



Initial Implementation of the 2014 Reauthorization of the Child Care and Development Block Grant

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Overview

This paper reflects findings from a research project, *Initial Effects of Child Care Reauthorization on Child Care Markets*. The project, funded by the U.S. Department of Health and Human Services (HHS), aimed to understand early effects and implementation issues related to new policy requirements included in the Child Care and Development Block Grant (CCDBG) Act of 2014,¹ which governs and reauthorized the Child Care and Development Fund (CCDF) program. The project examined existing data and gathered new information from individuals on the ground who are directly affected by changes in CCDF policies.

This paper 1) provides an overview of the existing literature on provider and family experiences with the child care market and subsidy system, 2) summarizes an analysis of state policies and approaches to implementing CCDF policy changes, and 3) reports on themes discussed at a roundtable convening of key child care stakeholders in July 2019. Highlights are provided below.

Research synthesis

Most of the existing literature related to family and provider experiences with CCDF was conducted prior to reauthorization and highlighted various challenges for families and providers participating in the child care subsidy system:

- For families, challenges were related to subsidy access and stability and the lack of available high-quality care options.
- For providers, challenges were related to participating in the subsidy system and sustaining quality improvement efforts due to low subsidy reimbursement rates, timeliness of payments, and issues with payment rules about what is covered.

Analysis of policy changes

The team reviewed multiple sources of data to understand state policy changes over time (i.e., 2014-2017 CCDF Policies Database; CCDF State Plans from 2014-2015, 2016-2018, and 2019-2021; supplemental information from the Office of Child Care; and the Child Care Licensing Study in 2014 and 2017). Overall, the analysis suggests that states have made substantial changes in response to CCDF reauthorization, although the magnitude and type of changes made differed among states. The data suggest that states were able to implement some policies sooner than others, and that no states were implementing all policies required by reauthorization by the time they submitted their 2019-2021 State Plans. Additional information is needed about the implementation of CCDF policies, including why some requirements are not being implemented and the overall profile of states' implementation decisions. Highlights of findings from analyses of data (as of September 2018) are provided below for each topic covered.

Health and safety training

- Although most states required some type of ongoing training for CCDF providers prior to reauthorization, most did not require training in all 12 specified topics until after reauthorization; about one quarter of states did not cover all required topics included in the law and final rule at the time of the analysis. For example, as of September 2018, when states submitted their 2019-

This report is based on a framing paper that was distributed to participants at a July 2019 roundtable meeting held as part of the project, *Initial Effects of Child Care Reauthorization on Child Care Markets*. The project is led by MEF Associates in partnership with Child Trends and is funded by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (HHS).

¹ A summary of changes made through the Child Care and Development Block Grant Act of 2014—as well as the 2016 CCDF Final Rule, which updates regulations to incorporate and clarify these changes—can be found at this website: <https://www.acf.hhs.gov/occ/ccdf-reauthorization>.

2021 CCDF plans, only 25 states had implemented required training on child development and 27 had implemented required physical premises safety training.

Monitoring inspections

- More than three quarters of states conducted pre-licensure inspections for licensed centers and family child care homes before they were required to do so by federal law, and more than half conducted monitoring visits of licensed providers annually before the 2014 reauthorization.
- Of the states that were not already monitoring licensed providers annually, nearly all did so after reauthorization.
- Although most states require license-exempt providers to comply with health and safety standards, a few (about 16%) did not have requirements in place for license-exempt providers to comply with health and safety standards at the time the 2019-2021 CCDF plans were submitted.

Consumer information

- Following reauthorization, about two thirds of states provide monitoring and inspection reports or aggregate data on serious injuries, death, and abuse occurring in child care facilities.

Family-friendly subsidy administration

- Prior to reauthorization, almost half of all states had implemented a 12-month redetermination period (22). Some additional states were able to implement this requirement after reauthorization (18), but others (11) had not met this requirement as of September 2018.
- In addition, about two thirds of states have implemented graduated subsidy phase-out policies to smooth transitions for families when their incomes increase.

Support for early care and education (ECE) providers

- After reauthorization, the most common methods for supporting ongoing professional development for the ECE workforce were to provide financial assistance to attain credentials and post-secondary degrees (45), and to offer financial incentives linked to educational attainment and retention (29).
- Since the 2014-2015 CCDF plans were submitted, 23 have implemented policies delinking subsidy payments from a child's occasional absence (e.g., pay based on enrollment, full payment if child attends 85% of time, etc.).

Supply building and quality improvement for special populations

- In response to reauthorization, states emphasized strategies to build the supply of high-quality care for special populations in their CCDF plans. Significant progress was made (between the 2016-2018 and 2019-2021 plans) on strategies to support children in families experiencing homelessness, as well as those in need of care during nontraditional hours. As of September 2018, nearly all states had child care supply-building strategies for infants and toddlers, children with disabilities, and those experiencing homelessness or needing nontraditional hour care.
- Strategies to build supply and improve quality for special populations generally fell into four categories: partnerships with outside organizations (e.g., partnerships with homeless shelters or agencies); targeted outreach (e.g., targeting referrals for families with children with disabilities); shared services models (e.g., sharing vendor services, substitute pools, or professional development opportunities); and participation in collaborative projects (e.g., partnering with organizations that provide coaching).

Considerations and summary of themes: July 2019 stakeholder roundtable convening

On July 29, 2019, the Child Care Reauthorization roundtable convened 13 state child care policy administrators—along with representatives from national child care organizations, researchers, and federal staff—to discuss the effects of the CCDF reauthorization on the experiences of states, providers, and families. The research summary and analysis of state policy adoption included in this report were provided in a framing paper² to all attendees in advance of the convening to allow in-depth discussion of topics included, as well as (more broadly) other policy changes included in the reauthorization. Participants were asked to identify successful or promising strategies for implementing new policies to improve the experiences of families and providers, as well as new barriers or remaining challenges in the CCDF program and in child care markets.

Considerations for research and policy are highlighted below, as are key themes discussed at the roundtable meeting. These considerations are based on the data in this report, as well as on the knowledge and experiences of stakeholders who participated in the roundtable meeting. They are intended to offer preliminary ideas to inform future research on implementation of CCDBG reauthorization.

- States are making rapid progress in implementing the reauthorization’s policies.
- No states were fully implementing all CCDF policy requirements as of September 2018.
- State agencies and child care providers face increased workforce challenges (for licensing staff, qualified teachers/caregivers, etc.). For instance, some states struggle to maintain enough inspectors to keep caseloads manageable and complete all licensing and monitoring visits in a timely fashion.
- Subsidy reimbursement rate policies help shape the supply of child care and the options available to low-income families receiving subsidies.
- There may be discrepancies between policy and on-the-ground practice. For example, this report documents the increased number of states that have changed their policy to expand subsidy eligibility periods to 12 months. It is possible, though, that subsidy case workers may not understand or implement the new policy consistently. Additional data are needed to understand how policies are implemented and to learn about the effects of policy changes on families’ experiences with the child care system.
- Reauthorization does not affect all families or providers equally, and additional support may be needed to serve families with special needs, those choosing care options that are not center-based, and those with school-aged children.
- It will be necessary to examine data over time to understand implementation and its effects.

² An earlier draft of this document served as the framing paper shared at the roundtable.

Introduction

The purpose of the *Initial Effects of Child Care Reauthorization on Child Care Markets* project is **to understand early implementation issues related to the Child Care and Development Block Grant (CCDBG) Act of 2014** by examining existing data, gathering new data, discussing key issues, and hearing from individuals on the ground who are directly affected by subsidy policies and reauthorization changes.

This paper 1) provides an overview of the existing literature on child care stakeholder experiences with the child care market and subsidy system to date, 2) summarizes state approaches to implementing policy changes as outlined by the reauthorization, and 3) summarizes considerations and themes that were discussed during a 2019 convening of state child care policy administrators, representatives from child care national organizations, researchers, and federal staff. This paper uses existing research literature, an analysis of state policy data and stakeholder input to highlight key issues related to implementation of Child Care and Development Fund (CCDF) reauthorization on states, providers and families.

The reauthorization was enacted in 2014, and regulations clarifying the provisions of the new law were released in the CCDF Final Rule in 2016. At that point, states had already submitted their biennial 2016-2018 CCDF State Plans which described how they would implement policies required in the law but did not respond to the new regulations since they had not yet been published. The 2019-2021 triennial CCDF State Plans were the first to include information about how states will address all reauthorization policies as clarified in the CCDF Final Rule. As discussed in the analysis of policy changes section, these 2019-2021 CCDF State Plans indicate that many states are in the process of complying with the law, and states have made different levels of progress implementing various aspects of reauthorization.

The effects of reauthorization are complex, and states varied significantly in which policies were already in place when the law was passed, their overall state context, and the level of effort that would be needed to address new policy requirements. As of June 2016, 25 states had requested a total of 106 waivers for one or more provisions of the CCDBG law.ⁱ As a result of these and other factors, the timeline for implementing the required policy changes varied significantly across states.ⁱⁱ States may face tradeoffs as they work to implement the breadth of new policy requirements within funding constraints. For example, states that did not previously have 12 months of continuous eligibility for child care subsidies may not be able to sustain the number of children and families served when individual eligibility is extended without either increasing funding or pulling resources from another important CCDF investment (e.g., reducing other investments in quality, monitoring, data systems, etc.). Given the complexity of both state context and CCDF policies, it may be difficult to isolate the effects of a particular policy change, especially when there may be multiple policies operating in a single state all aimed at affecting the same outcome (e.g., improving access to high-quality care).

Despite these challenges, the goal of this project is to use research and data as well as stakeholder input to highlight initial issues related to CCDF reauthorization in an effort to support states in implementation and inform policy discussion and improvement.

Stakeholder Experiences with CCDBG: Research Summary

The CCDBG Act of 2014, which reauthorized the CCDF program, included major changes in the areas of: 1) health and safety, 2) consumer education, 3) improving equal access to high-quality care, and 4) quality improvement and support for the early childhood workforce. Some reauthorization provisions focused on broad system-level improvements, such as increasing investments to support quality care for infants and toddlers or providing more information to parents and families about the quality of care options in their communities. Many of the significant changes focus on licensing policies and child care subsidy administration. For example, a) lengthening the redetermination period within which a family is required to prove, or recertify, their eligibility for the subsidy program to 12 months; b) monitoring the health and safety practices of license-exempt providers who operated legally without regulation or inspections previously; and c) setting the rates at which a child care provider is reimbursed/subsidized for providing care at a level sufficient to provide quality care. These and many other significant revisions to the CCDF law have a major impact on state and local CCDF administrators, providers, and families. Understanding both the successes and challenges of implementation as well as the variation across states in implementation is critical for future planning and potential refinement.

This research summary highlights key findings from the most related literature on the experiences of child care providers and families prior to and, to the extent possible, after the 2014 reauthorization. Specifically, we focused on identifying the potential challenges and opportunities these stakeholders have experienced with aspects of child care policies that are addressed in the reauthorization.

To conduct this literature scan, we used each of the search terms and process described in [Appendix A](#), which resulted in the review of 24 unique articles that met our criteria. While there are numerous studies and articles about CCDF policy and practice, this review intentionally limited its scope to peer reviewed articles and “gray literature” that provided direct insights into the perspectives of providers, families, and other stakeholders on both positive and challenging experiences with CCDF implementation before and after reauthorization. The literature included in this review was published between 2003 and 2019. We also prioritized major literature reviews or research that summarized these perspectives across studies as a strategy for maximizing the efficiency of this review and relied on project experts to ensure we had not missed any pertinent resources. We did not anticipate, given the timing of this review, that there would be a breadth of literature post-reauthorization, and this held true; our findings therefore primarily describe the pre-reauthorization experiences of providers and families with the CCDF subsidy system.

Provider perspectives

Prior to the 2014 reauthorization, research documented the challenges child care providers faced in participating in the child care subsidy system. These challenges centered around a set of common themes: 1) low reimbursement rates; 2) reimbursement payment rules (i.e., determining what is covered) and the timeliness of payments; and 3) logistical and administrative burden related to participating in the subsidy system including challenges related to short periods of subsidy eligibility.ⁱⁱⁱ As a result of these challenges, providers may have limited the number of subsidized children they enrolled.^{iv}

Providing sufficient reimbursement rates is a critical component of effective CCDF implementation. If reimbursement rates are too low, providers may choose not to care for children who receive subsidies^v or may not be able to invest in or sustain higher levels of program quality.^{vi} CCDF regulations recommend, but do not mandate, that reimbursement rates be set at or above the 75th percentile of current market rates. Research prior to reauthorization indicates that provider reimbursement rates often did not meet local market rates. In 2014, only one state set its reimbursement rates at the 75th percentile of the current market rate, a marked decrease from 2001 when 22 states set their reimbursement rates at this level.^{vii} Establishing adequate reimbursement rates was also discussed

prior to reauthorization in the context of providers' ability to improve or sustain child care quality. As one example, a report from 2014 noted that the structure and funding for CCDF made it challenging for providers to address provisions that contribute to high-quality child care, such as increasing teacher compensation, providing adequate staff training, or increasing licensing enforcement. These are all considered allowable CCDF expenses, but with no specific requirements or guidance, these provisions are not consistently implemented.^{viii}

In addition to low payment rates posing a potential challenge for providers, research prior to reauthorization also noted challenges related to subsidy reimbursement payment rules (i.e., determining what is covered) and the timeliness of payments made to providers.^{ix} Prior to reauthorization, two separate research studies conducted in 2003-2004 noted that one of the challenges providers encountered or cited for not participating in the subsidy system was related to delays in receiving subsidy payments. One study conducted in five counties across four states noted that providers "expressed concern over delayed payments, the retrospective nature of payments, and the general reliability of revenue from vouchers, all of which affected providers' cash flow and their willingness to serve children using vouchers."^x The second study of providers noted, "another issue that came up repeatedly was late payments. Across sites, providers and subsidy staff described situations when initial payments had been delayed for several weeks or—in an extreme case—several months, as well as situations where regular payments were delayed."^{xi}

When subsidy reimbursements are paid late or inconsistently, the quality of care may be affected (e.g., challenges with paying staff or purchasing educational materials).^{xii} In addition, family eligibility often fluctuates over short periods of time, which can lead to financial instability and uncertainty for the provider, further discouraging them from accepting subsidy eligible children.^{xiii, xiv} The literature prior to reauthorization also notes the large administrative burden providers face in participating in the subsidy system.^{xv} Providers need to regularly complete detailed paperwork (e.g., attendance records, obtaining parent signatures or bills) to receive subsidy payments, which providers indicated as one deterrent to serving subsidized families.

The reauthorized CCDBG law includes some provisions in response to challenges faced by providers. For example, policy changes require that provider payment rates are informed by state market prices—the amount parents pay—which are calculated through market rate surveys. The reauthorization also requires states to consider the costs providers incur to provide care when setting subsidy reimbursement rates for providers and allows the use of cost estimation methods^{xvi} in addition to market rate surveys.³ The law and regulations also target more regular and reliable assessment of provider payment rates, policies, and practices. The law addresses challenges related to payment rate ceilings and other issues related to provider payment, such as ensuring providers are reimbursed on time and for the full period of service.^{xvii} Ultimately the CCDF reauthorization encourages states to focus on efforts that increase the supply of high-quality child care, strengthen the fiscal stability of providers in the subsidy system, and maintain the diversity of child care options for families by ensuring that policies and practices are equitable across provider types.^{xviii} For example, states can offer higher subsidy payment rates as a strategy to encourage subsidy participation among providers in needed geographic locations, those serving infants and toddlers, or those offering care during nontraditional hours (such as overnight or weekends). Since reauthorization, a 2019 report noted that six states had adopted new subsidy 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.^{xix}

Although more research is needed to understand changes in provider perspectives and experiences with the child care subsidy system after reauthorization, two recent reports offer some initial insights into states' ability to implement reauthorization requirements. The Center for Law and Social Policy released a report in early 2019 based on their work on reauthorization implementation with over 40 states since January 2015.^{xx} The report highlighted some overall implementation challenges. States had difficulty estimating the costs of policy changes, such as the 12-month eligibility requirement

³ New cost-estimation models provide an alternative method for states and territories to consider that provide feasible cost estimates based on various assumptions about program inputs (e.g., ages served) rather than collecting price data directly from providers.

for families receiving subsidies and developing budgets to account for increased costs. Governance structures also affected implementation; it was more challenging in states where multiple agencies were involved (e.g., subsidy and monitoring occurred in two different agencies). For some states, reauthorization required legislative changes which were challenging and time-consuming. The report also described challenges in implementing specific requirements. For instance, states struggled with the complexity of the background check requirements and the costs of implementing each reauthorization component. A 2019 report from the National Women’s Law Center highlighted several of the state-level changes that have been enacted since reauthorization, including the number of states that hired additional staff to implement the new licensing and monitoring requirements (24); the number of states that have expanded the eligibility period (23); the number of states that have reduced interim reporting requirements (22); and the number of states that revised policies related to payment for absent days (9) or policies related to differential payment rates (6) for special needs care/non-traditional hours.^{xxi}

CCDBG reauthorization addressed several provider concerns documented in the literature. Data described in the analysis of policy changes section of this report suggests that states are implementing new requirements for provider-friendly policies. For instance, twice as many states have delinked provider subsidy payments from a child’s occasional absence. As another example, over 200,000 providers operate in states with policies requiring that subsidy payments be made within 21 days of billing. These changes should make it easier for providers to participate in the subsidy system. More research is needed to learn whether these state policy changes result in improvements in the experiences of child care providers with the subsidy system or in overall improvements in the supply and quality of child care offered. In addition to examining provider perspectives, research could explore the extent to which these policy changes support quality improvement, expansion of services (e.g., care for children during non-traditional hours), or sustained provider participation in the subsidy system.

Family perspectives

Prior to the 2014 reauthorization, research documented challenges faced by families participating in the subsidy system. The common challenges noted across the literature fall into two broad categories: 1) subsidy access and stability for low-income families; and 2) lack of access to high-quality care options.^{xxii}

A 2013 subsidy literature review^{xxiii} reported, for instance, that the most common subsidy spell (i.e., the length of time that a child participates in the subsidy program without a break) was about six months, that shorter spells were often associated with shorter redetermination periods, and that subsidy spells tended to end at the time of redetermination. The 2013 review also noted that subsidy use among eligible families was relatively low (variable, but approximately 15% of all federally eligible children and less than 45% of the population eligible under state rules across studies reviewed).^{xxiv} In fiscal year 2016, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) estimated that 15% of all children eligible under federal guidelines, and 24% of those under state guidelines, received child care subsidies.^{xxv} Short child care subsidy spells may also be related to changes in family circumstances such as employment or housing status, or the families’ preference for a different care arrangement. Other reasons for subsidy instability may include subsidy eligibility redetermination policies and the paperwork burden and effort involved in maintaining subsidy status.^{xxvi} While the median subsidy spell length across all states was 6 months, it varied from 3 months in Nevada to 13 months in the District of Columbia.^{xxvii} Taken together, this suggests that families who are eligible to receive financial child care assistance may not actually receive it and, if they do, may not receive it for long periods of time. The complexity of the interaction between different factors (i.e., family context, state policy) makes this a difficult topic to study, and more research is needed to understand whether changes in reauthorization policies result in changes to subsidy stability for families and whether these changes enhance the experiences of families and children.

Literature prior to reauthorization also noted challenges families using subsidies have faced in accessing child care.^{xxviii} Access has been defined as meaning that “...parents, *with reasonable effort*

and affordability, can enroll their child in an arrangement that supports the *child's development and meets the parents' needs*.^{xxxix} In focus groups of parents using subsidies conducted in four locations across the country, parents reported problems finding and/or choosing child care because they did not have information they needed to select care, they faced long waitlists, or faced transportation challenges in accessing the care they selected for their child.^{xxx} Multiple mapping efforts nationally^{xxxi} and within states^{xxxii,xxxiii} have visually displayed aspects of access by comparing the number of young children to the capacity of licensed child care in a defined area such as zip code. The Center for American Progress estimated that more than half the population lives in what the study authors consider to be a “child care desert” (i.e., census tract in which there are four or more children under five per licensed child care slot). They note that child care deserts is an issue that disproportionately challenges families with low-incomes, families living in rural areas, and families who are Hispanic/Latino and American Indian and Alaska Native families.^{xxxiv} Not all families of young children, though, may need or choose to use licensed child care. Thus, this approach to understanding access is limited by the challenges in defining and obtaining data about families’ demand for care.

Reauthorization policies addressing supply gaps and quality improvement may influence families’ access to high-quality child care. The analysis of policy changes section of this paper describes quality improvement efforts, such as ongoing professional development, as well as strategies to increase the supply of quality care for sub-populations of children (e.g., infants and toddlers, children who need care during nontraditional hours). More research is needed to understand how the reauthorization requirements have improved access for families.

None of the articles identified included a summary of families’ experiences with CCDF since reauthorization. This finding is echoed in a recent literature review conducted by the Office of Planning, Research, and Evaluation on subsidy stability.^{xxxv} This review found that most literature on families’ experiences with the subsidy system were published just on the cusp of the policy implementation; therefore, it was too early to note any impact of reauthorization, as changes in actual experience may lag behind policy changes.

Summary

Literature prior to reauthorization noted key challenges related to CCDF from the perspective of providers and families. For providers this included 1) challenges participating in the subsidy system and/or sustaining quality-improvement efforts due to low subsidy reimbursement rates; 2) concerns related to subsidy reimbursement payment rules (i.e., determining what is covered) and the timeliness of payments; and 3) and administrative burden related to participating in the subsidy system.^{xxxvi} Low subsidy reimbursement rates in combination with the administrative challenges may have presented a disincentive for providers to participate in the subsidy system as these ‘costs’ outweighed the benefits. As a result, even before reauthorization required it, some states expanded the eligibility period; reduced interim reporting requirements; revised policies related to payment for absent days; and created differential payment rates for special needs care/non-traditional hours.^{xxxvii} For families, the literature highlighted: 1) challenges related to subsidy access and stability for low-income families; and 2) lack of access to high-quality care options.^{xxxviii} Further, the literature on family perspectives notes that there are a number of inter-related factors that shape how parents make decisions about child care arrangements and that these characteristics vary by family, which adds to the complexity of understanding patterns of subsidy use and child care access more broadly.^{xxxix} Literature on the extent to which reauthorization has helped to address these challenges in practice was scant. This may be due in large part to the timing of the CCDF reauthorization implementation, and the fact that the timeline for implementing changes has varied across states. However, further research with families and providers now underway in states and communities will offer better insight on these topics in the future.

Analysis of Policy Changes

Building upon the experiences of stakeholders as presented in the literature, we conducted an analysis to understand how states⁴ have implemented some policy changes outlined in reauthorization. The goal of this analysis is to understand the extent to which states have implemented specific policy changes prior to and after reauthorization across a breadth of topics: 1) ensuring health and safety, 2) consumer information, 3) family-friendly subsidy administration, and 4) support for providers and supply-building. For more information about the policy elements selected for inclusion in this analysis, see [Appendix B](#).

First, we used multiple data sources (i.e., 2014-2017 CCDF Policies Database; CCDF Plans from 2014-2015, 2016-2018, and 2019-2021; supplemental information from the Office of Child Care; and the Child Care Licensing Study in 2014 and 2017⁵) to estimate dates when policy changes were implemented. With the available data, states that showed evidence of having the policy implemented prior to November 2014 (date of reauthorization) and still had the policy in place on September 30, 2018 (final compliance date for the CCDBG Act and Final Rule requirements) were categorized as implementing the policy “**prior to reauthorization.**” States that implemented policy changes after November 2014 and before September 2018 were considered to have “**implemented after reauthorization.**” Finally, states that did not have the policy in effect by September 2018 (even if future dates were identified) were considered “**not implementing**” the policy by the required time. We assigned an “undetermined” designation if the information provided was insufficient to determine whether the state was meeting expectations, if states reported a “not applicable” response to selected items, or if items were left blank (e.g., information about license-exempt providers receiving CCDF was not included for a state because they reported not having license-exempt providers receiving CCDF).

Second, we examined additional information for a subset of policy elements to better understand the level of effort states may have needed to implement the policy change. For example, in addition to reporting changes over time in state policies to monitor license-exempt providers, we also summarized data about the number of states that hired additional staff to meet the new requirement.

We also included contextual information to help interpret the findings in various ways. The policy data presented in this paper help us understand when various policies were implemented and, to some extent, how they were implemented (e.g., strategies used by states to support quality improvement for infant and toddler care). Additional contextual information is used to describe the possible impact of reauthorization on providers and children and to develop hypotheses about why some states may have been able to implement policies more quickly than others. (See [Appendix C](#) for more details.)

- To help provide some context for the impact of the CCDF reauthorization on child care providers, the team included in relevant tables the number and percentage of CCDF providers in states that implemented policy changes after reauthorization. This represents the number of *providers* who were potentially impacted by the change (e.g., the number of providers who are newly subject to new training requirements). This information is based on 2014 counts of licensed and unlicensed subsidized providers compiled and provided to the project team by ASPE.
- To help in understanding the impact of the CCDF reauthorization on children, the team included in relevant tables the number and percentage of children receiving child care subsidies during one year in states that implemented policy changes after reauthorization. This represents the number of *children* who potentially benefited from the change (e.g., the number of children who are cared for in child care settings subject to annual licensing inspections). This information is based on counts of the average number of children served with subsidies from ACF-801 data for FY 2016.
- The team reviewed contextual variables to help understand why some states may have been able

4 Although territories also submitted CCDF Plans for 2019-2021, they are not included in the analysis of policy changes due to differences in review timelines.

5 We thank the National Center on Early Childhood Quality Assurance for sharing with the team data from the 2017 Child Care Licensing Study that was unpublished at the time of the analysis. These data are available at <https://www.naralicensing.org/2017-cc-licensing-study>.

to implement certain policies more quickly than other states. For instance, the team hypothesized that additional resources provided by the Early Learning Challenge grant may have helped states implement aspects of reauthorization sooner. ([Appendix C](#) lists the contextual variables analyzed for specific policy data elements and includes data sources.)

It is important to note that the analysis is limited to existing data about state policies, and that there were some inconsistencies in the data across the multiple sources and years. Also, implementation of policies in practice likely varies from state to state and across localities within a state. Additional information is needed to fully understand the extent to which these policies are being implemented consistently and the conditions that serve as barriers or supports in implementation.

Ensuring health and safety

Training

After reauthorization, non-relative providers receiving CCDF were required to complete a pre-service or orientation training (completed within the first three months of hire) as well as ongoing training on 12 topics:

1. infectious disease prevention,
2. sudden infant death syndrome (SIDS) and safe sleep,
3. medication administration,
4. food emergencies and allergic reactions,
5. building and physical premises safety,
6. shaken baby syndrome and abusive head trauma,
7. emergency preparedness,
8. hazardous materials,
9. transporting children,
10. pediatric first aid and CPR,
11. recognition and reporting of child abuse and neglect, and
12. child development.

Optional topics were also included by some states, such as age-appropriate nutrition and feeding, physical activities, and caring for children with special healthcare needs. To understand implementation of these requirements, we reviewed and analyzed information from the CCDF state plans.⁶ Findings include:

- Although most states required some type of pre-service or orientation and ongoing training prior to reauthorization, none required all 12 topics in pre-service or orientation training until after reauthorization. By the submission of the 2019-2021 state plan, about one quarter of states did not cover all specified topics in their required training (Table 1). Based on 2019-2021 state plans, SIDS and safe sleep (36) as well as shaken baby syndrome and abusive head trauma (34) were the topics implemented most frequently in states. On the other hand, fewer states reported implementing training on child development (25) and building and physical premises safety (27).

⁶ Data were based on Section 3.1.3 of the 2014-2015 CCDF plan; Sections 5.1.6 and 6.2.2 from the 2016-2018 CCDF plan; and Sections 5.2.3 and 5.2.4 from the 2019-2021 CCDF plan. The Office of Child Care provided additional information when information from these sections was limited. States were considered to be meeting requirements prior to reauthorization if policies were in place in the 2014-2015 CCDF plan and not yet implemented if not implemented by the 2019-2021 plan.

Of the optional topics, 13 states required training on nutrition and feeding, 8 on physical activities, and 7 on caring for children with special healthcare needs. The new requirement about topics covered means that over 140,000 CCDF providers across the U.S. are now required to receive pre-service training that covers a broad range of topics.

- Reauthorization requires states to set a minimum number of hours for ongoing training (though states determined the minimum hours required). Prior to reauthorization, the majority of states required a minimum number of hours for ongoing training (Table 1). As of September 2018, only five did not.
- Although reauthorization does not require states to set a minimum number of hours for pre-service or ongoing training information, the data are included in Table 1 as additional information about state approaches to training. Prior to reauthorization, about one fifth of states had a minimum number of hours for pre-service or orientation training; after reauthorization, about three quarters of states had a minimum number of hours.

Table 1. Percentage and number of states that reported implementing the required 12 topics and minimum number of hours for pre-service or orientation and ongoing training

	Prior to reauthorization	Implemented after reauthorization	Not implemented as of September 2018	Number and percent of CCDF providers in the U.S. newly affected by policy changes after reauthorization ⁷
Covers 12 required topics in pre-service or orientation training (n=51)	0 states	39 states 76%	12 states 24%	143,992 providers 60%
Covers required topics in ongoing training (n=51)	0 states	36 states 71%	15 states 29%	131,205 providers 55%
Has a required minimum number of hours for ongoing training for centers (n=51)	44 states 86%	2 states 4%	5 states 10%	2,821 providers 1%
Has a required minimum number of hours for ongoing training for FCCs (n=50) ⁸	41 states 82%	4 states 8%	5 states 10%	9,450 providers 4%

⁷ Based on 2014 counts of licensed and unlicensed subsidized providers compiled and provided to the team by the Assistant Secretary of Planning and Evaluation (ASPE).

⁸ One state reported that it does not have subsidized family child care homes.

	Prior to reauthorization	Implemented after reauthorization	Not implemented as of September 2018	Number and percent of CCDF providers in the U.S. newly affected by policy changes after reauthorization
Has a minimum number of hours for pre-service or orientation training for centers (n=51)	10 states 20%	39 states 76%	2 states 4%	212,911 providers 89%
Has a minimum number of hours for pre-service or orientation training for FCCs (n=50) ⁹	11 states 22%	36 states 72%	3 states 6%	189,455 providers 80%

Data source: CCDF Plans from 2014-15, 2016-2018, and 2019-2021.

Inspections

Reauthorization required pre-licensure inspections as well as annual health and safety inspections for all non-relative CCDF providers and broadened the types of providers to be inspected annually to include all CCDF license-exempt providers.

As part of reauthorization, states are required to ensure that all licensed CCDF providers receive at least one annual licensing inspection and are inspected prior to receiving a license to care for children. We analyzed data about inspections for licensed child care programs from the 2014 and 2017 Child Care Licensing Study.¹⁰ Findings include:

- More than three quarters of the states conducted pre-licensure inspections for licensed centers and family child care homes before they were required to do so by federal law, and more than half conducted monitoring visits annually before the 2014 reauthorization (Table 2). However, more states required monitoring of child care centers than family child care homes prior to reauthorization. (Table 2).
- All states were conducting pre-licensure inspections for licensed centers and family child care homes after reauthorization at the time of the 2017 Licensing Study.
- Of the states that did not already have policies to monitor providers annually, nearly all did so after reauthorization (Table 2). This means that an estimated 20,000 CCDF centers, 85,000 CCDF small family child care homes, and 12,000 large family child care homes that had not previously had an annual monitoring visit prior to reauthorization are now required to have someone visit them annually.

⁹ One state reported that it does not have subsidized family child care homes.

¹⁰ Data on licensing inspections were from question 17 and 43 from the 2014 and 2017 study, respectively. Data on the annual monitoring visit were based on questions 19 and 46 from the 2014 and 2017 study, respectively. Data were divided by provider type: centers, small family child care providers (one individual), and large family child care providers (two or more individuals). States were considered to be meeting the policy change prior to reauthorization if they had policies in place by the 2014 study and not yet implemented if not in place by the 2017 study.

Table 2. Percentage of states that reported implementing the monitoring inspections requirements by provider type

	Prior to reauthorization (2014 survey)	Implemented After reauthorization (2017 survey)	Undetermined ¹¹	Number and percent of CCDF providers in the U.S. newly affected by policy changes after reauthorization ¹²
Centers (n=51)				
Inspection prior to licensing	51 states 100%	0 states		0 providers
Annual monitoring visit	44 states 86%	4 states 8%		20,227 providers 8%
Small Family Child Care (n=51)				
Inspection prior to licensing	42 states 82%	2 states 4%	7 states 14%	14,432 providers 6%
Annual monitoring visit	31 states 61%	10 states 20%	7 states 14%	84,660 providers 36%
Large Family Child Care (n=51)				
Inspection prior to licensing	39 states 76%	1 state 2%	11 states 22%	821 providers 0.3%
Annual monitoring visit	34 states 67%	4 states 8%	11 states 22%	12,376 providers 5%

Data source: 2014 and 2017 Child Care Licensing Study.

License-exempt providers

The information above describes changes for licensed providers. Reauthorization also added requirements for license-exempt providers. Thus, we analyzed policy changes related to license-exempt providers because, prior to reauthorization, many states did not have training or inspection requirements for these providers. We examined data from the CCDF Policies Database, the 2017 Child Care Licensing Study, and the 2019-2021 CCDF Plans.¹³ Findings include:

¹¹ The survey included a “not applicable” response option, and a few states selected this. States may have selected this option for various reasons, such as they do not have a certain provider type (e.g., large group homes). We do not have information to help us interpret this response.

¹² Based on 2014 counts of licensed and unlicensed subsidized providers compiled and provided to the team by the Assistant Secretary of Planning and Evaluation (ASPE).

¹³ First, we summarized data from the 2014-2017 CCDF Policies Database about whether unregulated home-based providers were required to meet health and safety standards. Second, we reviewed data from the 2017 Child Care Licensing Study to see if license-exempt providers were required to have an annual monitoring visit. We also examined 2019-2021 CCDF Plans to determine which states noted that they had implemented the requirements as of September 2018 when the plans were submitted.

- Although most states require license-exempt providers to comply with health and safety standards and annual monitoring visits, eight (about 16%) did not require license-exempt providers to comply with standards as of September 2018 (Table 3).¹⁴
- For the states that reported having license-exempt providers, most reported on the 2017 Child Care Licensing Study that they had an annual monitoring visit policy. There are no comparable data about these policies prior to reauthorization, so we do not know the extent to which states were implementing this prior to reauthorization.

Table 3. Percentage and number of states that reported implementing health and safety policies for license-exempt providers

	Prior to reauth.	Implemented after re-authorization	Not implemented as of September 2018	Un-determined	Number and percent of CCDF providers in the U.S. newly affected by policy changes after re-authorization ¹⁵	Number and percent of subsidized children served by license-exempt providers in the U.S. newly affected by policy changes after re-authorization ¹⁶
Home-based providers required to comply with health and safety standards (n=51)	31 states 61%	11 states 22%	8 states 16%	1 state 2%	15,556 providers 7%	35,043 children 21%
Has an annual monitoring visit						
Centers (n=49)	Data unavailable	27 states 55%	3 states 6%	19 states 39%	46,780 providers 20%	145,883 children 87%
Family Child Care (n=50)	Data unavailable	29 states 58%	4 states 8%	17 states 34%	40,230 providers 17%	110,656 children 66%
In-home providers (n=47)	Data unavailable	27 states 57%	4 states 9%	16 states 34%	22,211 providers 9%	62,942 providers 38%

Data source: 2014-2017 CCDF Policies Database, 2017 Child Care Licensing Study, and 2019-2021 CCDF Plans.

¹⁴ Nine states reported “not applicable” across all three care types (with 22 states reporting not applicable for license-exempt centers, 20 states for family child care homes, and 18 states for in-home providers).

¹⁵ Based on 2014 counts of licensed and unlicensed subsidized providers compiled and provided to the team by the Assistant Secretary of Planning and Evaluation (ASPE). When data are unavailable prior to reauthorization, the number and percent of providers are the providers that were affected by policy changes by the submission of the 2019-2021 CCDF plan.

¹⁶ Based on counts of children served by license-exempt providers from ACF-801 data for FY2016.

We examined additional information from the 2017 Child Care Licensing Study to better understand the level of effort that might be needed to meet the reauthorization requirements for inspecting license-exempt providers receiving CCDF.¹⁷ Findings include:

- Twenty-five states reported that the licensing agency (rather than some other agency) inspects license-exempt providers receiving CCDF. Of those, 18 reported that existing staff were assigned to inspect both licensed and license-exempt providers. Fourteen states reported that caseloads have increased because of the requirement to monitor license-exempt providers.
- Twelve of the 25 states reported hiring new staff to conduct inspections of license-exempt providers, with a range of hiring 1 to 19 additional staff.

Fourteen states responded to an open-ended question about the impact or changes made to inspect license-exempt facilities.¹⁸ Findings include:

- Three states indicated that the policy change had little or no impact on their agency's functioning.
- Six states reported that they made changes, but they did not indicate that the impact was significant. These states described activities like adding a data element to their data system or updating policies and procedures to support these additional inspections.
- Five states reported that license-exempt inspections required significant changes. For instance, one reported, "The onset of inspections of license exempt has impacted every system and unit." Changes in these states included overhauling the monitoring system; increasing burden on agency staff; and developing new policies, procedures, and materials to meet the requirement.

Additional information is needed to better understand how states are deploying staff to conduct the monitoring visits and to learn which approaches to monitoring are more effective for license-exempt providers.

Consumer information

The Final Rule required states to make provider-specific information electronically available and easily accessible. The information should include results of monitoring and inspection reports as well as the aggregate number of deaths, serious injuries, and instances of substantiated child abuse that occur in child care settings each year. In addition, states were to provide information about child development best practices (including social and emotional development); information about other financial benefits, programs and services for which families receiving CCDF may be eligible (e.g., TANF, SNAP); and how to access developmental screenings and referrals for services. We analyzed information from CCDF plans about consumer education websites.¹⁹ Findings include:

- Prior to reauthorization, almost half of states reported having provider-specific quality information available online, and almost all states reported implementing this after reauthorization (Table 4).
- After reauthorization, many states reported that they provide monitoring and inspection reports or aggregate data on serious injuries, death, and abuse for providers (Table 4). This means, for example, that families have access to monitoring and inspection reports from an estimated

¹⁷ Data were based on questions 30 and 31 about which staff were conducting inspections on license-exempt centers and whether and how many new staff were hired to conduct these inspections. States were given the option to select one or more inspection options: existing staff inspected both licensed and license-exempt; existing staff inspected only license-exempt; new staff were hired to inspect both licensed and license-exempt; or new staff were hired to inspect only license-exempt providers.

¹⁸ Data were based on question 35 about the impact or changes made at the licensing agency to administer inspections of license-exempt centers and homes receiving payment from CCDF.

¹⁹ Data were based on Section 2.2.3 from the 2014-2015 CCDF plan; Section 2.3.1 from the 2016-2018 CCDF plan; and 2.3.6, 2.3.7, 2.4.3, 2.4.4, and 2.5.1 of the 2019-2021 CCDF plan. The Office of Child Care provided additional information to supplement these data, as needed. States were considered to be meeting requirements prior to reauthorization if policies were in place in the 2014-2015 state plan and considered not yet implemented if not implemented by the 2019-2021 plan.

98,000 CCDF providers that they did not have access to prior to reauthorization. Almost one third of states, though, were working to implement these requirements as of September 2018.

- About three quarters of states reported having information about benefit programs, child development, and developmental screenings and referrals in place after reauthorization, but some reported not implementing this as of September 2018 (Table 4). By the submission of the 2019-2021 plan, almost all states have information about benefit programs, with all states having information on Temporary Assistance for Needy Families (TANF) and Head Start or Early Head Start. The 12 states that were not meeting this requirement at that time were not meeting the requirement because they did not have either information on child development (4 states did not have this on their website) or information about how families can access developmental screenings (10 states did not have this on their website). Two reported that they did not have either of these two components on their website.

Table 4. Percentage and number of states that meet consumer information requirements to provide information on a user-friendly website

	Prior to reauthorization	Implemented after reauthorization	Not implemented as of September 2018	Number and percent of licensed CCDF providers in the U.S. newly affected by policy changes after reauthorization ²⁰
Provider-specific quality information (n=51)	25 states 49%	20 states 39%	6 states 12%	54,216 providers 30%
Provider-specific monitoring and inspection reports (n=51)	1 state 2%	30 states 59%	20 states 39%	97,953 providers 54%
Aggregate data on serious injuries, death, and abuse for all eligible CCDF providers (n=51)	0 states	34 states 67%	17 states 33%	90,338 providers 49%
Information about benefit programs; child development; developmental screenings and providing referrals (n=51)	0 states	39 states 76%	12 states 24%	141,856 providers 78%

Data source: CCDF Plans from 2014-15, 2016-2018, and 2019-2021.

²⁰ Based on 2014 counts of licensed and unlicensed subsidized providers provided by the Assistant Secretary of Planning and Evaluation (ASPE).

To understand more about the possible effort needed to meet the requirements, we summarized information about state consumer education efforts described in the 2014-2015 plans.²¹ Of the 51 states that described their consumer education efforts, 37 mentioned having some web-based site or application that parents could use to search for providers. However, states either did not include or did not mention in their plans how they displayed quality or inspection information for each of these providers.

Having a quality rating and improvement system (QRIS)—and having a greater percentage of providers participating in a QRIS—may make it easier to share provider-specific quality information with families. Four of the six states that had not included provider-specific quality information on a consumer education website did not have a QRIS at the time.^{x1}

Family-friendly subsidy administration

The Final Rule required states to put in place subsidy policies that support families to continue to receive subsidies. These include, among others, not unduly disrupting families' employment in order to apply for subsidies; establishing a redetermination period of at least 12 months; and gradually phasing-out subsidy assistance when family income has increased at the time of redetermination and the state threshold for SMI is below 85%.²² We analyzed information related to these provisions from the CCDF Policies Database and CCDF plans.²³ Findings include:

- Prior to reauthorization, almost all states provided families alternative ways to submit an application other than in person (47 states; Table 5).
- Prior to reauthorization, almost half of states implemented at least a 12-month redetermination period (22 states). Some additional states were able to implement this requirement after reauthorization (18), but some were not meeting this requirement as of September 2018 (11; Table 5). As noted in the last column of the table, the families of nearly 500,000 children receiving subsidies benefited from a longer redetermination period because of reauthorization.
- About two thirds of states required to implement graduated phase-out conditions did so after reauthorization (34), but some were working on implementing this requirement as of September 2018 (8; Table 5).

21 Because the 2014-2015 plans did not require states to respond to each of the components required by reauthorization for consumer education, for our analysis, states must have explicitly indicated that they had a consumer education website with each required component in order to be counted as meeting the requirement prior to reauthorization.

22 We do not have information prior to reauthorization because states were not asked to report about graduated phase-out conditions. For 2016-2018 and 2019-2021 plans, states with initial eligibility thresholds that were 85% state median income were exempt from this requirement.

23 Data to minimizing disruptions to families' employment were based on application and wait list procedures from the 2015-2017 CCDF Policies Database and methods for submitting subsidy applications from Section 2.1.2 of the 2016-2018 CCDF plan and Section 3.3.4 of the 2019-2021 CCDF plan. When states allowed strategies other than in-person applications (e.g., phone, email, fax), they were considered to be implementing the policy change. Data on redetermination lengths were based on 2015-2017 CCDF Policies Database and Section 3.3.1 from the 2016-2018 CCDF plan and Section 3.3.1 from the 2019-2021 CCDF plan. Data for graduated phase-out policies came from the Section 3.1.5 of the 2016-2018 CCDF plan and Section 3.1.7 of the 2019-2021 CCDF plan.

Table 5. Percentage and number of states that implemented family-friendly subsidy policies

	Prior to reauthorization	Implemented after reauthorization	Not implemented as of September 2018	Number and percent of subsidized children in the U.S. newly benefiting from these subsidy policies after reauthorization ²⁴
Implemented alternative options for submitting applications (n=51)	47 states 92%	3 states 6%	1 state 2%	138,300 children 10%
Implemented at least 12-month redetermination period (n=51)	22 states 43%	18 states 35%	11 states 22%	492,900 children 36%
Implemented graduated phase-out conditions (n=41) ²⁵	Data unavailable	34 states 67%	8 states 15%	954,000 children 70%

Data source: 2015-2017 CCDF Policies Database and CCDF Plans from 2016-2018 and 2019-2021.

Support for providers

Reauthorization also focused on provider-friendly policies including supporting providers through professional development and training; improving payment methods and payments for providers; and building the supply of high-quality early care and education for particular subgroups of children and families. This analysis assessed a few of these policy changes including:

- Implementing policies that support ongoing professional development training for providers,
- Implementing payment practices for subsidy-receiving providers that are comparable to other providers, and
- Strategies to increase the supply and improve the quality of care for target populations (i.e., children in families experiencing homelessness, infants and toddlers, children with disabilities, and children in non-traditional-hour care).

Professional development and training

Reauthorization encouraged states to support ongoing professional development and training for providers. We analyzed CCDF state plans to understand the types of strategies states utilized to support ongoing training and professional development for providers.²⁶ Findings include:

- Prior to reauthorization, states mainly supported ongoing professional development via scholarships (50) or free training and education (46). Two used provider substitute pools, one used loans, and none reported using loan forgiveness.
- After reauthorization, states mainly supported ongoing professional development via financial assistance to attain credentials and post-secondary degrees (45) and financial incentives linked to

²⁴ Based on counts of the average number of children served with subsidies from ACF-801 data for FY 2016.

²⁵ Ten states had initial eligibility threshold set at 85% of state median income (SMI), so they were exempt from this requirement.

²⁶ Data were based on Section 3.4.4.c from the 2014-2015 CCDF plan; Section 6.1.7 from the 2016-2018 CCDF plan; and Section 6.1.3 from the 2019-2021 CCDF plan.

educational attainment and retention (29).

- To recruit individuals into the ECE workforce, states utilized outreach to high school or career and technical students more over time (8 in 2016-2018; 17 in 2019-2021). It may be useful to explore the various ways states are providing outreach.

To understand more about the changes implemented across states, we also examined changes in the number of professional development strategies used (e.g., financial assistance for continuing education, free training) between 2016-2018 and 2019-2021 plans. Findings include:

- Fourteen states increased the number of strategies used from 2016-2018 to 2019-2021, with a range of adding 1-5 additional strategies.
- Fourteen states did not change the number of strategies used from 2016-2018 to 2019-2021.
- Twenty-three states reduced the number of strategies from 2016-2018 to 2019-2021.

Future research is needed to understand changes in the number and types of strategies used by states across these years. Although a significant number of states increased or maintained the number of strategies used across this time period, more states reduced the number of strategies they used. It could be that they decided to focus more resources on a smaller number of strategies that they identified as most effective in supporting the professional development of the workforce, or it could be that resource constraints or demands in other areas required that they reduced their investment in some of these strategies. It is also possible that responses varied over time because of differences in interpretation of questions on the CCDF plans. Additional research is also needed to understand in more detail the types of strategies states use and how they adjust those strategies over time.

We examined state contextual information to help understand why some states may have been able to implement several of the strategies to support ongoing professional development and training compared to those that were not. (See [Appendix C](#) for data sources.) Of the top 10 states that reported implementing the greatest number of support strategies in FY 2016 and FY 2019, all had received the federal Early Learning Challenge (ELC) grant.^{xiii} The additional resources provided through the grant may have enabled states to develop professional development supports for providers. These states also tended to have more providers receiving CCDF. For example, 8 of the 10 states had more than 1,000 CCDF centers in FY 2014 and 6 had more than 1,000 CCDF family child care providers (FCCs) in FY14. Of the 12 states that implemented the fewest number of support strategies, only 1 was an ELC state, and they tended to have lower numbers of CCDF providers (i.e., 7 had fewer than 1,000 CCDF centers and another 7 had fewer than 1,000 FCCs). This suggests that the ELC grant may have helped states implement strategies to support providers and that states that have more CCDF providers may focus more or invest more in support strategies.

Provider payments

CCDBG reauthorization required states and territories to change provider subsidy payment policies to be more consistent with those in the private sector. We examined two aspects of these provider-friendly payment changes. We examined whether states changed how they paid CCDF providers across a variety of recommended payment strategies to match the private market.

Changes to provider payments outlined in reauthorization were meant to align payment practices for subsidy-receiving providers to practices commonly used in the private market to address any existing disincentives for providers to care for children receiving subsidies and help support the fixed costs of providing care. States were asked to ensure timeliness of payments to providers; delink payments from a child's occasional absence; pay for either part-time or full-time care, rather than smaller increments; provide notice to providers about any changes in payments; establish written agreements with providers and a timely appeals process for payment inaccuracies; and pay for reasonable registration fees.

We analyzed data from CCDF Plans to learn more about the types of payment practices states implemented.²⁷ Findings include:

- By the submission of the 2016-2018 state plan, almost all states (50) had policies in place to ensure the timeliness of subsidy payments to providers within 21 days of billing (Table 6).
- Prior to reauthorization, 18 states already paid providers for part-time or full-time care, rather than in smaller increments (Table 6).
- Prior to reauthorization, 10 states delinked provider payments from a child’s occasional absence. Following reauthorization, 23 additional states have implemented these policies, and 18 were working on this as of September 2018. Following reauthorization, over 88,000 additional providers may benefit from these policies (Table 6).

Table 6. Percentage and number of states that reported using various strategies for supporting provider payments

	Prior to reauthorization	Implemented after reauthorization	Not implemented as of September 2018	Number and percent of CCDF providers in the U.S. affected by policy changes after reauthorization ²⁸
Ensure timeliness of payments (met if at least one of the following options is used)	Data unavailable	50 states 98%	1 state 2%	236,936 providers 99%
1. Pays prospectively (n=51)	Data unavailable	6 states 12%		42,216 providers 18%
2. Pays within 21 days of billing (n=51)	Data unavailable	46 states 90%		227,237 providers 95%
Delinks provider payments from a child’s occasional absences (met if at least one of the following options is used)	10 states 20%	23 states 45%	18 states 35%	88,773 providers 37%
1. Pay based on enrollment not attendance (n=51)	3 states 6%	13 states 25%		69,897 providers 29%

27 Data were based on Section 2.7.8 from the 2014-2015 CCDF plan; Section 4.5.2 of the 2016-2018 CCDF plan, and Section 4.5.1 from the 2019-2021 CCDF plan. Data from the 2014-2015 CCDF plan were limited and only three elements aligned with information from subsequent plans: Paying based on a child’s enrollment rather than on attendance; providing full payment if a child is absent for five or fewer days in a month; and paying on a part-time or full-time basis rather than for hours of services or smaller increments.

28 Based on 2014 counts of licensed and unlicensed subsidized providers provided by the Assistant Secretary of Planning and Evaluation (ASPE). When data are unavailable prior to reauthorization, the number and percent of providers are the providers that were affected by policy changes by the submission of the 2019-2021 CCDF plan.

	Prior to reauthorization	Implemented after reauthorization	Not implemented as of September 2018	Number and percent of CCDF providers in the U.S. affected by policy changes after reauthorization ²⁹
2. Full payment if child attends 85% of time (n=51)	Data unavailable	11 states 22%		35,060 providers 15%
3. Full payment if child absent for less than 5 days a month (n=51)	7 states 14%	14 states 27%		31,158 providers 13%
Pays part-time or full-time, not smaller increments (n=51)	18 states 35%	28 states 55%	5 states 10%	140,955 providers 59%
Pays for reasonable mandatory registration fees that the provider charges to private-paying parents (n=51)	Data unavailable	31 states 61%	20 states 39%	160,215 providers 67%
Has a written agreement with providers (n=50) ³⁰	Data unavailable	22 states 43%	28 states 55%	78,353 providers 33%
Prompt notice to providers about changes that affect payments (n=50) ³¹	Data unavailable	42 states 82%	8 states 16%	197,867 providers 83%
Timely appeal process (n=51)	Data unavailable	48 states 94%	3 states 6%	200,030 providers 84%

Data source: CCDF Plans from 2014-15, 2016-2018, and 2019-2021.

We examined state contextual information to help understand why some states might have been more likely to delink payments from a child’s occasional absence right away, compared to states that had not implemented any of the strategies identified in the Final Rule to pay for a reasonable number of absent days by 2019. (See [Appendix C](#) for data sources.) Among the 18 states that were not yet delinking payments from a child’s occasional absence in 2019, we found that 10 (56%) served a greater

²⁹ Based on 2014 counts of licensed and unlicensed subsidized providers provided by the Assistant Secretary of Planning and Evaluation (ASPE). When data are unavailable prior to reauthorization, the number and percent of providers are the providers that were affected by policy changes by the submission of the 2019-2021 CCDF plan.

³⁰ One state reported sending subsidies to families, not providers.

³¹ One state reported sending subsidies to families, not providers.

suggest that implementing flexible payment practices is more challenging when there are greater numbers of children served.

Increasing supply and improving quality for sub-populations of children

Reauthorization required states to employ strategies to increase the supply and improve the quality of care for particular subgroups of children. This section of the report highlights strategies used for four subgroups: children from families experiencing homelessness, infants and toddlers, children with disabilities, and children who need care during nontraditional hours.

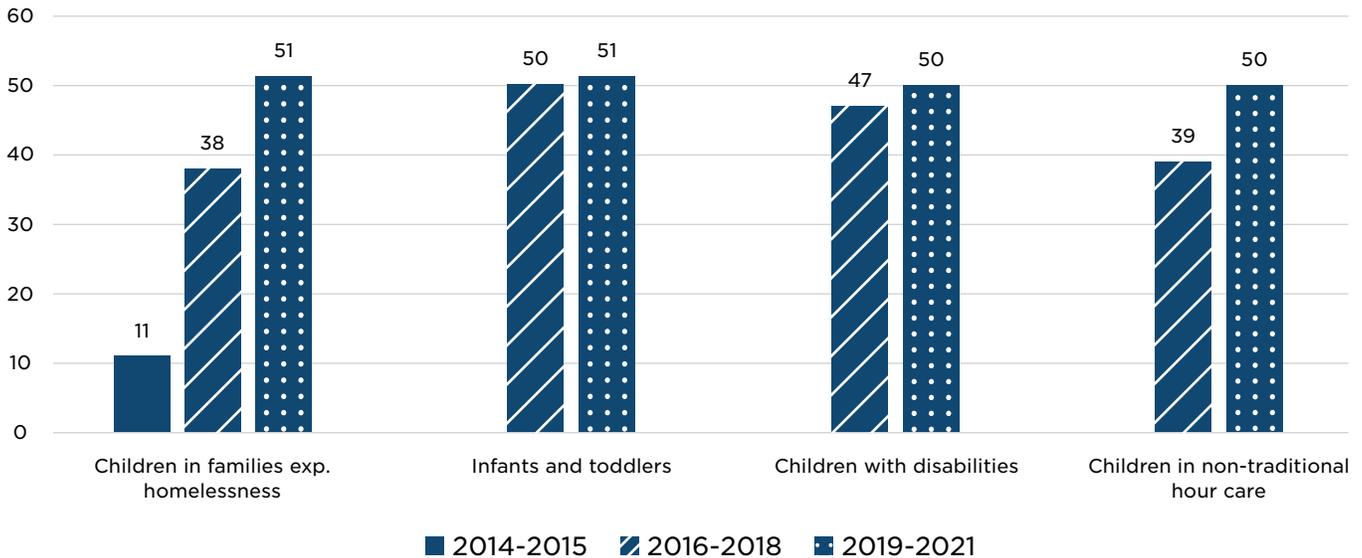
As part of the CCDF plans, states were asked to identify the strategies they were using to increase supply and improve quality for each subgroup of children. We documented the number of states that reported implementing at least one strategy in their CCDF plans.³³ Findings include:

- After reauthorization as reported in the 2016-2018 state plan, almost all states were able to identify at least one strategy for supporting infants and toddlers (50) or children with disabilities (47). While about one quarter of states did not have a strategy focused on supporting children in families experiencing homelessness (13) or children in non-traditional-hour care (12) in the 2016-2018 CCDF plans, this showed marked improvement by submission of the 2019-2021 plans (Figure 1).
- As reported in the 2019-2021 plans, almost all states were using at least one strategy to increase supply and improve quality of care across each of the four subgroups.
- We also examined the frequency of supply-building and quality improvement strategies reported by states. Technical assistance was the most popular method for increasing supply and improving quality across target populations, with all states having technical assistance for infants and toddlers by the 2019-2021 CCDF plan submission. Other popular strategies included tiered payment rates and recruitment of providers.

It may be important to understand more about why strategies to support infants and toddlers and children with disabilities were more readily implemented than those for children in families experiencing homelessness and children needing care during non-traditional hours. Support strategies for infants and toddlers may have been more common because of the infant-toddler set aside that enables states to target funds specifically to improving services for that subgroup of children. Further research is needed to understand which strategies and what type of support would be most meaningful for providers, particularly for those providers serving children experiencing homelessness or children who need care during non-traditional hours, where strategies have only more recently been incorporated into many state CCDF plans.

³³ For children in families experiencing homelessness, data were based on Section 2.5.1 from the 2014-2015 CCDF plan; Section 3.2.2 of the 2016-2018 CCDF plan; and Section 3.2.1.c from the 2019-2021 CCDF plan. Data for infants and toddlers; children with disabilities, and children served in non-traditional hour care were based on Section 4.6.2 of the 2016-2018 plan and Section 4.6.2 of the 2019-2021 CCDF plan. Data for these subgroups were not available in the 2014-2015 CCDF plan.

Figure 1. Number of states with at least one proposed strategy to increase supply and improve quality for target populations over time



Data source: CCDF Plans from 2014-15, 2016-2018, and 2019-2021.

States described their activities across these supply-building and quality-improving strategies in CCDF plans.³⁴ Examples of strategies used for each subgroup are provided below.

Children in families experiencing homelessness

Examples of strategies reported by states for increasing supply and improving the quality of care for children in families experiencing homelessness:

- giving children and families experiencing homelessness priority for subsidies without putting them on a wait list;
- immediately placing and funding care even if family is later ineligible;
- waiving copayments;
- adjusting eligibility expectations (e.g., waiving the need for work or education for a period of time);
- allowing additional time for families to provide verification documents (e.g., up to 90 days);
- offering specific training to head of households that experience homelessness, including how to apply for subsidies;
- paying higher rates to providers who care for these children;
- providing training or technical assistance about serving children in families experiencing homelessness;
- hiring specialists or coordinators who focus specifically on homeless populations; and
- partnering with homeless shelters or agencies to support families experiencing homelessness.

³⁴ Data were based on information from 2016-2018 and 2019-2021 CCDF plans.

Infants and toddlers

Examples of strategies reported by states for increasing supply and improving the quality of care for infants and toddlers:

- having designated slots for infants and toddlers;
- utilizing child care resource and referral agencies to recruit infant-toddler providers;
- offering additional financial incentives, grants, or increased rates to incentivize providers to serve infants and toddlers;
- offering start-up funds for new providers serving infants and toddlers;
- implementing home visiting programs in family child care homes serving infants and toddlers;
- partnering with medical staff to provide physical and mental health supports to providers serving infants and toddlers;
- offering professional development opportunities for infant and toddler providers within the current professional development network;
- establishing a statewide train-the-trainer course (48 hours) to build capacity for providing technical assistance more locally;
- expanding Early Head Start-Child Care Partnerships; and
- offering enhanced or targeted referrals for families looking for infant-toddler care.

Children with disabilities

Examples of strategies reported by states for increasing supply and improving the quality of care for children with disabilities:

- increasing or designating subsidy slots for children with disabilities;
- targeting referrals for families who need this care;
- including families who have children with disabilities on priority lists or ensuring they are not on a wait list for subsidies;
- offering additional payments, higher rates, grants, or start-up costs for providers serving these children;
- encouraging providers to enroll children regardless of ability;
- offering providers guidance and hosting trainings specifically focused on how to support children with disabilities;
- training through child care resource and referral agencies;
- having dedicated specialists or technical assistance providers to support the care of children with disabilities;
- partnering with an organization to offer grants for equipment or renovations for providers serving children with disabilities;
- supporting training of community-based health care providers to serve children in ECE settings;
- partnering with an organization to provide coaching on inclusion practices;

- supporting networks of behavior consultants or providing mental health services; and
- partnering with a university to offer developmental screenings and training.

Children in non-traditional hour care

Examples of strategies reported by states for increasing supply and improving the quality of care for children who need care during non-traditional hours:

- reserving subsidy slots for children who need this care;
- recruiting and providing technical assistance to providers who were already providing this type of care;
- offering start-up funding to providers through quality initiatives;
- providing additional payments specifically to providers who offer this type of care;
- conducting outreach to recruit providers to serve children who need care during non-traditional hours;
- partnering with an organization to offer grants to providers interested in providing care during non-traditional hours;
- using existing structures to support providers offering non-traditional hour care, such as existing family child care networks; state and regional technical assistance providers; child care resource and referral agencies for recruitment; and tiered payment rates when these providers increase their quality;
- providing training specifically around business practices, accreditation, or child behavior for these providers; and
- piloting a home visiting program for family child care providers serving children during non-traditional hours.

Considerations and Themes Discussed at July 2019 Roundtable

On July 29, 2019, the Child Care Reauthorization Roundtable brought together 13 state child care policy administrators with child care practitioners, researchers, and federal staff to discuss the effects of the CCDF reauthorization on the experiences of states, providers and families. The purpose of this convening was to build understanding of state implementation of the CCDBG Act of 2014, including both the successes and challenges states faced as well as the experiences of providers and families. The research summary and analysis of state policy adoption included in this paper were provided in a framing paper to all attendees in advance of the convening to allow for in-depth discussion of topics included as well as other policy changes addressed in the reauthorization more broadly. Participants were asked to identify successful or promising strategies for implementing new policies to improve the experiences of families and providers, as well as new barriers or remaining challenges in the CCDF program and in child care markets.

This section offers considerations for research and policy as well as key themes discussed at the Roundtable. These considerations and themes are based on the information in this report as well as the knowledge and experiences of stakeholders who participated in the roundtable meeting. They are intended to offer preliminary ideas to inform future research on implementation of CCDBG reauthorization.

- **States are making rapid progress in implementing the reauthorization's policies**, although the data suggest states were able to implement some reauthorization policies sooner than others. While there is widespread variation in how states are approaching implementation, all have made substantial advancements. For example, most states were already conducting inspections of licensed facilities prior to reauthorization, although they may not have conducted inspections annually. As of September 2018, nearly all states conduct these inspections annually. Almost half of states reported having 12-month subsidy eligibility periods before reauthorization, significant progress has been made in 18 states, although 11 were not meeting 12-month eligibility requirements as of September 2018. Implementation of some of the provider-friendly subsidy policies seems to continue to be challenging. For example, multiple states have not implemented subsidy provider payments that are delinked from a child's occasional absences. Each state represented at the Roundtable had innovative strategies to share in one or more policy areas. For instance, one shared that they recently increased subsidy reimbursement rates in areas deemed child care deserts and offer increased rates to providers offering non-traditional hour care. Another shared a promising consumer education strategy; developed a new outreach partnership with community health providers (e.g., OBGYNs) to reach families who may not know how to enter the subsidy system.
- **Additionally, no states were fully implementing all changes in CCDF policies** as of September 2018. (Though state-by-state information was not presented in this paper, the team reviewed state-level data for each policy in preparing it.) For example, a state may have fully implemented the family-friendly policy changes required in reauthorization but may be working to meet all health and safety requirements.
- **State agencies and child care providers face workforce challenges.** To implement expanded licensing and monitoring requirements, states may have had to hire additional staff or increase the caseloads of existing staff. Some have developed innovative strategies to address these new staffing needs. Meanwhile, for providers, changes in reimbursement rates, training, and health and safety requirements may have affected their ability to employ and compensate an adequate supply of qualified teachers.
- **Reimbursement rates have multiple effects**, including providers' decisions to enter or exit the subsidy market, the enrollment capacity of centers, and market rates that affect families and providers outside of the subsidy system. Several states are using strategies to fine-tune rates to

maximize supply and quality, including tiered reimbursement tied to QRIS ratings, areas within the state with supply gaps, or care for special populations.

- **Policies to increase families' consistent access to care seem to be having positive effects.** Participants reported that the reauthorization's family-friendly policies, including 12-month redetermination periods and graduated phase-outs, are helping families use subsidies for longer periods of time with greater continuity of care and financial stability.
- **There may be discrepancies between policy and on-the-ground practice.** Even as states roll out new policies aligned with the reauthorization, it takes time and training for CCDF staff (e.g., subsidy eligibility specialists) and providers to incorporate the changes into their practice. For example, one participant shared that although 12-month eligibility redetermination had been in place for some time, case workers who were directly interacting with families and enrolling children in the program were not consistently applying this policy across the state.
- **The success of reauthorization hinges on transparency and open communication among state staff, parents, and providers.** Clear communication may help minimize the discrepancies between policy and on-the-ground practice. Some Roundtable attendees also expressed concern that states and providers were not effectively communicating the importance of quality early care and education to parents or publicizing the new supports and resources made available to them as a result of reauthorization. Strengthening communication channels among state staff, parents, and providers will support the implementation of reauthorization policies that aim to improve experiences of providers and families in the subsidy system.
- **Reauthorization may not affect all families or providers equally.** Additional support — beyond what is currently mandated through the reauthorization — may be needed to serve families with special needs, those choosing care options that are not center-based, and those with school-age children. Some Roundtable participants expressed concern that new requirements might decrease participation of family child care providers in the subsidy system.
- **Examining data over time is needed to understand implementation and its effects.** More research is needed to understand how the array of CCDF policies influence state decisions and ability to implement policy changes, families' use of subsidies and changes in their experiences in the child care market, provider participation in the subsidy system and their overall experiences in the market following reauthorization, and how access to care for subgroups of children changes over time.

This analysis focuses on the first available data about initial implementation. Examining trends over a longer period of time will provide more information about implementation issues and the effects on the supply of child care options for families. It would be beneficial to identify a few key outcomes to track over time. For instance, if leaders are concerned that the increased training, background check and monitoring requirements for license-exempt providers receiving CCDF will be a greater burden to them, which may reduce the supply of license-exempt providers in the subsidy system, then it would be important to continue to track subsidy participation by provider type over time. If leaders want the policy changes to increase the percentage of children from special populations served (e.g., those in families experiencing homelessness, those who need nontraditional care), then it would be important to continue to track participation overall and for subgroups. The perceptions of key stakeholders—providers, families, CCDF administrators, subsidy staff—are also important sources of data that, in combination with administrative data, could bolster our collective understanding of the intended and unintended benefits and consequences of policy changes.

Appendix A: Key Topics and Initial List of Search Terms for Research Summary

Topics	Search Terms
Health and safety requirements	ratios; group sizes; qualifications for CCDF providers; health and safety standards for CCDF providers; licensing inspections for CCDF providers*
Consumer and provider education	child care education websites; child care consumer information
Family-friendly subsidy policies	access for vulnerable families; protections for working families; eligibility determination policies; reporting changes in eligibility; child care recertification, challenges with subsidy receipt, subsidy wait times
Improving child care quality	use of quality funds; training and professional development of the child care workforce; Quality Rating and Improvement System (QRIS); infant and toddler child care quality; child care resource and referral; effectiveness of child care programs and services; early learning guidelines; quality improvement
Improving equal access and building the supply of care	market rates; use of grants and contracts for child care subsidy; child care costs; payment rates; timeliness of payments; child care supply for underserved populations

**Note we did not review literature on background check*

Appendix B. Policy Elements for Analysis of Policy Changes

Policy Element	Policy Change
Ensuring Health and Safety	
State support for ongoing training	CCDBG reauthorization recommended that states establish a progression to improve the knowledge and skills of CCDF providers, so we analyzed data from CCDF plans about the supports states provided for ongoing training. States were asked to identify the types of strategies they used to support ongoing training across suggested strategies and were able to describe other strategies not listed.
Ongoing training topics and hours	States were required to provide ongoing training (occurring with some stated regularity) that must cover 12 required topics—and could cover 3 optional topics—for all directors, teachers, and family child care providers. States also were required to set a minimum number of hours for ongoing training for providers; reauthorization did not specify the minimum number of hours required.
Pre-service training topics and hours	States were required to establish pre-service or orientation training (occurs within the first 3 months) that must cover 12 required topics—and could cover 3 optional topics—for all directors, teachers, and family child care providers. Although not required as part of reauthorization, we also analyzed data from the CCDF plans to determine whether states set a minimum number of hours for pre-service or orientation training.
Annual monitoring visits for all non-relative CCDF providers	States were required to conduct a pre-licensure and annual unannounced inspection for licensed CCDF providers. We analyzed data from the Child Care Licensing Studies on whether licensed child care programs were assessed prior to issuing a license and whether they were or were not announced. We also analyzed data about the frequency of inspections for licensed centers and family child care homes to see if providers were inspected at least once a year.
License-exempt health and safety requirements, including monitoring visits	States were required to have annual inspections of license-exempt CCDF providers and to establish health and safety requirements. To understand how states have met these policy changes, we examined data across a variety of sources: <ol style="list-style-type: none"> 1. We analyzed data from the CCDF Policies Database about whether unlicensed home-based providers were required to comply with a list of health and safety standards as a way to understand what may have been in place prior to reauthorization. 2. We analyzed data from the Child Care Licensing Study in 2017 to understand whether the state performs an annual monitoring visit of each license-exempt CCDF provider. We also analyzed questions about which staff conducted inspections for license-exempt providers, the number of staff hired to conduct inspections, and descriptions for the impact or changes made at the licensing agency to administer the inspections of license-exempt CCDF centers and family child care homes to understand state efforts to meet this policy change.

Policy Element	Policy Change
Consumer information	
Types of provider-specific information on consumer education websites	States were required to make provider-specific information about monitoring, quality, and numbers of deaths, serious injuries, and instances of substantiated child abuse easily available through electronic means. We analyzed data from CCDF plans about the type of provider-specific information that was available on a consumer education website. We examined what states had in place as consumer education supports prior to reauthorization to understand the changes that states needed to make to meet this requirement.
Information about benefit programs, child development, and developmental screenings on consumer website	States were required to make it easy for consumers to find information about benefit programs, child development, and accessing developmental screenings or referrals by electronic means. We analyzed data from CCDF plans about whether this information was available on a consumer education website.
Family-Friendly Subsidy Administration	
Graduated phase-out conditions	States who set income thresholds below the federal threshold of 85% of the state median income were required to provide a strategy for gradually phasing out assistance for families whose incomes had increased at the time of redetermination but were below the federal threshold of 85% of the state median income. We analyzed data from the CCDF plans about states' plans for graduated phase-out of assistance.
Application methods to not unduly disrupt parental employment or education	States were required to ensure that eligibility redetermination would not require parents to unduly disrupt their employment. Some families found that submitting applications in-person limited their ability to apply for subsidies, so we analyzed data from the CCDF Policies Database and CCDF plans to understand states' policies for allowing the submission of applications through means other than in-person submission (e.g. mail, fax, phone, email, or online).
Twelve-month redetermination period	States were required to establish at least a 12-month eligibility redetermination period for CCDF families regardless of changes in income (as long as families were below the federal threshold of 85% of the state median income) or temporary changes to work or education activities. We analyzed data from the CCDF Policies Database and the CCDF plans to understand when states established at least a 12-month redetermination period.

Policy Element	Policy Change
Support for Providers and Supply-Building	
Payment practices comparable to other child care providers	States were required to establish payment practices that were comparable to practices for other child care providers in the state to encourage more child care providers to serve children receiving subsidies by ensuring the stability of funding. We analyzed data from the CCDF plans to see if states were meeting certain provider payment practices, such as ensuring the timeliness of payments (2 options to meet this); delinking provider payments from a child's occasional absence (3 options to meet this); paying for care in part-time or full-time increments (not by hourly rates); having a written agreement with providers about these terms; offering prompt notice to providers about changes that would affect payments; offering a timely appeal process for payments; and paying for mandatory registration fees that the provider charges to private-paying parents (if this is also covered for other providers in the state).
Strategies to increase supply and improve quality for children in homeless families, infants and toddlers, children with disabilities, and children served in non-traditional hours	States were required to promote access to services for homeless families and develop strategies for increasing supply and quality for children in other underserved areas, such as infants and toddlers; children with disabilities; and children in non-traditional hour care. We analyzed data from the CCDF plans to understand the number and provide examples of strategies states were utilizing.

Appendix C: Contextual Variables Included in the Analysis of Policy Changes

To help provide some context for the impact of the CCDBG reauthorization on providers, the team included information on the number and percentage of CCDF providers in states that implemented policy changes after reauthorization. This represents the number of *more providers* who were impacted by the change (e.g., new training requirement). Provider information is included in the following tables:

- **Table 1.** Hours and topics for pre-service or orientation training and ongoing training
- **Table 2.** Inspections prior to licensing and annual monitoring visits
- **Table 3.** Health and safety practices for license-exempt providers
- **Table 4.** Consumer information requirements

To help provide some context for the impact of the CCDBG reauthorization on children, the team included information on the number and percentage of children receiving subsidies in states that implemented policy changes after reauthorization. This represents the number of *more children* who benefited from the change. The following tables include this contextual data about children:

- **Table 3.** Health and safety practices for license-exempt providers
- **Table 5.** Family-friendly subsidy policies
- **Table 6.** Provider payment practices

Finally, the team reviewed a range of contextual variables for some of the policy elements to help understand why some states may have been able to implement changes more quickly. The table below lists the contextual variables reviewed for the selected policy data elements.

Policy Data Element	Contextual Variables Analyzed
Support of ongoing training through incentives	<ul style="list-style-type: none"> • Early Learning Challenge grant recipient • Number of CCDF centers (FY14) • Number of CCDF family child care providers (FY14)
Provider-specific information on licensing and inspection reports	<ul style="list-style-type: none"> • Early Learning Challenge grant recipient • Presence of a Quality Rating and Improvement System (2017)
Provider payment practices (de-linking provider payments to child absences)	<ul style="list-style-type: none"> • Average subsidized children served (FY16) • Early Learning Challenge grant recipient • Number of CCDF centers (FY14) • Number of CCDF family child care providers (FY14) • State- or county-administered CCDF
Increasing supply/quality for infants and toddlers	<ul style="list-style-type: none"> • Early Learning Challenge grant recipient • Number of CCDF centers (FY14) • Number of CCDF family child care providers (FY14) • Percent of children 0-12 in poverty households (FY16)
Increasing supply/quality for children who need care during nontraditional hours	<ul style="list-style-type: none"> • Early Learning Challenge grant recipient • Percent of children 0-12 in poverty households (FY16) • Percent of subsidized children served in legally operating programs without regulation (FY16)

Policy Data Element	Contextual Variables Analyzed
Increasing supply/quality for children who are experiencing homelessness	<ul style="list-style-type: none"> • Early Learning Challenge grant recipient • Percent of children 0-12 in poverty households (FY16)
Increasing supply/quality for children with disabilities	<ul style="list-style-type: none"> • Early Learning Challenge grant recipient

The source of information for each of the contextual variables is listed in the table below.

Contextual Information	Data Source
Early Learning Challenge grant recipient	Race to the Top-Early Learning Challenge Fact Sheet. Retrieved from https://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html
Number of CCDF providers by provider type	2014 counts of licensed and unlicensed subsidized providers provided by staff in the office of the Assistant Secretary of Planning and Evaluation (ASPE).
Subsidized children served by licensed programs and programs operating legally without regulation	Based on counts of children served by license-exempt providers from ACF-801 data for FY2016 Table retrieved from https://www.acf.hhs.gov/occ/resource/fy-2016-final-data-table-4
Children 0-12 in poverty households	American Community Survey, 2016 1-year estimates (IPUMS tabulation by ASPE staff)
Presence of a Quality Rating and Improvement System	https://qualitycompendium.org/
State- or county-administered CCDF	https://childcareta.acf.hhs.gov/resource/early-care-and-education-state-governance-structures-states-state-operated-and-county

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