivers of the 40-day annual limit on absent days may be granted in cases including, but not limited to, extreme illness or other health-related conditions. Also note that, as of October 2017, foster care families and families receiving protective services are no longer exempt from the limit on absent days.

Colorado: Counties must pay for at least 6 absent days and/or holidays for a child per 12 months for providers at level one of the state's quality rating and improvement system, at least 10 absent days and/or holidays per 12 months for providers at level two, and at least 15 absent days and/or holidays per 12 months for providers at levels three and higher.

Delaware: The number of absent days per month for which a provider can be paid is equal to the number of days per week the child is authorized for care, up to a maximum of 5 days per month.

District of Columbia: Excused absences may include childhood diseases or injury, or family emergencies. Documentation of these situations must be provided to the child care provider and the provider must submit this documentation with the monthly attendance report.

Florida: In extraordinary circumstances, a local coalition may approve payment for up to 7 additional absent days for a child (beyond the usual limit of 3 absences) if the parent provides written documentation justifying the absence; vacation and recreation time are not considered extraordinary circumstances.

Hawaii: The state determines a child's need for care from the previous month, and the provider is paid for the full month at the start of the month, regardless of a child's absences, as long as the child remains enrolled with the provider.

Idaho: If it is the provider's usual and customary practice to bill for a child's absences, the provider is paid for temporary breaks in attendance of one month or less.

Illinois: Child care centers receive full payment if the total number of attendance days for all children that are receiving child care assistance and enrolled at the center equals at least 80 percent their total eligible days. Licensed family child care providers receive full payment if the total number of attendance days for children from a family receiving child care assistance equals at least 80 percent of the family's total eligible days. License-exempt family child care providers receive payment based on a child's attendance.

Indiana: Providers are paid for up to 20 personal days per year for a child who is enrolled on a full-time weekly basis. These personal days may be used when the provider is open for business, and the child is scheduled to attend, but does not attend for any part of the day.

Kansas: The state issues child care payments on a prospective basis, on the first of the month. Payments are calculated based on the regular work and/or school schedule of the parent and school schedule of the child (if applicable). Parents are required to report a change in their need for child care, but payments are not changed as a result of absent days.

Kentucky: Certified family child care providers can receive payment for no more than 5 absences per month for a child. Licensed providers may receive payment for more than 5 absences per month in extraordinary circumstances, including a death in the family, illness of the child or applicant, or a disaster verified by a utility provider or the local, state, or federal government; the provider must verify the reason for the additional absences in writing and must maintain attendance records. Certified and licensed providers can receive payment for no more than 10 holidays per calendar year. Registered providers do not receive payment for any absences.

Louisiana: The state increased the number of a child's absent days for which it would provide payment from 2 days per month or 10 percent of authorized days, to 5 days per month or 23 percent of authorized days, as of August 2015.

Maine: Providers are paid for up to 200 hours of excused absences per year for a child enrolled full time, 150 hours of excused absences per year for a child enrolled part time, 100 hours of excused absences per year for a child enrolled half time, and 50 hours of excused absences per year for a child enrolled quarter time. The provider must obtain prior written approval from the state for any additional excused absence time. Reasonable causes for a child's absence include, but may not be limited to: federal/state holidays; parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the child or other immediate family member; transportation issues that affect the parent's ability to transport the child to care; family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the family, including but not limited to fires, storms, or accidents.

Massachusetts: The state planned to change the number of absent days for which a provider will be paid to 45 absent days for a child per 12-month period, or two occurrences of 3 consecutive unexplained absent days within a 12-month period, as of March 2019.

Michigan: The state increased the amount of time for which it will pay a provider while a child is absent from 208 hours to 360 hours per fiscal year as of October 2018. Providers can be paid for time when a child is normally in care but is absent as well as time when a child is normally in care but the child care program is closed.

Minnesota: When a child attends for any part of his/her authorized schedule for a given day, the provider receives full payment for that day with no restrictions. When a child is absent an entire day he/she was scheduled and authorized to be in care, the provider can be paid

for up to 25 absent days per calendar year. Providers can be paid for additional absent days beyond this limit if the child, the child's parent, or the child's sibling has a medical condition and documentation by a physician, physician's assistant, nurse practitioner, psychiatrist, chiropractor, public health nurse, school nurse, or the child's center director or lead teacher is submitted to the agency administering the family's child care assistance.

Mississippi: Providers can be paid for up to 15 unexcused absent days per federal fiscal year for a child. Providers can be paid for additional absent days resulting from court-ordered visitations, chronic illness, contagious illness, and medical treatment for children with special needs, if appropriate supporting documentation is provided either prior to or up to three business days after the absence.

Missouri: Providers can be paid for up to 5 absence and/or holiday units per month for a child authorized to attend 20 or more units per month, and up to 3 absence and/or holiday units per month for a child authorized to attend 2 to 19 units per month, as long as the child attends at least one unit in the month. (A unit is 5 to 12 hours of care.)

Montana: The state increased the amount of time for which it will pay providers while a child is absent from 150 hours to 24 days per year in 2016. A child authorized for full-time care accrues two days per month during the state fiscal year, up to a total of 24 days. These days can be used by a parent when the child is temporarily absent from a provider due to illness, vacation, or other circumstances. The parent must intend to have the child return to care at the provider's facility. Ten consecutive absent days can be used.

Nebraska: The state does not pay providers when a child is not receiving care, except for foster children and children receiving adoption or guardianship subsidy; for these children, the provider is paid based on enrollment if the provider is licensed, if the provider has written policies specifying that private-paying families are charged by enrollment, and if the child typically attends the child care facility at least 30 hours per week. The state planned to begin allowing providers to receive payment for up to 5 absent days per month for all children, but had not yet determined when this change would go into effect.

Nevada: The state, which previously had paid for only 21 absent days for a child per year, began paying based on enrollment for those families using only one provider or multiple providers with a set schedule as of March 2016. Providers paid on an enrollment basis can receive full payment for a week of care as long as the child attends at least one day in the week or the provider lists an absent code on the payment timesheet. When the family uses multiple providers and has a varied schedule for care, the provider can be paid while a child is absent, for any reason, for up to 21 days per calendar year.

New Hampshire: The state, which previously paid for no absent days, revised its policy as of July 2017 to allow providers to receive payment while a child is absent from care—up to 62 hours per calendar year for a child authorized for full-time care, 32 hours per calendar year for a child authorized for half-time care; and 2 hours per calendar year for a child authorized for part-time care. The state plans to revise its policy as of September 2019 to align with the options specified in the regulations for complying with the CCDBG reauthorization law (payment based on enrollment or full payment if a child attends for 85 percent of authorized time).

New Jersey: Providers receive full payment when a child attends for at least 80 percent of his/her scheduled time in a two-week period (for example, if the child attends for 8 of 10 days). In addition, providers are paid for up to 5 sick days in a two-week period, as well as up to 22 closure days per federal fiscal year for which providers are automatically paid based on established business rules.

New Mexico: Payment is based on the child's enrollment with the provider as reflected in the child care placement agreement, rather than daily attendance. However, if authorized child care has not been used for 5 consecutive scheduled days without a reason such as illness, sudden death, or family medical emergency, payment to the provider may discontinue, although the family will remain eligible for the remainder of its eligibility period.

New York: Districts have the option to pay for up to 80 days of a child's absences in a 12-month period; 52 out of the state's 58 districts currently opt to pay for absences.

North Carolina: If a child is absent for more than 10 days in a month due to a family hardship, the provider can request full payment; the local agency decides whether to grant the request.

North Dakota: The state, which previously paid for absent days only if the child was ill or had a medical appointment, began paying when a child was absent for any reason (for up to 16 hours per month, the same amount of time allowed previously) as of April 2016.

Ohio: As of December 2018, a provider must have billed actual attendance for the child in the previous 12 months to be able to receive payment for days when the child is absent.

Pennsylvania: The state increased the number of days for which it will pay providers while a child is absent to 40 days per year as of July 2018.

Rhode Island: A provider may receive payment for additional absent days for a child beyond the two-week limit if a good cause exemption has been granted.

South Carolina: Providers are paid for up to 31 absences for a child authorized for 52 weeks of services. The number of paid absences is prorated for children authorized for less than 52 weeks of services.

South Dakota: The state increased the amount of time for which it will pay providers while a child is absent to 50 hours per month as of December 2018.

Tennessee: The state reduced the number of days for which it will pay providers while a child is absent from care from 10 days to 5 days per month as of July 2015.

Texas: Prior to October 2016, each of the state's 28 local workforce development boards established policies on payment for absences and paid providers up to a certain number of absent days in a 12-month period; the maximum number of absent days for which local boards provided payment ranged from 30 to 45 days per year. As of October 2016, the state began paying on an enrollment basis statewide. A child could be absent for up to 65 days during a 12-month eligibility period; if a child exceeded 65 absences during a 12-month eligibility period, the child was not eligible for redetermination for 12 months. As of August 2018, the state limited the number of absent days for which a provider can receive payment to 40 days per 12-month eligibility period; child care assistance can be terminated if the child is absent for more than 40 days during the eligibility period.

Utah: Prior to April 2016, the state required a child to be in care for at least 8 hours in the first week of the month or to attend in the second week as regularly scheduled for the

provider to receive full payment. As of April 2016, the state simplified its policy to allow providers to receive full payment as long as the child was in care for at least 8 hours by the 15th of the month. As of November 2017, the state changed the policy to allow providers to receive full payment as long as the child is in care for at least 8 hours by the 25th of the month.

Vermont: Registered and licensed providers caring for children receiving child care assistance are paid a fixed part-time or full-time weekly rate, with allowances for absences. License-exempt providers are paid a daily rate based on attendance.

Virginia: The fiscal year is from June 1 to May 31. The total number of allowable absent days is prorated, at 2 days per month, based on the beginning month of services for the child. Payment for absent days may also be made for up to one month during a break in employment or training if child care arrangements would otherwise be lost. Licensed child care centers, licensed family child care homes, family child care homes approved by a licensed family child care system, providers approved by local ordinance, and child care providers approved by the Department of Defense can receive payment for absent days.

Wisconsin: Under the state's previous policy, providers were paid for up to 6 weeks if the child was absent due to an illness that was documented by a physician and the child would be returning to the same child care program, and providers were paid for up to 2 weeks, once per calendar year, if the child was absent for a family vacation and would be returning to the same child care program; providers were paid for the first week if a child was absent without discussion with the provider, but would no longer receive payment if the child did not return to the program in the second week. The state transitioned from paying on a reimbursement basis to paying on a prospective basis between October 2016 and May 2017. Under the policy in effect in February 2018, providers were paid prospectively each month, and parents were only required to report a change in child care need or if the child was no longer attending the provider; however, an overpayment could be collected if the provider was paid for a full month and the child did not attend any day in the month. As of October 2018, providers continue to be paid on a prospective basis, but parents must report within 10 days if their child has not been attending for 20 consecutive calendar days and providers must report if the child has not attended for 30 consecutive calendar days without explanation.

Wyoming: The state, which previously did not pay for any absent days, began paying for one absent day per month as of September 2016.

Table 4: Differential Payment Rates for Special Needs Care, Nontraditional-Hour Care, and Other Specialized Types of Care

State	Did the state have differential rates for special needs care, as of February 2018?	Structure of special needs care rates	Did the state have differential rates for nontraditional-hour care, as of February 2018?	Structure of nontraditional-hour care rates	Did the state have other types of differential rates (excluding rates for higher-quality or infant care), as of February 2018?	Structure of other differential rates
Alabama*	No	N/A	No	N/A	No	N/A
Alaska	Yes	Determined on case-by-case basis	No	N/A	No	N/A
Arizona*	Yes	Higher rate set by state	No	N/A	No	N/A
Arkansas*	Yes	50% or 100% above base rate	Yes	10% or 20% above base rate	No	N/A
California*	Yes	20% above base rate (50% for severe needs)	Yes	12.5% or 25% above base rate	Children who are at risk or have limited English proficiency	10% above base rate
Colorado	Local option	Varies by locality	Local option	Varies by locality	No	N/A
Connecticut*	Yes	25% above base rate	No	N/A	No	N/A
Delaware	Yes	5% above base rate	No	N/A	No	N/A
District of Columbia*	Yes	Higher rate set by city for infant/toddler care	Yes	Higher rates set by city	No	N/A
Florida*	Yes	Up to 20% above infant rate	No	N/A	No	N/A
Georgia*	Yes	Provider's private-pay rate	No	N/A	Children in foster care	Provider's private-pay rate
Hawaii	No	N/A	No	N/A	No	N/A
Idaho*	No	N/A	No	N/A	No	N/A
Illinois	Yes	20% above base rate	No	N/A	No	N/A
Indiana*	Yes	10% above base rate	No	N/A	No	N/A
Iowa*	Yes	Higher rates set by state	No	N/A	No	N/A
Kansas*	Yes	Higher rate set by state	No	N/A	No	N/A
Kentucky*	Yes	$1 per day above base rate	Yes	$1 per day above base rate	No	N/A
Louisiana*	Yes	Higher rates set by state	No	N/A	Children who are in foster care or are homeless	Higher rates set by state
Maine*	No	N/A	Yes	35% above base rate	No	N/A
Maryland*	Yes	Up to 15% above base rate	Yes	5-15% above base rate	No	N/A
Massachusetts*	No	N/A	No	N/A	Children who are receiving protective services, are homeless, or have teen parents	$17.22 per day above base rate
Michigan*	No	N/A	No	N/A	No	N/A
Minnesota*	Yes	Up to triple the base rate	No	N/A	Children who are at risk	Counties set rates
Mississippi*	Yes	Higher rates set by state	No	N/A	No	N/A
Missouri*	Yes	25% above base rate	Yes	15% above base rate	Children receiving protective services	25% above base rate
Montana	Yes	10% or 15% above base rate	No	N/A	No	N/A
Nebraska*	Yes	Determined on case-by-case basis	No	N/A	No	N/A
Nevada*	No	N/A	No	N/A	No	N/A
New Hampshire*	Yes	$50 per week (full-time) above base rate	No	N/A	No	N/A
New Jersey*	Yes	Higher rates set by state	No	N/A	No	N/A
New Mexico*	No	N/A	Yes	5-15% above base rate	No	N/A
New York*	Yes	Up to highest rate available in state	Yes	5-15% above base rate	Children who are homeless	5-15% above base rate
North Carolina*	Yes	Determined on case-by-case basis	No	N/A	No	N/A

Table 4 Continued: Differential Payment Rates for Special Needs Care, Nontraditional-Hour Care, and Other Specialized Types of Care

State	Did the state have differential rates for special needs care, as of February 2018?	Structure of special needs care rates	Did the state have differential rates for nontraditional-hour care, as of February 2018?	Structure of nontraditional-hour care rates	Did the state have other types of differential rates (excluding rates for higher-quality or infant care), as of February 2018?	Structure of other differential rates
North Dakota	No	N/A	No	N/A	No	N/A
Ohio*	Yes	5% above base rate	Yes	5% above base rate	No	N/A
Oklahoma*	Yes	$8 or $14 per day (full-time) above base rate	No	N/A	No	N/A
Oregon	Yes	Paid at infant rate	No	N/A	No	N/A
Pennsylvania*	No	N/A	No	N/A	No	N/A
Rhode Island	No	N/A	No	N/A	No	N/A
South Carolina*	Yes	Up to $20 per week above base rate	No	N/A	Children in foster care	$30 per week above base rate
South Dakota*	Yes	Higher rate set by state	No	N/A	Family child care with small group sizes	25% above base rate
Tennessee	No	N/A	No	N/A	No	N/A
Texas*	Yes	Up to 90% above base rate	Yes	Varies by local workforce board	No	N/A
Utah*	Yes	Determined on case-by-case basis	No	N/A	No	N/A
Vermont*	Yes	7% above base rate	No	N/A	Children receiving protective services	7% above base rate
Virginia*	Yes	Up to twice the base rate	No	N/A	No	N/A
Washington*	Yes	Determined on case-by-case basis	Yes	$75 per month above base rate	No	N/A
West Virginia*	Yes	$2 per day above base rate	Yes	$4 per day above base rate	Children receiving protective services	$2 per day above base rate
Wisconsin*	Yes	Determined on case-by-case basis	No	N/A	No	N/A
Wyoming*	Yes	$250 per month above base rate	No	N/A	No	N/A

Notes for Table 4: Differential Payment Rates for Special Needs Care, Nontraditional-Hour Care, and Other Specialized Types of Care

This table does not include differential rates for higher-quality care or care for infants; those rates are addressed in separate National Women's Law Center reports.

Alabama: While the state does not have a differential payment rate for nontraditional-hour care, it does pay 25 percent above the base rate for extended hours when parents work for more than 50 hours per week.

Arizona: The state has a special needs payment rate of $47 for full-day care and $34 for part-day care (which is above the highest rate for standard care). Providers must be nationally accredited or have a three-, four-, or five-star rating in the state's quality rating and improvement system to qualify for the special needs rate.

Arkansas: The payment rate for special needs care is 50 percent above the base rate if additional staff are needed temporarily; 50 percent above the base rate if an additional full-time staff person is needed to provide one-one-one care for the child and if the provider is at level one or two of the state's quality rating and improvement system; and 100 percent above the base rate if an additional full-time staff person is needed to provide one-one-one care for the child and if the provider is at quality level three (the top quality level). The payment rate for night care is 10 percent above the base rate, and the payment rate for weekend care is 20 percent above the base rate.

California: A provider can receive a payment rate that is 25 percent higher than the base rate when 50 percent or more of the certified need for child care occurs between 6 pm and 6 am on any day of the week or between 6 am Saturday and 6 am Monday, and can receive a rate that is 12.5 percent higher than the base rate when 10 to 50 percent of the certified need for child care occurs during these time periods. A provider caring for a child who has limited or no English proficiency or is at risk of abuse or neglect can receive a rate that is 10 percent higher than the base rate.

Connecticut: The state increased its special needs payment rate from 15 percent to 25 percent above the base rate as of July 2016.

District of Columbia: The city, which had previously determined payment rates for special needs care on a case-by-case basis, established a new rate for center care for infants and toddlers with special needs as of October 2017; this rate, which is the same regardless of the center's quality level, exceeds the standard rate for infant/toddler care in a center at the highest quality level. The city also has rates for extended-hour care and for nontraditional-hour care, and these rates vary by the age of the child, type of care, and quality level of care.

Florida: A provider may be paid at a higher rate if a child requires additional services beyond those required by the Americans with Disabilities Act. To receive a special needs rate, the provider must submit a list of the special needs services it is providing for each child with special needs, in addition to the routine school readiness services. The special needs rate is negotiated and may be up to 20 percent above the maximum infant care rate established by the local school readiness coalition, but may not exceed the provider's private-pay fee for infant care.

Georgia: As of October 2016, the state began allowing providers caring for children with special needs or children in the custody of the Division of Family and Children Services (including children in foster care) to receive a payment rate that is equal to the provider's published private-pay fee, even if that fee is higher than the state's base rate.

Idaho: The state does not have differential payment rates for any special populations, but it exempts foster children from copayments.

Indiana: The payment rate may exceed the base rate by 10 percent if a child has a documented special need, but may not exceed the provider's private-pay fee. A child is considered as having special needs if he/she is enrolled in the Children with Special Health Care Services, First Steps Early Intervention System, Public School Special Education, and/or Supplemental Security Income (SSI) program, or if the family provides documentation that the child has been professionally diagnosed as having a disability.

Iowa: The state sets payment rates for special needs care, which vary by the age of the child and the type of provider; the special needs rate in each category is higher than the payment rate for standard care at the highest quality level for that category of care.

Kansas: The state offers a differential payment rate for care for children with a physical, emotional, or mental disability if the child requires accommodations and the provider is qualified to provide the special care needed. The special needs rate is $6.00 per hour for all children and settings (which is above the highest rate for standard child care—$5.47 per hour for center care for an infant in Johnson County/Kansas City).

Kentucky: An additional $1 per day above the base rate can be paid for care that is provided for a child with special needs under the age of 13; care that is provided for a child age 13 through 18 who is physically or mentally incapable of self-care or under court supervision; or care that is provided between 7 pm and 5 am on weekdays or between 7 pm Friday and 5 am Monday based on the parent's schedule.

Louisiana: The state has higher payment rates for care for children in its Special Population category, which includes children with disabilities and/or special needs as well as homeless children and foster children. The Special Population rate varies by the age of the child and type of care. The state increased its Special Population rates as of February 2017.

Maine: Providers receive differential payment rates for care provided during nontraditional hours (referred to by the state as "off-hours"), which includes care provided between 6 pm and 6 am on weekdays and during all weekend hours.

Maryland: A provider that documents that the cost of services provided to a child with a disability exceeds the cost of reasonable accommodations receives a differential payment rate to cover the additional cost, not to exceed 15 percent above the base payment rate. If the cost of the additional services to the provider exceeds 15 percent, a request can be made for a payment rate that is higher than 15 percent above the base rate. Also note that providers receive differential rates for care provided during nontraditional hours, which includes care provided for one hour or more between 7 pm and 6 am on Monday through Friday, and any period of one hour or more on Saturday or Sunday. Providers offering care during nontraditional hours receive an additional 5 percent above the base rate for one unit of care, 10 percent for two units of care, or 15 percent for three units of care (which is equivalent to a full day of care).

Massachusetts: The state does not provide differential rates or bonuses for care for children with disabilities or special needs, but does provide funding for one-on-one aides for children with special needs as requested by providers. Also note that programs awarded contracts to serve homeless children, children receiving protective services, and children of teen parents received an additional $17.22 per day above the base rate as of February

2018; this amount was increased to an additional $18.22 per day above the base rate as of January 2019, retroactive to July 2018.

Michigan: The state does not have differential payment rates for special needs care, but children or parents receiving SSI, foster children, children of migrant farmworkers, homeless children, families with active substantiated neglect or abuse cases, and children affected by the Flint water crisis are exempt from copayments.

Minnesota: Providers caring for children with special needs may receive up to triple the base payment rate, depending on the child's level of need and the provider's accommodations. Parents, providers, and counties may submit a request for the state's Department of Human Services to evaluate and approve the higher rate. The higher rate may exceed the provider's private-pay fee charged to parents of children without special needs, but must never be greater than the provider's private-pay fee charged to parents for similar services for a child with a disability. Providers caring for children at risk (children with environmental, familial, or other factors that create barriers to their optimal achievement) may also receive higher rates, but only if the county has approval from the Department of Human Services.

Mississippi: The special needs payment rate varies by type of care, but does not vary by the age of the child; the special needs rate can apply to children through 18 years of age.

Missouri: Providers receive differential payment rates for care provided during evening or weekend hours, including care provided between 7:01 pm and 5:59 am or between 6 am Saturday and 7 pm Sunday. In addition to the differential rates shown in the table, the state has a differential rate for providers that have at least 50 percent of the children enrolled in their program receiving child care assistance (referred to as disproportionate share providers). Until September 2016, only providers that were receiving the disproportionate share differential as of 2003 were allowed to receive it, and additional providers could not qualify for this differential; as of September 2016, the state began allowing additional providers to qualify for the differential if they were accredited or working toward accreditation. The disproportionate share rate is 30 percent above the base rate.

Nebraska: Payment rates for special needs care are negotiated between the state agency and the provider based on the additional staffing, staff skills, supplies, equipment, and environment modifications needed beyond that for standard child care.

Nevada: The state does not have differential payment rates for special populations, but it does exempt homeless children, foster children, and children receiving protective services from copayments.

New Hampshire: The state pays the differential rate for special needs care when a child has a verified, significant special need. Also note that for protective and preventive child care, the state does not have a differential payment rate, but does cover the parent copayment and the difference between the state's payment rate and the provider's private-pay fee on a case-by-case basis.

New Jersey: In February 2018, only family child care homes (registered, accredited, or license-exempt approved) were eligible for special needs payment rates, not child care centers. As of January 2019, both family child care homes and centers are eligible for special needs payment rates. The rates are set by the state and vary by the type of care and the age of the child.

New Mexico: Providers receive a payment rate that is 5 percent above the base rate if care is provided after hours or during weekend hours for 1 to 10 hours per week, 10 percent above the base rate if care is provided after hours or during weekend hours for 11 to 20 hours per week, and 15 percent above the base rate if care is provided after hours or during weekend hours for 21 or more hours per week.

New York: The special needs payment rate is set at the level of the highest weekly, daily, part-day, or hourly rate for child care in the state, regardless of the type of care, county cluster, or age of the child. Also note that as of March 2017, local districts must pay a differential rate that is 5 percent to 15 percent above the base rate for all providers caring for children during nontraditional hours and for regulated providers caring for children experiencing homelessness, and local districts may pay a differential rate that is up to 15 percent above the base rate for license-exempt providers caring for children experiencing homelessness; previously, differential rates for nontraditional-hour care, up to 15 percent above the base rate, were optional for local districts and the state did not have a policy on differential rates for care for children experiencing homelessness.

North Carolina: A provider caring for a child with special needs in an inclusive child care setting may request a supplemental payment to cover additional expenses incurred in providing that care.

Ohio: Providers caring for children identified by their parents as having special needs are paid a differential rate that is 5 percent above the base rate; this differential rate cannot exceed the provider's private-pay fee. Providers can also request a special needs payment rate of up to 100 percent above the base rate if they can provide additional documentation to demonstrate that the program had to make adjustments to serve the child. Also note that providers receive a differential rate for nontraditional-hour care, which includes care provided during the hours from 7 pm through 6 am on weekdays and 12 am on Saturday through 6 am on Monday as well as care on certain federal holidays. The differential rate for nontraditional-hour care cannot exceed the provider's private-pay fee.

Oklahoma: Providers receive an additional $8 per full-time day and $6 per part-time day for care for a child with moderate special needs and $14 per full-time day and $10 per part-time day for care for a child with severe special needs.

Pennsylvania: The state does not have a differential payment rate for special needs care, but if a child with a developmental disability has been assigned a developmental age that is less than his/her chronological age, the child's enrollment is paid at the rate assigned to his/her developmental age, rather than chronological age.

South Carolina: The payment rate for special needs care is negotiated based on need.

South Dakota: The payment rate for special needs care is the same for children of all ages and in all counties ($4.75 per hour in February 2018, increased to $5 per hour as of June 2018); this amount is greater than the highest rate for all other types of care ($3.95 per hour in February 2018—increased to $4.05 per hour as of June 2018—for center-based care for an infant in Minnehaha County). In addition, in some instances, a higher rate for special needs care can be negotiated. Also note that the state offers a differential rate to registered family child care homes that care for six or fewer children; for care for children under age three, these small family child care homes receive a rate that is up to 25 percent above the base rate, as long as the differential rate does not exceed the provider's private-pay fee.

Texas: Providers can receive a payment rate for special needs care that is up to 90 percent above the base rate to cover additional staff or equipment if needed to assist in the care of a child with disabilities. The need for the higher payment rate must be certified by a professional familiar with assessing the needs of children with disabilities.

Utah: Verification must be provided to establish that a child with special needs requires an increase in the amount of supervision or specialized care. For special needs care for an infant, the state pays up to the infant rate for the type of care at the next higher rate level (for example, family child care would be paid at the rate for center care). For special needs care for children of all other ages, the state pays up to the infant rate for the type of care being used.

Vermont: To receive the differential payment rate for care for children with special needs or children receiving protective services, the provider must complete specialized training. Also note that the state exempts foster children and families with service needs of protective services or family support (including homelessness) from copayments.

Virginia: Providers can receive a payment rate for special needs care that is up to two times the maximum standard payment rate for the child's age when it is appropriate as determined by the local department of social services in consultation with the parent, provider, and appropriate professional.

Washington: Additional payments for care for children with special needs and nontraditional-hour care, beyond the base payment, are made separately and not incorporated into the payment rate. The additional payment for special needs care varies based on the level of care required for the individual child and the type of provider. Providers that are licensed or certified receive an additional $75 dollars per child per month for providing at least 30 hours per month of care during nontraditional hours, which include hours before 6 am or after 6pm, any hours on Saturdays or Sundays, and any hours on legal holidays.

West Virginia: Providers receive the differential payment rate for nontraditional-hour care if they provide at least four hours of care before 6 am or after 7 pm Monday through Friday, or at least four hours of care on Saturday or Sunday, or at least 12 hours of care (to cover a parent's work/school shift or split shift as well as transportation time) in a 24-hour period.

Wisconsin: Local agency workers consider differential rates for providers caring for children with special needs only on a case-by-case basis, taking into account additional equipment, training, or staffing required to meet the needs of the child. Also note that, while the state does not have differential rates for other special populations, foster families, families with court-ordered kinship or guardianship care placements, and teen parents who are participating in Wisconsin's Learnfare program are exempt from copayments.

Wyoming: Providers receive an additional payment amount if a child is shown to have special needs with the support of a physician's statement.

NATIONAL WOMEN'S LAW CENTER

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