



Continuity of Child Care Subsidy Use in the District of Columbia

Insights from Analyses of Subsidy Payment Data

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The District of Columbia recently began implementing innovative child care subsidy policies and practices designed to increase the supply of affordable, high-quality care and to facilitate families' access to this care (Schilder et al. 2025). Research suggests that subsidy innovations are most beneficial to families when they expand access to more children, promote sustained participation in the subsidy program, and support stable enrollment in child care (Shaw, Partika, and Tout 2019). In this brief, we analyze administrative records of child care subsidy payments to investigate families' use of subsidies and the stability of their subsidized care arrangements.

Innovations in child care subsidy programs are designed to promote more accessible and stable care arrangements for families using subsidies to help pay for the cost of their children's enrollment in licensed child care. These innovations support access, both directly by improving families' experiences using subsidies and indirectly by supporting child care providers that accept subsidies.¹ In this brief, we describe subsidy use and enrollment patterns in the District of Columbia (DC) to inform ongoing and future subsidy innovations implemented by DC's Child Care and Development Fund (CCDF) Lead Agency: the DC Office of the State Superintendent of Education (OSSE). This analysis, which was designed and performed through a partnership between the Urban Institute and OSSE, is one component of a multiyear, mixed-methods study examining the implementation and outcomes of DC's child care subsidy policies. Documenting patterns in subsidy use can inform policy decision-making

and future analyses by offering the context needed to understand how subsidy policy innovations do or do not support families' subsidy use.

This brief has two goals. First, we aim to provide policymakers with descriptive information about how families use subsidies by documenting patterns of enrollment using monthly administrative child care subsidy payment records from 2015 to 2024. Second, we aim to inform policymakers about the extent to which subsidies support children's continuous child care enrollment. Specifically, we investigate two measures of care instability that children might experience: gaps in subsidy use and changes in care arrangements. We find that children who enter the subsidy program before age 3 experience more instability in their enrollment (though they are enrolled for longer), and that some children experience changes in care arrangements despite maintaining continuous subsidy enrollment.

Child Care Subsidies and Stability in Child Care

Families depend on child care to support their households, but they often face high costs when attempting to access high-quality care (Henly and Adams 2018). To help families access child care, the federal government provides funding through CCDF to state and local governments to administer child care subsidy programs. Most states administer child care subsidies through a voucher program, whereby families first apply for a voucher and then use that voucher to enroll their children in a child care provider of their choosing. In most cases, families must regularly verify their continued eligibility through a redetermination process to keep using the subsidy. Though state and local governments have some flexibility in developing the specific regulations that govern child care subsidy programs, their overall goal is to help offset the cost of care for families with low incomes and to facilitate greater access to affordable, high-quality care for these families. Importantly, states are not restricted to using only CCDF funding and the required state matching funds to support their child care subsidy programs; they can also contribute general revenue funds.

Many factors influence families' ability to access subsidized care, including the supply of child care, policies dictating child eligibility requirements and family copayments, family preferences, and external factors in families' lives. More broadly, access to child care is multifaceted: affordability, quality, and stability are all important to understanding how families access care (Thomson et al. 2020).

Beyond having access to child care, experiencing continuity of care is important for children and their families. Care stability supports children's developmental progress, as stable enrollment in child care promotes consistent teacher-child interactions and fosters security and confidence as children engage with their environment (Sandstrom and Huerta 2013). Families also rely on predictable family routines—which are facilitated by stable child care—to maintain their jobs and increase earnings (Ha and Miller 2015). However, many families have unpredictable work schedules, which may impact the availability and stability of child care, as well as the stability of child care subsidies (Harknett, Schneider, and Luhr 2022). In addition, research suggests that lapses in subsidy coverage can result in unpredictable routines while families find alternative care arrangements, disrupted teacher-child relationships, and unexpected child care costs (Henly et al. 2015).

Family circumstances, both negative and positive, can explain disruptions to child care enrollment. For example, a family might lose their subsidy because they are unable to complete the required redetermination process to verify their eligibility, which can be burdensome. This has been linked to the loss of subsidy access even if families remain eligible for the program (Sandstrom, Grazi, and Henly 2015). Alternatively, disruptions may reflect a family's desire to change care arrangements to improve circumstances for themselves or their children (Speirs, Vesely, and Roy 2015). While not all instability leads to negative outcomes for families, research shows that negative outcomes are more likely when disruptions arise from unintended or unplanned situations. Moreover, subsidy policies can either mitigate or contribute to instability in subsidy use by making it easier or more difficult for families to demonstrate their continued eligibility (Sandstrom, Grazi, and Henly 2015). Therefore, documenting the prevalence of subsidized care instability can inform policymakers who are seeking to improve subsidy programs.

Child Care Subsidies in DC

In DC, CCDF is the primary federal funding source for child care subsidies; in addition to CCDF, DC contributes the required matching funds and provides other local funds. OSSE is the lead agency responsible for overseeing CCDF and administers the child care subsidy program with the DC Department of Human Services (DHS).

Data from 2015 to 2024 indicate that nearly 5,500 families and just over 7,000 children used subsidies to enroll in licensed child care in DC each month (see figure 1). Enrollment numbers dropped during the COVID-19 pandemic but increased in the following years.

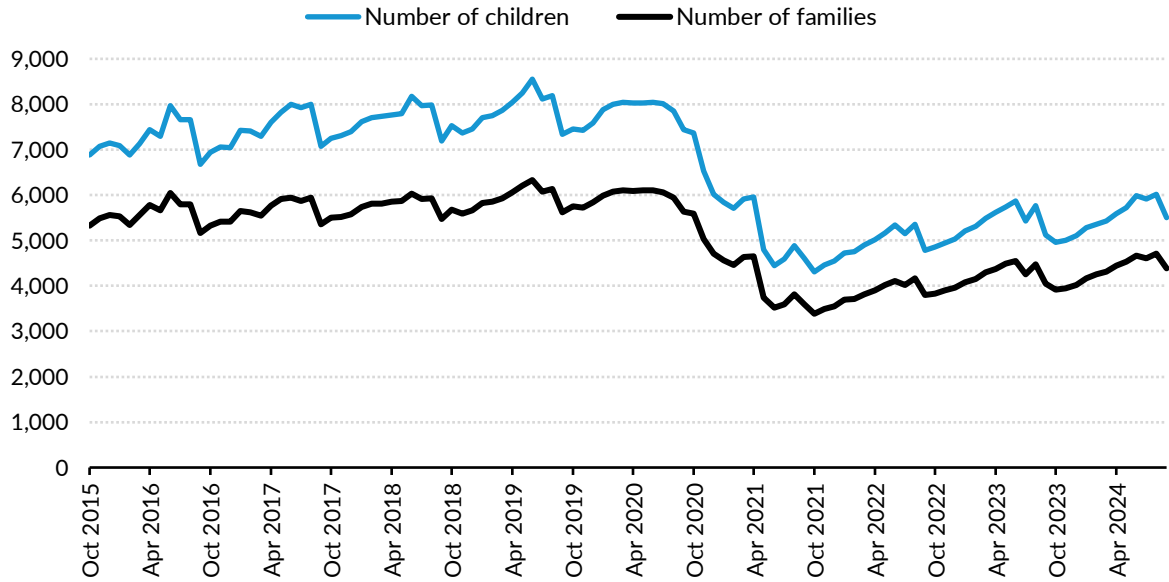
Families can use subsidies to enroll their children in one of three categories of licensed child care providers: Child Development Centers, Child Development Homes, and Expanded Child Development Homes. Providers must be approved by OSSE to accept subsidies. As of May 2025, approximately 61 percent of licensed child care facilities in DC participate in the subsidy program. Eligible families can access subsidies in one of two ways. In most cases, families apply for a subsidy voucher through DHS and then use that voucher to enroll their children in a child care provider of their choosing. Families must indicate a child care provider in their application; in other words, the voucher they receive can only be used at the child care provider they have specified. If approved families later seek to enroll their children in a different provider, they may request a change in their children's placement by submitting a request to their DHS representative.

Another way for families to access subsidies is through some child care centers that are approved by OSSE to process subsidy applications on site, known as Level II providers. These providers can determine subsidy eligibility and accept families directly, saving them the step of applying through DHS. About 53 percent of centers participating in the subsidy program are approved by OSSE to process subsidy eligibility on site. Families who wish to enroll their children in a Child Development Home, an Expanded Child Development Home, or a center that is not a Level II provider must apply through DHS (OSSE 2024a).

FIGURE 1

Subsidized Enrollment Is Increasing after Dropping during the COVID-19 Pandemic

Number of children and families using subsidies to enroll in licensed child care in DC, FY 2016–24



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Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 32,104 observations of children and 21,153 observations of families. Data are captured monthly and represent subsidy payments to child care providers on behalf of a child.

As is typical nationwide, families must verify their continued subsidy eligibility, even if they remain with the same child care provider. In DC, this redetermination process occurs every 12 months. A family who no longer meets the criteria for eligibility can continue to use their subsidy for up to 90 days. After that, they will have to reapply and meet the eligibility requirements. The family can choose to continue their children's enrollment and pay for the care without the subsidy.

During the COVID-19 pandemic, DC implemented a number of subsidy policy changes to provide flexibility for child care providers and families. When providers closed at the beginning of the pandemic, DC distributed subsidy payments based on children's enrollment with the provider rather than their attendance, as had previously been the policy. Additionally, DC paused redeterminations for family eligibility from the start of the pandemic in March 2020 until November 2021, meaning that families did not need to verify their continued eligibility to receive a subsidy during that time (OSSE 2021). From May to October 2020, DC distributed subsidy payments based on average payments from October 2019 to January 2020 (OSSE 2020). Beginning in November 2020, DC returned to the previous policy of paying providers based on children's attendance (OSSE 2022). However, in November 2024, it adopted a new policy of enrollment-based reimbursement moving forward (OSSE 2024b). For a description of other subsidy policy changes and innovations, see Schilder and colleagues (2025).

Methods

The purpose of this brief is to explore child care subsidy use in DC and the extent to which children experience continuity or instability in their subsidized child care enrollment. To accomplish this goal, we analyzed monthly subsidy payment data from October 2015 to September 2024, obtained through a data-sharing agreement between the Urban Institute and OSSE. With these data, we can observe children who have used subsidies, the provider in which they were enrolled, and the type of care they received each month. We can also observe whether children used multiple vouchers within the same month to cover care at different child care providers. These data features offer two important benefits for analysis. They allow us to observe (1) disruptions to subsidy use, including when children returned to the subsidy program; and (2) changes in child care providers, including whether these changes coincided with a lapse in subsidy use.

In box 1, we describe the terms we use to examine the various facets of subsidy use and instability, drawing on definitions in the literature (Pilarz, Claessens, and Gelatt 2016; Ros, Claessens, and Henly 2012).

BOX 1

Definitions and Terminology

Our analyses of subsidy stability focus on understanding how long families enroll their children in subsidized care and the extent to which their enrollment is characterized by two types of instability: a gap in subsidized care enrollment and a change in care arrangements.

We leverage child-level data; therefore, we describe the terminology based on children's experiences in the subsidy program. Additionally, because these data are reported monthly, we operationalize the definitions in terms of monthly child experiences in the subsidy program. Drawing on the literature, we use the following definition to examine trends in subsidy stability:

- **Subsidy spell:** A child's period of continuous monthly subsidized enrollment. A child care provider must receive a subsidy payment on behalf of a child for the child to be considered enrolled.

Each subsidy spell can be defined by a starting month and an ending month. Some children experience multiple spells during their time in the child care subsidy program. To capture these dynamics, we use the following additional terms:

- **Subsidy gap:** A period of at least one month, between two subsidy spells, in which a child's care is not paid for with a subsidy. This could reflect a period in which a family's subsidy eligibility has lapsed or in which a family is still eligible but not using subsidized child care.
- **Subsidy entry:** The first month in which a child is enrolled in DC's child care subsidy program. For children experiencing multiple spells, subsidy entry occurs in the first month of their first observed spell.
- **Subsidy exit:** The last month in which a child is enrolled in DC's child care subsidy program. For children experiencing multiple spells, subsidy exit occurs in the last month of their last observed spell.

These definitions do not require that children use their subsidy at the same provider from month to month. A family can change providers and still maintain a subsidy spell as long as they are enrolled in two consecutive months. However, changes in care arrangements—either within a spell or between two spells—can be disruptive for children experiencing care. Therefore, we explore two types of provider changes:

- **Within-spell provider change:** An observed change in enrollment from one provider to another that occurs *within the same subsidy spell*. In other words, the child does not experience a gap in subsidy coverage when changing providers.
- **Between-spell provider change:** An observed change in enrollment from one provider to another that occurs *during a subsidy gap*. In other words, the child resumes their use of a subsidy following a gap but is enrolled in a new provider.

Children can experience both types of provider changes; they can also be enrolled in multiple providers at one time. However, because of the nature of our monthly data, we cannot distinguish between children who were enrolled concurrently in multiple providers and children who switched providers within the same month but did not experience concurrent enrollment.

Sources: Definitions are drawn primarily from Pilarz, Claessens, and Gelatt (2016); and Ros, Claessens, and Henly (2012).

Understanding access to subsidized care can provide context for policymakers seeking information about current conditions. We designed the analysis to address the following research questions:

1. What are the care arrangements of children whose families use subsidies to enroll them in licensed child care in DC?
2. What are the enrollment patterns of children accessing subsidized child care in DC?
3. How long are children's first subsidy spells?
4. Do children experience stability in their subsidized care arrangements?
5. When do changes in children's care arrangements occur relative to their subsidized enrollment?

The data we analyzed include information about the enrollment of children whose care was paid for at least partly with a child care subsidy.² Nonetheless, there were few key limitations to our analysis. The data only include children enrolled through the subsidy program; data on children whose families did not use subsidies are not available. Moreover, the study's focal years encompass the COVID-19 pandemic and the public health emergency, so it is important to consider the broader instability faced by families and providers as well as shifts in DC's policies that may have affected subsidy payments and eligibility.³ We elaborate on these limitations in the appendix below.

Findings

We have organized our findings according to the five research questions outlined above. We also describe the implications for policymakers at the end of this brief.

What Are the Care Arrangements of Children Whose Families Use Subsidies to Enroll Them in Licensed Child Care in DC?

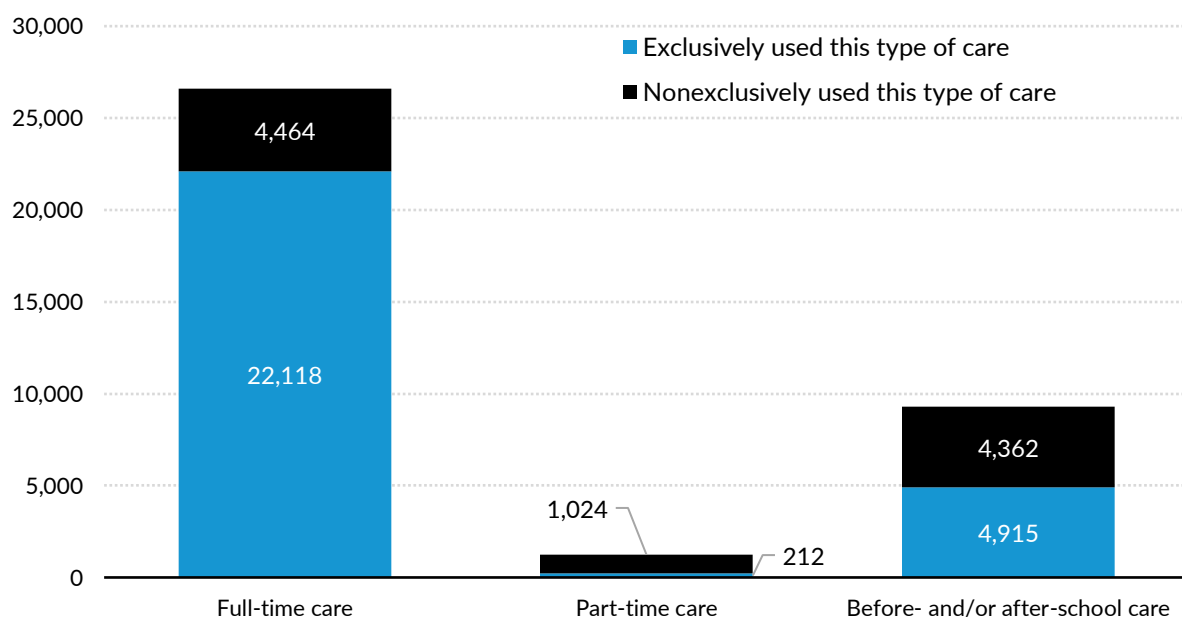
In all, 32,104 children from 21,153 families used subsidies in at least one month from October 2015 to September 2024. Most children were enrolled in only one provider in each month they used a subsidy, but 16 percent of children were enrolled in more than one provider in at least one month.⁴ Some families changed providers over time or used different types of care, while others did not experience changes in care. We discuss changes in child care arrangements later in this brief.

A total of 26,582 children (83 percent) were enrolled in full-time subsidized care for at least one month during the study period (figure 2). Enrollment in before- and/or after-school care was also fairly common, with 9,277 children (29 percent) experiencing this type of subsidized care for at least one month. Only 1,236 children (4 percent) were enrolled in part-time care for at least one month.

FIGURE 2

Most Children with Subsidies Were Enrolled in Full-Time Care

Number of children using a subsidy by type of care, exclusively or in combination with other care types



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Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 31,983 observations of children; it excludes 121 children whose care type could not be determined. Children categorized as "nonexclusively used this type of care" are those in more than one type of care during their time in the subsidy program.

Children also differed in whether they experienced consistent care types over the course of their time in the subsidy program. Children who were enrolled in full-time subsidized care were more likely to experience only this type of care, whereas many children in part-time or before- and/or after-school care experienced another type of care during their time in the subsidy program, either concurrently or in a different month. Because the vast majority of subsidies covered full-time care, we do not distinguish between care types in the analyses that follow.

The vast majority (98 percent) of children were enrolled in center-based care at some point during their time in the subsidy program. Enrollment in home-based child care was far less common, with only 3 percent of children receiving care in a Child Development Home and 2 percent in an Expanded Child Development Home. However, the concentration of subsidized enrollment in center-based care may be a result of broader trends in child care supply, as DC has more licensed child care centers than licensed child care homes (Willenborg, Lou, and Greenberg 2023a, 2023b). Generally, centers can also enroll a greater number of children.

What Are the Enrollment Patterns of Children Accessing Subsidized Child Care in DC?

Most families (63 percent) enrolled only one child in subsidized child care at any point between 2015 and 2024, though some families enrolled multiple children, either concurrently or sequentially. One-quarter (25 percent) of families used subsidies to enroll two children, and one-tenth (12 percent) of families used subsidies to enroll three or more children.

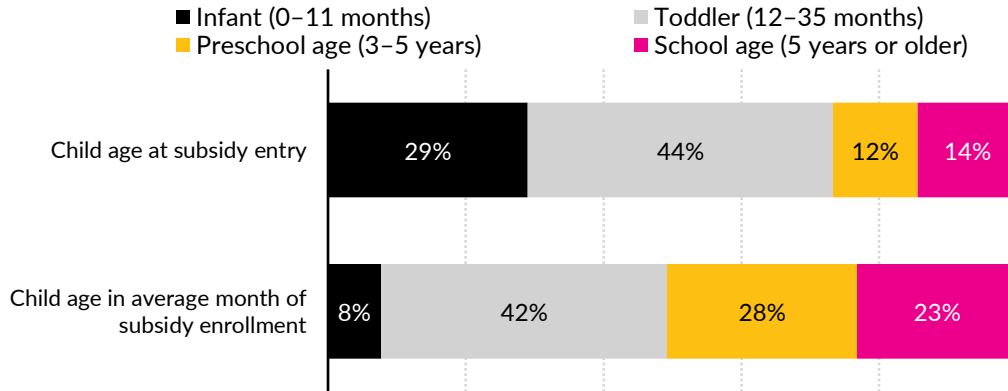
Most children were either infants (29 percent) or toddlers (44 percent) at subsidy entry—the month when they were first enrolled in subsidized child care. A smaller share of children was either preschool age (12 percent) or school age (14 percent) at subsidy entry. Thus, children were less likely to be preschool age or older at subsidy entry. However, as shown in figure 3, infants made up only 8 percent of the average monthly subsidy enrollment, whereas preschool- and school-age children made up just over 50 percent of the monthly enrollment.

Children who entered the subsidy program as infants spent more months in the subsidy program than children who began at other ages (figure 4). Indeed, children who were preschool or school age at subsidy entry were enrolled in subsidized care for only about 12 months total, whereas children who entered as infants were enrolled in subsidized care for an average of 31 months. This finding may explain the discrepancies in figure 3: younger children required care for longer and thus appeared to age up in the program over time.⁵

FIGURE 3

Children Were More Likely to Enter the Subsidy Program at a Younger Age, while Monthly Enrollment Was Distributed More Evenly across Younger and Older Children

Distribution of children's ages at subsidy entry compared with monthly subsidy enrollment



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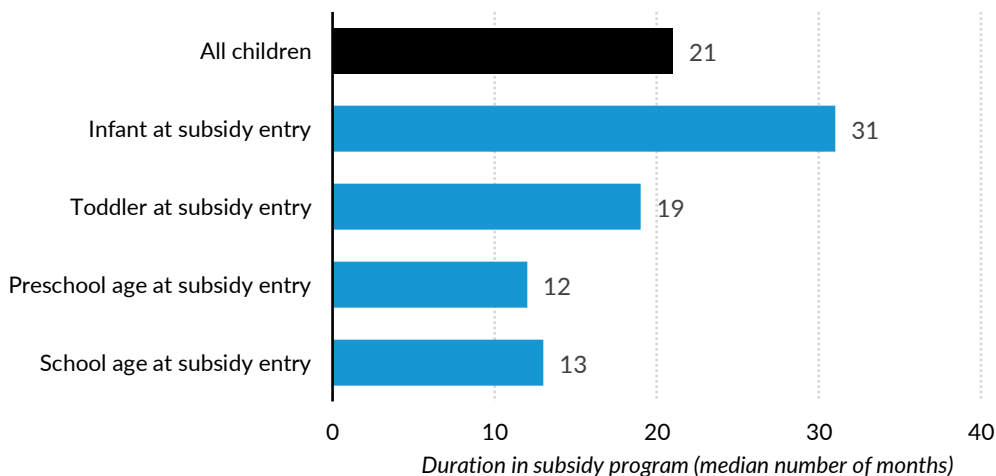
Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 32,030 observations of children; it excludes 74 children whose age could not be determined. Ages are determined based on a child's age on the first day of the month in which they used a subsidy. See box 1 for definitions and terminology.

FIGURE 4

Children Who Entered the Subsidy Program at a Younger Age Spent Longer in the Subsidy Program

Median number of months in the subsidy program, for all children and by child age at subsidy entry



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Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 29,454 observations of children and 29,391 observations of children by age at subsidy entry; it excludes 2,650 children who entered the subsidy program in FY 2024. Medians are calculated based on the number of months a child was enrolled in subsidized care, regardless of subsidy gaps. See box 1 for definitions and terminology.

About two-fifths (38 percent) of children experienced at least one subsidy gap, meaning that children did not always experience continuous enrollment in subsidized care (see box 1). Subsidy gaps were somewhat more common among children who entered the subsidy program as infants (44 percent) or at school age (39 percent), while those who entered as toddlers (35 percent) or at preschool age (37 percent) experienced subsidy gaps somewhat less frequently than average.

Among the 11,307 children who had at least one subsidy gap, 63 percent experienced only one gap, 24 percent experienced two gaps, and the remaining 13 percent experienced three or more gaps. Subsidy gaps could reflect natural changes in care needs throughout the year, such as summer breaks or other planned changes in family circumstances, but they may also indicate broader instability. In fact, the subsidy gap was also associated with a change in care arrangements for 57 percent of children who experienced it. We will return to this finding in our final research question below.

How Long Are Children's First Subsidy Spells?

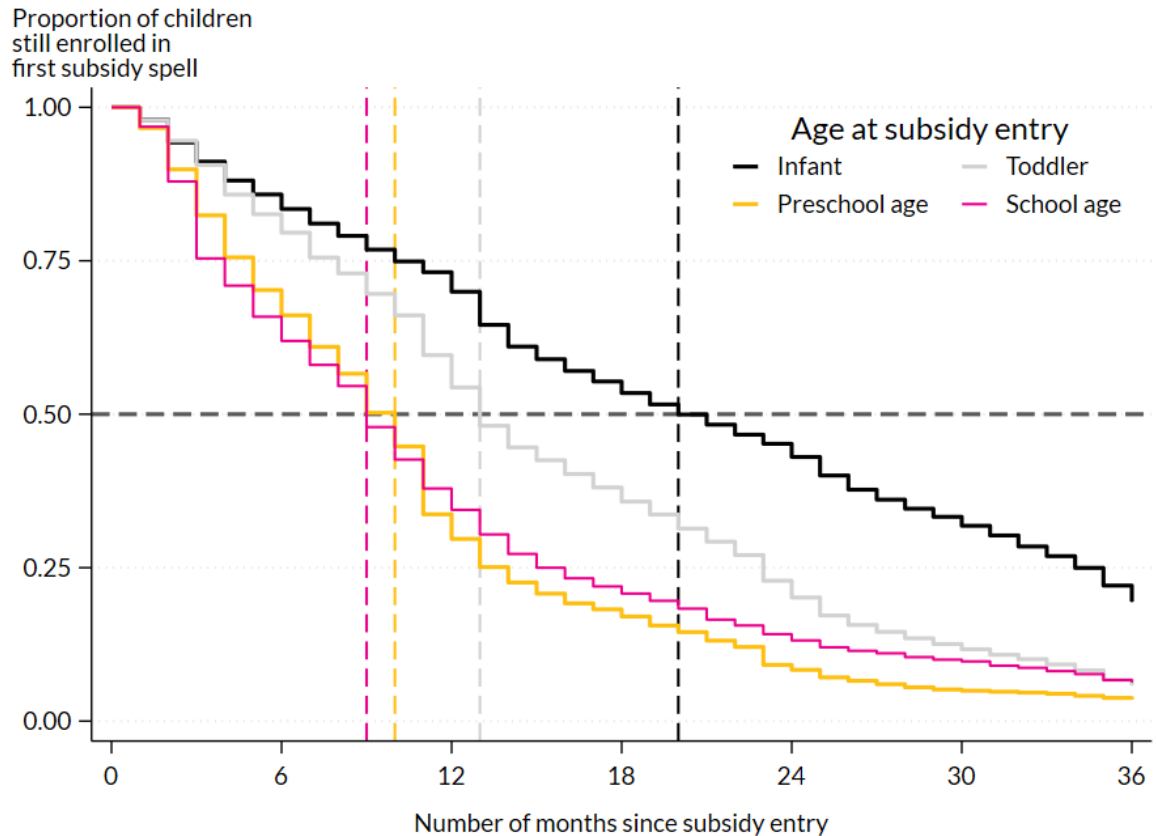
Research suggests that subsidy gaps may create disruptions for children and families who depend on subsidies. For that reason, examining the length of time that children remain continuously enrolled in subsidized care (i.e., subsidy spells) is useful for understanding the stability of that care. In this section, we examine the first subsidy spell that each child experienced. For many children, this was their only subsidy spell, but for the 38 percent of children who experienced at least one subsidy gap, this represents the first of multiple spells.

A majority (56 percent) of children had subsidy spells lasting at least one year, with a median spell of 13 months. Children who entered the subsidy program at a younger age tended to have longer first spells (figure 5). For example, children who entered as infants had a median first spell length of 20 months, and toddlers had a median first spell length of 13 months. In contrast, the median first subsidy spell lengths for children entering at preschool and school age were 10 and 9 months, respectively. Because families must complete the redetermination process every 12 months to verify their continued eligibility for subsidies, this result does not immediately suggest that children, especially younger children, are losing access to subsidies strictly because of the redetermination process.

FIGURE 5

Children Who Were Younger at Subsidy Entry Had Longer First Subsidy Spells

Survival curve of first subsidy spell by child age at subsidy entry



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Source: Authors' analyses of DC subsidy payment data.

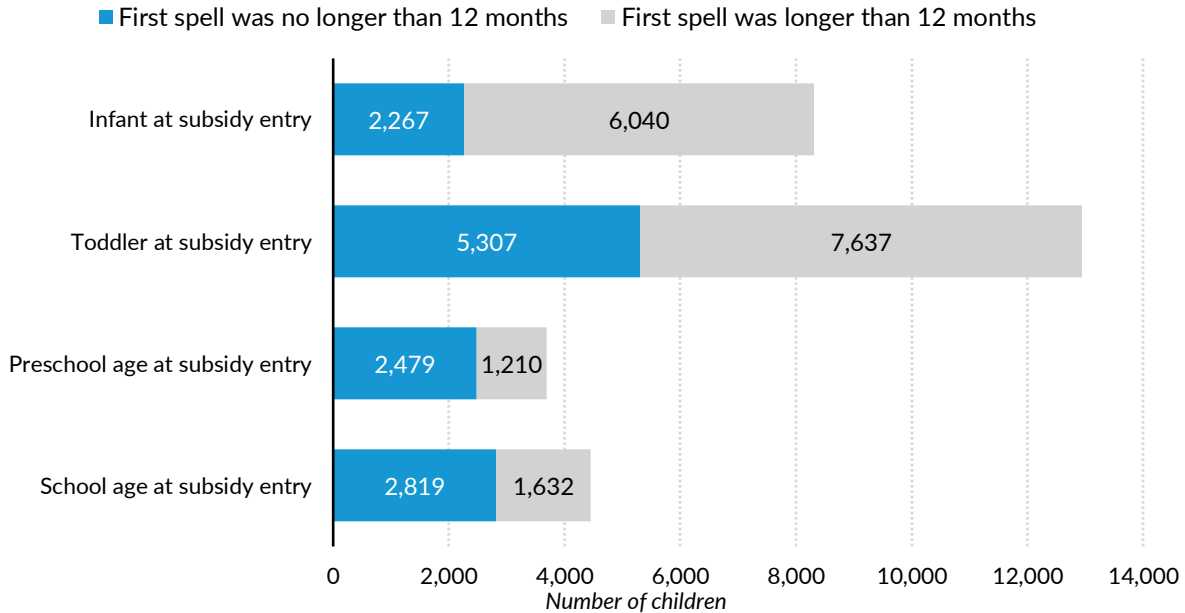
Notes: The figure is based on 28,964 observations of children. The Kaplan-Meier curves were generated using survival analyses conducted in Stata 17. The vertical dashed lines represent the median spell length for each age group. Though we show observations only through the 36th month, spells ranged from 1 to 108 months in length. See box 1 for definitions and terminology.

In all, 41 percent of children entering as toddlers and just 27 percent entering as infants experienced a first subsidy spell that was at most 12 months (figure 6). This finding is encouraging, given that longer spells are associated with better child outcomes. For those with short first spells, infants were much more likely and toddlers slightly more likely to reenter the subsidy program. However, most preschool-age children (67 percent) and school-age children (63 percent) experienced first subsidy spells that were no longer than 12 months (figure 6). Moreover, a majority of older children with short first spells did not reenter the subsidy program, meaning they experienced only one spell that was less than 12 months. This suggests that older children had more limited care needs, experienced more care instability, or accessed child care through means other than subsidies.

FIGURE 6

Children Who Were Younger at Subsidy Entry Were More Likely to Have a Longer First Subsidy Spell

Number of children experiencing a first subsidy spell longer and shorter than one year



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Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 29,391 observations of children by age at subsidy entry; it excludes 2,650 children who entered the subsidy program in FY 2024 and 63 children whose age could not be determined. See box 1 for definitions and terminology.

Children who experienced a subsidy gap were also more likely to have shorter first subsidy spells than those who did not experience a subsidy gap (median of 10 months versus 16 months). Less than half (42 percent) of children with a subsidy gap had a first subsidy spell that lasted 12 months, while this was the case for a majority (64 percent) of children without a subsidy gap. For the former, the instability of the short subsidy spell may have been exacerbated by experiencing a subsidy gap. The median length of children's first subsidy gap was 3 months, with little variation across age groups.

Do Children Experience Stability in Their Subsidized Care Arrangements?

Most children did not experience any change in child care arrangements while their families were using subsidies to cover all or part of the cost of care. Indeed, only two in five children (38 percent) experienced at least one provider change, and among this group, the average number of provider changes was one. Children who were infants or toddlers at subsidy entry were more likely to experience a provider change at some point (51 and 39 percent, respectively) than those who entered at preschool age (29 percent) or school age (21 percent). That said, younger children also had longer durations in the subsidy program, on average, so they had more time to experience a provider change, including changes to accommodate different developmental needs as they aged. To account for this,

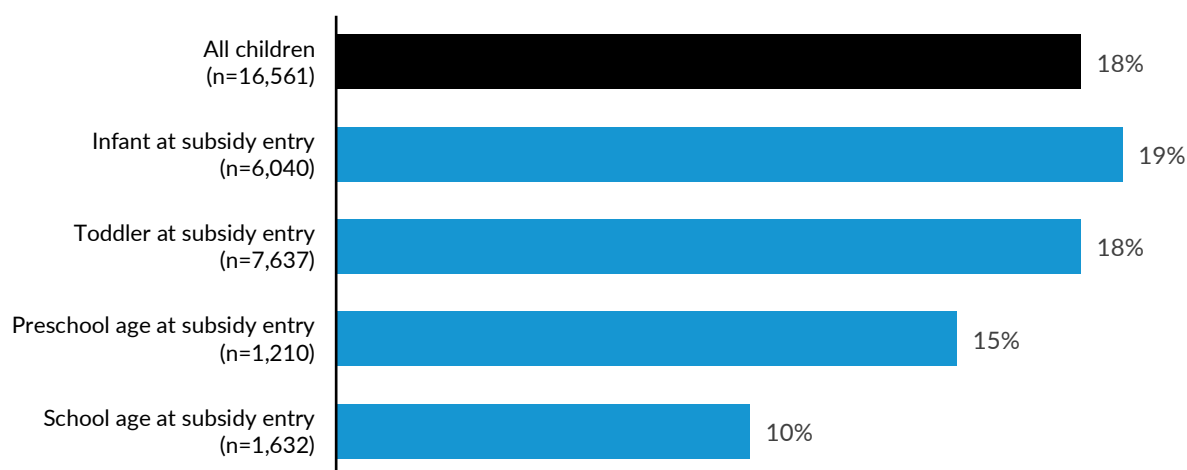
we looked at the share of children who experienced a provider change within their first 12 months of subsidized care.

Among the 16,561 children with a first subsidy spell lasting at least 12 months, only 18 percent experienced a provider change within the first 12 months of that spell (figure 7). A provider change was more common among children who were infants (19 percent) and toddlers (18 percent) at subsidy entry and slightly less common among those who were preschool age (15 percent) or school age (10 percent) at subsidy entry. These findings indicate that younger children using a subsidy may have experienced somewhat less stability in their first care arrangements.⁶

FIGURE 7

Children Who Were Younger at Subsidy Entry Were More Likely to Change Providers within the First 12 Months

Share of children experiencing a provider change in the first 12 months of their first subsidy spell, for children with a first spell lasting at least 12 months



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Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 16,561 observations of children who had a first subsidy spell of at least 12 months. See box 1 for definitions and terminology.

Provider changes were more common among children who were enrolled in a licensed home-based provider at subsidy entry (54 percent) than those enrolled in a licensed center-based provider at subsidy entry (38 percent). More than half of the provider changes occurred because families moved their child from a licensed home-based provider to a licensed center-based provider. These changes may have been driven, in part, by a decrease in the supply of home-based care in DC, like what happened during the COVID-19 pandemic (Willenborg, Lou, and Greenberg 2023b). They may also reflect changes in demand and in families' preferences over time. In the future, it could be illuminating

to examine how provider changes coincide with changes in the supply of care in DC, specifically whether provider closures force some families to change care arrangements or to lose care altogether.

When Do Changes in Children's Care Arrangements Occur Relative to Their Subsidized Enrollment?

About half (51 percent) of children experienced at least one of two measures of instability: a subsidy gap or a provider change. Although these measures can occur independently, for some children, a change in care arrangements coincides with a subsidy gap. In some cases in DC, when families change the child care provider for which they are using a subsidy, they must complete a new application for a subsidy. Otherwise, families must notify DHS to request a change in child care provider during their eligibility period. For some families, this process may have been relatively seamless, such that they experienced only a small lapse in subsidy and enrolled in a new provider within the month (a within-spell provider change). But for other families, this lapse in coverage may have been longer, disrupting their access to child care for more than a month (a between-spell provider change). Both types of provider changes could represent either planned transitions, such as when families move or during summer breaks, or unplanned transitions (Speirs, Vesely, and Roy 2015). In this section, we explore the prevalence of within- and between-spell provider changes as one way of gauging families' ease of transition and sustained access to subsidized care, acknowledging that there may be a variety of reasons for these transitions that we cannot observe in the data.

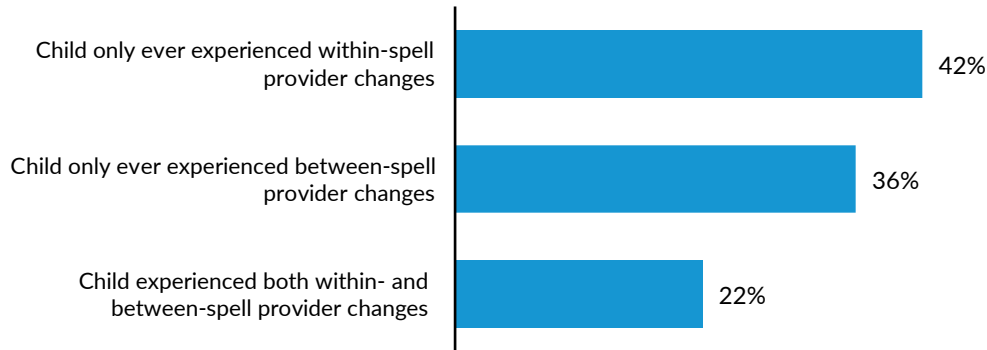
When children experienced provider changes, they were slightly more likely to experience a within-spell provider change (figure 8). Among the 11,058 children who experienced at least one provider change, 64 percent experienced a within-spell provider change, with 42 percent experiencing exclusively this type of change. In contrast, 58 percent experienced a between-spell provider change, with 36 percent experiencing exclusively this type of change. Only 22 percent experienced both within-spell and between-spell provider changes. Though these percentages may seem high, just 38 percent of all children in the subsidy program experienced a provider change of any kind; the remaining 62 percent experienced no provider change. These findings suggest that the process of changing care arrangements may have been smooth enough to reduce the chance of a subsidy gap for many, though not all, families.

Children who changed child care providers during a subsidy gap appear to have also experienced longer subsidy gaps than children who returned to the same provider. The median subsidy gap among children who experienced between-spell provider changes was six months, while the median gap among children who did not experience a provider change was two months. This could reflect the additional time that families needed to complete the provider change process or to reapply for a subsidy if their eligibility had lapsed, during which time they may have relied on makeshift care arrangements with costs not covered by a subsidy. Future qualitative research could shed light on families' experiences with the provider change process, broader instability issues affecting subsidy use and care stability, and the impact of provider closures on families' access to subsidized care.

FIGURE 8

Children Were More Likely to Experience a Provider Change within a Subsidy Spell

Share of children experiencing within- and/or between-subsidy spell provider changes, among children experiencing at least one provider change



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Source: Authors' analyses of DC subsidy payment data.

Notes: The figure is based on 11,058 observations of children who experienced at least one provider change; it excludes 2,650 children who entered the subsidy program in FY 2024 and 510 children whose provider change status could not be determined because they had missing provider information or used a subsidy for only one month. See box 1 for definitions and terminology.

Implications

We sought to document patterns related to the stability of subsidized child care and to shed light on whether child care subsidies are achieving the goal of increasing families' access to affordable, reliable child care. We found that children had many different experiences in the DC subsidy program, including in care arrangements, duration in the subsidy program, and continuity of subsidized care.

- **More children entered the subsidy program at a younger age, and younger children experienced a longer duration in the subsidy program.** Almost three-quarters of children were younger than 3 years old at subsidy entry, and many of them appear to have aged up while using a subsidy, as they remained in the program for multiple years. This finding may reflect that younger children needed care for longer, while children who were preschool or school age at subsidy entry may have required subsidized care for less time. Older children also had shorter and fewer spells, on average, which may indicate more time-limited care needs or seasonality of subsidized care use aligning with the school year.
- **A majority (56 percent) of children experienced a first subsidy spell lasting at least one year.** Since DC has a 12-month eligibility determination time frame, this finding indicates that a majority of children may have been able to successfully complete the redetermination process. However, it does not capture the process's administrative burden on families, nor does it reflect families who found the initial subsidy application so burdensome that they did not apply for a subsidy at all.

- **Just under half (49 percent) of children experienced continuity throughout their time in the subsidy program.** They experienced neither a subsidy gap nor a provider change while using a subsidy.
- **Just over half (51 percent) of children exhibited at least one measure of instability.** This does not mean that their care was inherently less stable or that they were negatively impacted because of noncontinuous care. In fact, a majority of them experienced only one subsidy gap or one provider change. Families may experience noncontinuous subsidized child care for a variety of reasons that we could not examine in the data.
- **Children who experienced a child care provider change were more likely to experience this change within a subsidy spell, rather than between two subsidy spells.** Among the 38 percent of children who experienced a provider change, 64 percent experienced a within-spell provider change, while 58 percent experienced a between-spell provider change. This indicates that for many families, changing providers may not be so disruptive that it causes a gap in subsidy use; there may be other reasons that families experience a between-spell provider change.

Our findings have several implications for policymakers seeking to understand how families experience the DC subsidy program.

- **Most DC families faced no or very few disruptions in the continuity of their subsidized care arrangements.**
- **DC's eligibility redetermination process does not appear to be unduly influencing subsidy exits or gaps.** Though families must recertify their subsidy eligibility every 12 months, children's subsidy spells varied in length and were not concentrated around the 12-month mark. This indicates that—unlike some other jurisdictions, such as Illinois and New York (Pilarz, Claessens, and Gelatt 2016)—DC's redetermination process may not be so burdensome as to lead to a significant reduction in subsidy enrollment. However, without further data, we cannot speak to families' experiences with the redetermination process or the reasons for their decision to exit the subsidy program, either temporarily or permanently.
- **DC families used subsidies differently depending on the age of their child.** Children younger than 3 years old at subsidy entry had both a longer total duration in the subsidy program and longer subsidy spells. Additionally, in an average month, infants and toddlers made up about half of all subsidized enrollment. In contrast, children who were 3 years old and older at subsidy entry spent about a year in the subsidy program, on average, and tended to have shorter spells. This is potentially because of the availability of other kinds of child care, such as DC's universal public prekindergarten. These findings reinforce the need for an adequate supply of infant and toddler care in the District so that families with young children can find care that suits their needs.

Our findings also raise questions for future research about how families engage with the DC subsidy program.

- **How does the supply of child care in DC relate to families' access to care and the stability of that care?** Families overwhelmingly enrolled their children in center-based child care using subsidies, but it is not clear whether this is related to the number of child care slots in centers versus homes in DC. Additionally, it would be useful to understand whether changes in care arrangements coincide with provider closures, as this could help explain factors that contribute to care instability.
- **What are families' reasons for continuity or disruptions of subsidized care?** Future qualitative research could provide insight into whether gaps in subsidy coverage or provider changes are active decisions or consequences of other factors, thereby revealing what it means for families to experience continuity of subsidized care. These reasons may have policy implications, such as adjustments to eligibility redetermination process.
- **How did the COVID-19 pandemic influence the use and stability of families' child care?** As described in this brief, DC implemented several policies during the pandemic that may have influenced patterns in families' use of care and the stability of that care. Future analyses could compare trends in care stability during the pandemic with those before and after the pandemic to determine the extent to which these patterns changed and how the postpandemic period compares with the prepandemic period.
- **Do families exhibit seasonality in their need for subsidized care arrangements, and does this need differ depending on the ages of their children?** Our findings suggest that preschool- and school-age children experience shorter subsidy spells and that these spells may coincide with the seasonality of the school year. In interviews, DC subsidy caseworkers reported variation in subsidy applications depending on the time of year (Schilder et al. 2025). Moreover, families' need for child care may not necessarily be consistent throughout the year. Future analyses could shed light on how enrollment in subsidized care fluctuates throughout the year.
- **Do child care providers experience volatility in their subsidized enrollment?** DC's current subsidy payment policies are determined by a child's enrollment in care, rather than their attendance (OSSE 2024a). If families exhibit seasonality in their subsidized enrollment, this will have implications for providers, as research suggests that providers find it difficult to make decisions about staffing without knowing their subsidized enrollment numbers (Rohacek and Adams 2017). In the future, we may aggregate trends related to seasonality and stability at the provider level to determine whether certain types of providers are more likely to experience this unpredictability. This could also help policymakers understand why providers decide to participate in the subsidy program.

Appendix: Data and Analytic Limitations

As summarized in the “Methods” section, this study analyzed administrative data on subsidy payments, recorded monthly from October 2015 to September 2024. This section notes several limitations we encountered in performing the analysis.

Despite the detail in the data, they only represent enrollment that occurred using a child care subsidy. If a family stopped using a subsidy but their child remained enrolled in a child care provider, the dataset no longer includes an observation for that child even though the child is still at the same provider. This means the analysis is limited to subsidized child care enrollment and does not encompass general child care enrollment. Additionally, the dataset does not include information on eligibility determinations, so we cannot identify whether a subsidy exit or subsidy gap coincided with a lapse in eligibility.

In the data we analyzed, child care providers have unique identifiers, but these identifiers are not always consistent over time. Providers may experience a change in their licensing status or home-based providers may expand the number of children they serve; either situation may coincide with a change in their identifier. However, identifier changes do not always reflect the way families experience child care, as a provider may remain open and accessible to families despite a change in its identifier. We could not always reconcile these changes in identifiers, and because we capture changes in license status, our findings about provider changes may slightly overrepresent the true prevalence of such changes.

For the first several months of the COVID-19 pandemic, when child care facilities were closed in the wake of the public health emergency declaration, DC continued to pay providers. The payments were based on child enrollment or attendance before the pandemic. For these months, the data do not reflect the use of subsidized child care. As a result, findings could reflect longer durations in the subsidy program, lower frequencies of subsidy gaps, or fewer cases of provider changes. To check the validity of our findings, we conducted a sensitivity test for time-constrained analyses, excluding children whose first 12 months in the subsidy program could have been influenced by pandemic-era policies. We found that the estimates were not substantively different. Thus, we present results representing all children in this brief.

We do not have information on children using a subsidy outside of our nine-year panel of data. This means that our definitions of “subsidy entry” and “subsidy exit” are not always indicative of a child’s true month of subsidy entry or exit. In analyses of subsidy spells and provider changes—which depend on duration in the subsidy program—we account for this limitation by excluding children who began using a subsidy in or after October 2023. As a result, all children for whom we analyzed subsidy duration could have had data for at least 13 months, long enough for us to capture whether they underwent redetermination at the 12-month mark. For descriptive analyses that do not depend on duration in the subsidy program, we do not exclude these children as to capture the full sample of children in the data.

The data also include limited information about the children or families using subsidies in DC. While we can determine the age of the children when they enrolled in care using a subsidy, we do not have their demographic information, home addresses, subsidy eligibility characteristics, or whether there are other children in the family who did not use a subsidy.

Notes

- ¹ In DC, child care programs are licensed as child development facilities, though the term “facilities” is infrequently used in the broader child care field. In this brief, we use the term “child care provider” to refer to licensed child care centers and family child care homes.
- ² For brevity, we refer to enrollment when discussing patterns in the subsidy payment data. However, during the period of study, DC determined provider subsidy payment amounts in different ways. These changes in payment policies are described in the “Child Care Subsidies in DC” section.
- ³ Because of policies implemented during the COVID-19 pandemic, providers may have received subsidy payments for children who could not attend child care. These payments appear in our data as children we consider to be “enrolled” in child care. Therefore, our findings may slightly overrepresent the length of time children were enrolled in subsidized care and slightly underrepresent the prevalence of provider changes or subsidy gaps. We discuss the results of specific sensitivity tests later in the brief.
- ⁴ Subsidy payments for multiple providers in the same month could reflect families who switched child care providers during that month but were not enrolled in more than one provider simultaneously. As discussed in box 1, we cannot definitively differentiate these two possibilities. However, we note that from this group, only 3 percent were associated with multiple providers for two or more months consecutively. This could indicate that changes in provider within the same month may be a more likely possibility than sustained and intentional concurrent enrollment.
- ⁵ The age groups used in this brief are as follows: infant (6 weeks to 11 months), toddler (12 to 35 months), preschool age (3 to 5 years), and school age (5 years or older). These age groups do not cover the same length of time, and so comparisons across groups may also capture changes that occur as time passes and children age up from one group to another. To minimize this risk, most of our findings describe children in terms of their age at subsidy entry.
- ⁶ Because DC’s pandemic policies may have impacted these findings, we conducted a sensitivity test replicating these analyses for the sample of children who did not enter the subsidy program between April 2019 and October 2021. The share of children experiencing a provider change in their first 12 months was higher when we excluded children whose first 12 months coincided with the pandemic policies; this indicates that our findings may slightly underrepresent the prevalence of provider changes among children. However, the difference was 1.5 percentage points, and many age groups did not have statistically significant differences for the sensitivity test. Therefore, the overall takeaways presented here are not substantively impacted by the pandemic policies.

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Errata

This brief was corrected September 4, 2025. Figure 1 shows the number of children and families using subsidies in FY 2016–24, not FY 2015–24.

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