



The CCDF Policies Database Book of Tables

Key Cross-State Variations in CCDF Policies as of October 1, 2016

OPRE Report 2017-105

December 2017

THE CCDF POLICIES DATABASE BOOK OF TABLES: KEY CROSS-STATE VARIATIONS IN CCDF
POLICIES AS OF OCTOBER 1, 2016

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ABOUT THE CCDF POLICIES DATABASE

The CCDF Policies Database project is maintained by the Urban Institute under funding from the Administration for Children and Families, Office of Planning, Research and Evaluation. This project produces a comprehensive, up-to-date Database of child care subsidy policies for the 50 States, the District of Columbia, and the US territories and outlying areas. The Database contains hundreds of variables designed to capture the CCDF policies across time. The data are made available for public use; for more information visit <http://ccdf.urban.org>.

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Overview

Introduction

The Child Care and Development Fund (CCDF) provides federal money to States, Territories, and Tribes to subsidize the cost of child care for lower-income families. Detailed policies vary widely across jurisdictions, with States/Territories/Tribes establishing different policies for:

- Eligibility requirements for families and children
- Application, waiting list, and redetermination requirements
- Family copayment policies
- Provider requirements and reimbursement rates

Whether families are eligible for child care assistance and how much assistance they receive depends in large part on the policies set by each jurisdiction. This report describes the ways in which policies vary within the context of the federal program requirements, and includes dozens of detailed tables showing each State's/Territory's policy choices.

Primary Research Questions

This report—the seventh in a series—focuses on the CCDF policies that were in place in October 2016, using data from the CCDF Policies Database. This report addresses the following:

- What are the eligibility requirements for families and children?
- What must families do to initially receive assistance and to continue receiving assistance?
- How much do families have to pay out of pocket for the child care they receive?
- What are the requirements for child care providers, and how much are they reimbursed for care?

In addition to providing detailed information about the policies in effect in 2016, the report also addresses:

- How have the policies changed over the last year?
- How have selected policies changed over the last five years?

Purpose

The CCDF Policies Database project produces a comprehensive, up-to-date database of CCDF policies for the 50 States, the District of Columbia, and the U.S. Territories and outlying areas.¹ The Database contains hundreds of variables designed to capture CCDF policies across time, allowing users to access policy information for a specific point in time as well as to see how and when policies change over time. The Database is funded by the Office of Planning, Research and Evaluation (OPRE) and maintained by the Urban Institute.

Highlights

Highlights from 2016 policies include:

- Twenty-six States/Territories require that parents work a minimum number of hours to be eligible for care based on work. In the other States/Territories, parents must still participate in employment or other approved activities, but the States/Territories do not require parents to work a minimum number of hours to qualify for assistance.
- Among the 50 States and the District of Columbia, the maximum income that a family of three can have and become newly eligible for assistance ranges from \$1,423 per month in Puerto Rico to \$5,040 per month in Vermont.
- Across the States/Territories, copayments for a single parent with two children and \$15,000 in annual earnings range from \$0 to \$414 per month. The median copayment for a family with those characteristics is \$53.50 per month.

¹ The CCDF Policies Database does not include information on tribal CCDF policies.

Highlights of policy changes from 2012 to 2016 include:

- All but 10 States/Territories made changes to the maximum income that a family of three can have and become or remain eligible for assistance from 2012 to 2016, with five States lowering their thresholds over time and the rest increasing the income thresholds.
- Sixteen States/Territories made changes to their policies regarding eligibility during periods of job search, with most of the changes occurring between 2015 and 2016.
- Twenty-nine States/Territories made changes to their redetermination periods between 2012 and 2016, with most of the changes occurring between 2015 and 2016 when several states extended their redetermination periods from 6 to 12 months.

Methods

The information in the Database, and thus the information in the tables, is based primarily on the documents that caseworkers use as they work with families and providers (often termed “caseworker manuals”). The initial set of manuals coded for the Database reflected policies in effect on or before October 1, 2009. Ongoing policy updates have been collected since that point to capture policy changes when they occur in each State/Territory.

Each year, the project produces a set of tables containing selected policies from the Database. (The full Database detail is also made available for public use.) The tables are then reviewed by State/Territory administrators and verified for accuracy. The final tables are included in an annual report, with the current report showing the policies in effect on October 1, 2016.

Glossary

CCDF: Child Care and Development Fund

CCDBG: Child Care and Development Block Grant

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I. Introduction and Overview

The Child Care and Development Fund (CCDF) provides federal money to States, Territories, and Tribes to subsidize the cost of child care for lower-income families and to improve the quality of child care. In the average month of fiscal year 2015, the latest year for which data are available, 1.4 million children received care that was subsidized through CCDF.² The Child Care and Development Block Grant (CCDBG) outlines requirements for the CCDF program and allows subsidies to be provided to children who are under age 13 and older children under age 19 who have special needs, with parents or guardians who are working or attending a job training or educational program, and with family incomes up to 85 percent of the applicable state median income. Within the broad federal parameters, States and Territories – and in some cases localities – set the detailed program policies.³ Those policies determine whether a family will or will not be eligible for subsidies, how much the family will have to pay for the care (if anything), how families apply for and retain subsidies, the maximum amounts that child care providers will be reimbursed, and the administrative procedures that providers must follow. Thus, while CCDF is a single program from the perspective of federal law, in practice it is a different program in every State and Territory.

This Book of Tables presents key aspects of the differences in CCDF-funded programs across all 50 States, the District of Columbia, American Samoa, the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands as of October 1, 2016.⁴ Additionally, highlights of policy changes between 2015 and 2016 are included throughout this report. October 1 was chosen as the focus date because it is the start of the federal fiscal year, consistent with the focus date of the triennial CCDF Plans (previously biennial), and consistent with the starting date of the annual period covered by ACF's administrative data (ACF-800 – Annual Aggregate Child Care Data Report and ACF-801 – Monthly Child Care Data Report).⁵

This Book of Tables includes 41 tables across four general areas of policy (see the Table of Tables at the beginning of this report for more information):

- Eligibility requirements for families and children (tables 1 through 16)
- Family application, terms of authorization, and redetermination (tables 17 through 24)

² See “FY 2015 CCDF Data Tables (Preliminary),” Table 1, available on-line at <https://www.acf.hhs.gov/occ/resource/preliminary-fy2015>.

³ CCDF regulations (Code of Federal Regulations 45 CFR Parts 98 and 99: Child Care and Development Fund: Final Rule) may be accessed via the U.S. Government Printing Office website (<https://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45-vol1-part98.pdf> and <https://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45-vol1-part99.pdf>).

⁴ Books of Tables showing policies in effect on October 1 of each year for 2009 through 2015 are available from the project website (<http://ccdf.urban.org/resources>). Work is currently under way to collect policy changes through October 1, 2017.

⁵ Beginning with the FY 2016-2018 CCDF Plans, States and Territories submit plans every three years.

- Family payments (tables 25 through 32)
- Policies for providers, including maximum reimbursement rates (tables 33 through 41)

The information in the tables is taken from the CCDF Policies Database, a cross-state, cross-time database of CCDF policy information funded by HHS/ACF/OPRE. The information in the Database, and thus the information in the tables, is based primarily on the documents caseworkers use as they work with families and providers (often termed “caseworker manuals”). The caseworker manuals generally provide more detailed information on eligibility, family payments, and provider-related policies than is included in the CCDF Plan documents submitted by States/Territories to ACF.⁶ The caseworker manuals also provide ongoing detail for periods in between CCDF Plan submission dates. The Database includes some of the policy variations that exist within States/Territories, and it includes policy details beyond those that appear in this Book of Tables. Readers interested in that level of information may obtain the full Database detail.⁷

Despite the extensive information in these tables, they do not cover all aspects of States’/Territories’ child care subsidy programs. The following caveats are especially important to note:

- In several States, at least some policies vary across sub-areas within the State. In these States, the Book of Tables shows the information for the most populous area, and notes the area to which the information applies.
- The Book focuses on CCDF-funded child care subsidies; child care funded solely with Temporary Assistance for Needy Families (TANF) funds or other non-CCDF funds and administered outside of the primary CCDF program in the State is not included.⁸
- Tribal CCDF programs are not included.
- Some important aspects of child care subsidy policy are not addressed in the tables. In particular, the tables do not address most aspects of program administration, do not cover rules for provider

⁶ Throughout this Book of Tables, the term “States/Territories” refers to the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the Territories of American Samoa, Guam, and the United States Virgin Islands.

⁷ Upon final review and release of the data by ACF each year, the full Database is made available for public use. For more information, see <http://ccdf.urban.org/>.

⁸ TANF provides work opportunities and assistance to low-income families. The program is a federally-funded, State-/Territory-administered block grant program; States/Territories determine how to use the funds to assist families in ways that meet the program’s goals. Additional information about TANF can be found at the Administration for Children and Families, U.S. Department of Health and Human Services website (<http://www.acf.hhs.gov/programs/ofa/programs/tanf>).

licensing, and do not include information on how States/Territories spend funds for quality activities.⁹

The remainder of this introduction provides a brief overview of the 2014 CCDBG reauthorization and its effect on State and Territory policies, as well as more information on the programs covered by this Book and the process by which the information in the Book of Tables was obtained and verified. Subsequent sections of the Book present the tables describing each area of policy. Appendix A provides more information on the content of the full CCDF Policies Database. Appendix B provides more information about the eligibility thresholds, showing the thresholds as a percent of the Federal Poverty Guidelines. Appendix C provides additional details about provider reimbursement rates relative to the market rate for child care in each State/Territory. Appendix D describes the changes in selected policies from 2012 to 2016.

CCDBG Reauthorization

The Child Care and Development Fund (CCDF), authorized by the Child Care and Development Block Grant (CCDBG) Act and Section 418 of the Social Security Act, provides funding to the States, the District of Columbia, and Territories to administer child care subsidy programs for low-income families. The CCDBG Act of 2014, signed into law on November 19, 2014, is the first reauthorization of the federal block grant since 1996.¹⁰ As described by the Office of Child Care (OCC), “The new law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them.”¹¹ Reauthorization of the block grant established a number of new requirements for the CCDF program.

The tables presented in this report show the policies that were in effect on October 1, 2016. While many of the new policies went into effect when the law was passed on November 19, 2014, some policies have later implementation dates. Additionally, the CCDF Final Rule reflecting the recent regulatory changes was published September 30, 2016; therefore, state policies effective October 1, 2016 might not reflect

⁹ These types of policies may extend beyond CCDF, and may be handled by a different agency than the agency that administers CCDF. Information regarding program administration is reported in the CCDF Plans, and information regarding quality activities is reported in the Quality Performance Report. Information regarding licensing can be found at the National Association for Regulatory Administration (<http://naralicensing.org/>).

¹⁰ The Child Care and Development Block Grant Act of 2014 is available at <https://www.congress.gov/113/plaws/publ186/PLAW-113publ186.pdf>.

¹¹ For more information about the new child care provisions and the full law, see the Office of Child Care’s CCDBG reauthorization resources webpage at <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>.

new requirements introduced by the Final Rule.¹² Many revised policies are shown in this year's tables, and more changes will be reflected in future years' tables as they take effect. More detail regarding the timeline for States'/Territories' implementation of the new requirements can be found in the CCDF Plans that were submitted in 2016.¹³

The Programs Covered by the Book of Tables

The Book of Tables presents the policies of the key child care subsidy program in each State/Territory that is funded partially or fully by CCDF. The names of the programs are listed in table I.A. Two points are important to note concerning the programs covered by the tables. First, the Book describes the policies for a program as a whole, even if it is jointly funded by both CCDF and other sources. Second, the Book does not include all programs within a State/Territory that help low-income families obtain child care and child development services.

Table I.A. State/Territory Program Names for the Programs Represented in the CCDF Policies Database's Book of Tables for October 1, 2016	
State	Program ¹
Alabama	Child Care Subsidy Program
Alaska	Child Care Assistance Program
Arizona	Child Care Assistance
Arkansas	Child Care Assistance Program
California	California Alternative Payment Programs ²
Colorado	Colorado Child Care Assistance Program
Connecticut	Care 4 Kids
Delaware	Child Care Subsidy Program
DC	Subsidized Child Care
Florida	School Readiness
Georgia	Childcare and Parent Services
Hawaii	Child Care Connection Hawaii
Idaho	Idaho Child Care Program
Illinois	Child Care Assistance Program
Indiana	CCDF Program
Iowa	Child Care Assistance
Kansas	Child Care Program
Kentucky	Child Care Assistance Program
Louisiana	Child Care Assistance Program
Maine	DHHS Child Care Subsidy Program

¹² The CCDF Final Rule can be obtained from the Federal Register at <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>.

¹³ The CCDF Plans (FY 2016-2018) approved by the Office of Administration for Children and Families can be found here: <https://www.acf.hhs.gov/occ/resource/state-plans>.

Table I.A. State/Territory Program Names for the Programs Represented in the CCDF Policies Database's Book of Tables for October 1, 2016

State	Program ¹
Maryland	Child Care Subsidy Program
Massachusetts	Early Education and Care Financial Assistance
Michigan	Child Development and Care
Minnesota	Child Care Assistance Program
Mississippi	Child Care Payment Program
Missouri	Child Care Subsidy Program
Montana	Best Beginnings Child Care Scholarship Program
Nebraska	Child Care Subsidy Program
Nevada	Child Care and Development Program
New Hampshire	NH Child Care Scholarship
New Jersey	Child Care Subsidy Program
New Mexico	Child Care Assistance
New York	Child Care Subsidy Program
North Carolina	Subsidized Child Care Assistance (SCCA) Program
North Dakota	Child Care Assistance Program
Ohio	Publicly Funded Child Care
Oklahoma	Child Care Subsidy Program
Oregon	Child Care Program Employment Related Day Care
Pennsylvania	Child Care Works Subsidized Child Care
Rhode Island	Child Care Assistance Program
South Carolina	SC Voucher Program
South Dakota	Child Care Assistance
Tennessee	Child Care Certificate Program
Texas	Child Care Services
Utah	Child Care Assistance
Vermont	Child Care Financial Assistance Program
Virginia	Child Care Subsidy and Services
Washington	Working Connections Child Care
West Virginia	Child Care
Wisconsin	Wisconsin Shares Child Care Subsidy Program
Wyoming	Child Care Subsidy Program
American Samoa	Child Care Program
Guam	CCDF Program
No Mariana Islands	DCCA Child Care and Development Fund Program
Puerto Rico	Child Care and Development Program
Virgin Islands	Subsidy, Resource, and Referral Program

Source: CCDF Policies Database October 1, 2016 Data

¹ The selected programs were used to code the child care policies and represent the main program providing subsidized child care in each State/Territory. In most cases the program was selected based on consultation with a State/Territory representative.

² When applicable, different policies were coded for CalWORKs Stage 2, CalWORKs Stage 3, and Non-CalWORKs Alternative Payment Programs. If separate sub-programs were coded, the footnotes in the tables will reflect which program is represented.

Programs with Joint Funding

Many child care subsidy programs are funded jointly by CCDF and other funds. Non-CCDF funds may be from the TANF program (to the extent they are not formally transferred to CCDF), state-only child care funds in excess of mandatory and matching funds, private or donated funds, and funds from other programs such as housing programs, the Supplemental Nutrition Assistance Program (SNAP), and foster care or Child Protective Services (CPS).¹⁴ Further, up to 30 percent of a State's/Territory's TANF funds may be transferred to CCDF; however, once this money is transferred, it is considered CCDF funding.

In recognition of this joint funding, States/Territories are required to report to the federal government a "pooling factor," computed as total CCDF funds divided by all the funds (CCDF and non-CCDF) used to provide the child care subsidies to the children included in the States'/Territories' administrative data reports to ACF.¹⁵ For FY 2013, the most recent year for which data are publicly available, the pooling factors ranged from 0.189 in D.C. to 1.0 in 15 States/Territories. The figure for D.C. indicates that of the subsidies described by D.C.'s data reports (ACF-800 – Annual Aggregate Child Care Data Report and ACF-801 – Monthly Child Care Data Report), only 18.9 percent of the funds were CCDF funds. In other words, CCDF funds supported subsidies for approximately 19 percent of the children reported as being served by D.C. in the ACF-800 and 801 reports. In contrast, in the 15 States/Territories with a pooling factor of 1.0, 100 percent of the funds were either originally CCDF funds or TANF funds transferred to CCDF. The average factor was 0.821.¹⁶ ACF applies the pooling factor to a State's/Territory's total children served to estimate the number of children served by CCDF.

Readers of the Book of Tables who are comparing programs across States/Territories should be cognizant of joint funding for at least two reasons. First, if a user is examining the subsidy policies together with information on CCDF caseloads or CCDF spending, it is important to recognize that the cost and caseload of a program with joint funding may be larger than reflected in CCDF cost and caseload figures. Second, in some cases, a program may use its non-CCDF funds to serve a child or provide a benefit in a manner not permitted by federal CCDF rules. Any policies in the tables that conflict with federal CCDF requirements should be assumed to be funded by a program's non-CCDF funds.

¹⁴ The SNAP program was formerly known as the Food Stamp Program.

¹⁵ ACF Technical Bulletin #1r-v5 includes an Appendix that details the computation of the pooling factor, with a spreadsheet that lists all the potential sources of CCDF and non-CCDF funds. See <https://www.acf.hhs.gov/occ/resource/tb01r-v5>. TANF-transfer, State Match, and State Maintenance of Effort (MOE) funds are all considered part of CCDF funds.

¹⁶ FY 2013 ACF-801 data, obtained from the Child Care & Early Education Research Connections website, <https://www.researchconnections.org/childcare/series/215/studies/36466?paging.startRow=1&q=ccdf&archive=CCF ERC>. Pooling factors for more recent years will be available as those years of CCDF administrative data are publicly released on the Child Care & Early Education Research Connections website.

Programs Not Included in the Book of Tables

The Book of Tables provides in-depth information on the State/Territory subsidized child care programs that are funded at least in part with CCDF monies. The Book does not provide a comprehensive picture of all the free or subsidized care available to families in each State/Territory. Specifically, the Book of Tables does not describe the policies that govern Head Start and State/Territory-funded pre-kindergarten programs, child care provided through separate programs for TANF recipients using entirely non-CCDF money, other subsidy programs funded entirely with non-CCDF money, or CCDF programs other than each State's/Territory's primary CCDF-funded program. Awareness of what is and is not covered by the Book is particularly important for readers who are combining policy information from the Book of Tables with information from other sources, such as CCDF administrative data or household-level survey data.¹⁷

HEAD START AND STATE/TERRITORY-FUNDED PRE-K POLICIES

Policies governing States'/Territories' Head Start programs and State/Territory-funded pre-kindergarten ("pre-k") programs are not included in the Book of Tables.¹⁸ However, these programs serve large numbers of pre-school children, and Early Head Start serves infants and toddlers. Approximately 945,000 children (mostly ages 3 and 4) were served by Head Start and Early Head Start during FY 2015, and approximately 1.4 million (mostly age 4) were in State/Territory-funded pre-kindergarten programs in the 2014-15 school year.¹⁹ In contrast, about 377,000 children ages 3 and 4 were served by CCDF in FY 2015.²⁰ Thus, for this age group, Head Start and State/Territory-funded pre-kindergarten both serve more children than CCDF. (Some children are served by more than one program).²¹ A child's enrollment in Head Start or State/Territory-funded pre-k could allow a parent to work part time without needing to obtain child care, or could reduce the number of hours that a parent must pay for child care (or try to obtain a subsidy). In some cases, a financial link is created between CCDF and pre-k programs since a portion of the amount that a State/Territory spends on pre-k programs can be used as part of its required State/Territory match or

¹⁷ For information on how data from the CCDF Policies Database can be linked with administrative data, see "Researching the CCDF Program by Linking Administrative Data with Data from the CCDF Policies Database: A How-To Guide," available at <http://www.urban.org/research/publication/researching-ccdf-program-linking-administrative-data-data-ccdf-policies-database-how-guide>.

¹⁸ Any discussion of pre-kindergarten programs in this report refers only to state-funded programs.

¹⁹ Head Start data are available from: <https://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/2015-hs-program-factsheet.html>. Pre-k enrollment figures are from: <http://nieer.org/yearbook>.

²⁰ According to the CCDF enrollment statistics from the ACF-801 data for FY 2015, approximately 27 percent of children served were ages 3 and 4 and 1.397 million children were served through CCDF. See: <https://www.acf.hhs.gov/occ/resource/preliminary-fy2015>.

²¹ Partnerships between Early Head Start and CCDF providers may result in greater coordination and continuity between the programs. For more information on Early Head Start-Child Care Partnerships, see: https://www.acf.hhs.gov/sites/default/files/occ/what_is_the_early_head_start_cc_partnership_final_4_508.pdf?nocache=1365689128.

maintenance-of-effort (MOE) spending for purposes of CCDF.²² However, even when a State/Territory takes that option, children enrolled in pre-k are not included in the case-level administrative data on the number of children receiving child care services.²³

TANF-FUNDED CHILD CARE

States/Territories take different approaches to providing free or subsidized child care for families receiving TANF, both in terms of funding and in terms of service provision. In terms of funding, States/Territories may:

1. Transfer TANF funds into CCDF, in which case the funds are considered and reported as CCDF funds²⁴; or
2. Spend TANF funds directly on child care (often referred to as TANF-direct) in which case States/Territories may either:
 - a. “Pool” the TANF-direct funds with CCDF funds to pay for services reported on the ACF-800 and ACF-801 data reports; or
 - b. Keep TANF-direct funds completely separate – in which case no TANF-funded child care services would be reported in either the ACF-800 or ACF-801 data.

In terms of service provision, some States/Territories use the same child care caseworkers and policies for families receiving TANF benefits as for all other families, although families receiving TANF may have a guarantee of receiving a subsidy, or may have higher priority than non-TANF families, and the TANF portion of the program may have a different program name. Other States/Territories handle child care for families receiving TANF through a completely different administrative structure, and some States/Territories use a mix of approaches. As noted above, when States/Territories serve TANF families through the same programs that serve other families, the TANF families will generally be included in the ACF-800 and ACF-801 data. However, if child care for TANF families is completely separate, TANF families will generally not appear in the ACF-801 data, presumably because the State/Territory keeps data on those families in a separate data system.

For the child care programs included in the Book, the tables capture a great deal of information about the treatment of families within that program who also receive TANF benefits. This is the case regardless of

²² According to CCDF financial data for FY 2015, 15 States used pre-kindergarten expenditures to help satisfy State matching and/or MOE requirements. See “CCDF Expenditures for FY 2015 as of 9/30/2015”:

<https://www.acf.hhs.gov/occ/resource/fy-2015-ccdf-state-expenditure-data>.

²³ See the ACF-800 reporting guide (<https://www.acf.hhs.gov/occ/resource/acf-800-reporting-guide>) for instructions on which children are counted in the administrative data as receiving child care subsidies. States/Territories are asked to indicate the estimated number of CCDF-eligible children receiving public pre-kindergarten services for which CCDF match and MOE is claimed.

²⁴ When TANF funds are transferred to CCDF, they must be spent according to CCDF regulations.

funding mechanisms—whether the program is using TANF funds transferred to CCDF, or simply pooled with CCDF, or neither; if the program’s materials describe policies for TANF families, they are included in the Database and in these tables. However, if a State/Territory provides child care to families receiving TANF *through a completely separate program with no funding or administrative connection with CCDF*, the policies of that program are not captured in the Database or in these tables. In general, if a State’s/Territory’s ACF-801 data indicate that a very low percentage of the caseload receives TANF, the State/Territory might be serving TANF families through a separate program or approach. Thus, readers who are particularly interested in those families who receive TANF benefits should be aware that the policies captured here do not provide a complete picture of the free or subsidized child care available to this subset of families in all States/Territories.

OTHER GOVERNMENT SUBSIDY PROGRAMS

States, Territories, and localities may operate other programs that provide free or subsidized child care or child development services beyond the programs already discussed. For example, free after-school programs may be operated by school districts, city governments, or other agencies. A State/Territory may have a separate program for special groups such as foster children, children under protective services, or migrant farmworkers. These programs, while important, are outside the scope of the current project. Also, if a State/Territory operates more than one distinct program with CCDF funds (as is the case in California), only the primary program is included in the Book.²⁵

Sources and Verification

For Tables 1 through 41, the primary sources of information were the detailed policy documents used by caseworkers in each State/Territory to administer the child care subsidy program, together with ongoing updates to those documents.²⁶

To maximize the accuracy of the information in this Book, we conducted a verification process with the States/Territories. An initial set of tables prepared by project staff was submitted to program administrators for their review and comment. State/Territory contacts were asked to identify incorrect information and to indicate where project staff could locate missing information—information that was not

²⁵ We coded the Alternative Payment Programs (CAPP) and the CalWORKS Stage 2 and Stage 3 programs in the Database. When policies differed, policies for the CAPP program (for non-TANF families) are shown in the tables. We did not code some other California child care programs that serve very few families, such as a program serving migrant farmworker families, due to resource constraints.

²⁶ Some State/Territory policies can be changed relatively easily through administrative actions, while others might require action from the State/Territory legislature. Policies that require legislative action may not change as often.

initially identified in the policy materials used for coding.²⁷ In some cases, State/Territory staff indicated that information that had not been found in a manual was simply not applicable for the State/Territory due to other aspects of the State's/Territory's policies. State/Territory contacts also provided additional details that augmented the notes included with each table.

Table I.B shows the extent to which each State's/Territory's data were reviewed. In the majority of States/Territories (54), a State/Territory contact reviewed the materials and any issues that were raised were fully resolved. In two cases, the State/Territory was unable to review the tables.

Throughout the tables, some items of information are missing for some States/Territories. That is, some table elements are identified as "information not found in State's manual." Information is considered missing if we did not initially identify the information in the policy materials we had collected and no additional materials were obtained during the review period.

Table I.B. Verification Status of the Information in the CCDF Policies Database Project's Book of Tables for October 1, 2016

State	Status of Verification ¹
Alabama	Fully verified
Alaska	Fully verified
Arizona	Fully verified
Arkansas	Fully verified
California	Fully verified
Colorado	Fully verified
Connecticut	Fully verified
Delaware	Fully verified
DC	Fully verified
Florida	Fully verified
Georgia	Fully verified
Hawaii	Fully verified
Idaho	Fully verified
Illinois	Fully verified
Indiana	Fully verified
Iowa	Fully verified
Kansas	Fully verified
Kentucky	Fully verified
Louisiana	Fully verified
Maine	Fully verified
Maryland	Fully verified
Massachusetts	Fully verified
Michigan	Fully verified
Minnesota	Fully verified

²⁷ For most adjustments to initial coding, documentation was obtained in the form of an updated policy or supplemental policy document. In some cases when a particular policy was not documented in any written form, initial coding was adjusted based on discussion with the State/Territory contact.

Table I.B. Verification Status of the Information in the CCDF Policies Database Project's Book of Tables for October 1, 2016

State	Status of Verification ¹
Mississippi	Not verified
Missouri	Fully verified
Montana	Fully verified
Nebraska	Fully verified
Nevada	Fully verified
New Hampshire	Fully verified
New Jersey	Fully verified
New Mexico	Fully verified
New York	Fully verified
North Carolina	Fully verified
North Dakota	Fully verified
Ohio	Fully verified
Oklahoma	Fully verified
Oregon	Fully verified
Pennsylvania	Fully verified
Rhode Island	Fully verified
South Carolina	Fully verified
South Dakota	Fully verified
Tennessee	Fully verified
Texas	Fully verified
Utah	Fully verified
Vermont	Fully verified
Virginia	Fully verified
Washington	Fully verified
West Virginia	Fully verified
Wisconsin	Fully verified
Wyoming	Fully verified
American Samoa	Not verified
CNMI ²	Fully verified
Guam	Fully verified
Puerto Rico	Fully verified
Virgin Islands	Fully verified

¹ "Fully verified" (54 States/Territories) means the State/Territory reviewed the draft tables, and all issues that were raised were fully resolved. "Not verified" (two States/Territories) means that the State/Territory was not able to review the tables.

² CNMI = Commonwealth of the Northern Mariana Islands

II. Eligibility Requirements for Families and Children

Federal policies establish the basic requirements for eligibility for CCDF-funded child care subsidies. First, a child must be under 13 years of age, although the States/Territories have the option of extending services to children under 19 years of age if they are physically or mentally incapable of self-care or under court supervision. Second, the family's income cannot exceed 85 percent of the applicable state median income, and the family cannot have countable assets in excess of \$1,000,000. Third, the parents or guardians must be working or attending a job training or educational program.²⁸

Within these overall requirements, States/Territories have the flexibility to establish a wide range of detailed policies. In particular, States/Territories (and in some cases localities) determine the following:

- Whether to set income thresholds lower than the federally-allowed maximums
- How to define the family unit and family income for purposes of establishing eligibility
- Whether to provide care for older children with special needs
- How to define the parent/guardian activities for which child care may be provided
- Whether to use the CCDF-funded program to provide child care for foster children or children being monitored through child protective services
- Whether to modify requirements in any way for families also enrolled in other programs

Basic Age and Activity Requirements

Child care subsidies are provided for families in need of child care because the parents participate in work or certain other activities. To qualify for subsidized care, the family must have an age-eligible child as defined by federal guidelines and State/Territory policies. In addition to having a qualifying child, the family must meet activity requirements. Within the federal guidelines, States/Territories establish which activities are approved for CCDF-funded child care. In a two-parent family, both parents generally must be involved in approved activities for the family to qualify for subsidized care. (States/Territories sometimes make

²⁸ The general requirements for income, assets, and activities may differ for families with children in need of protective services. States/Territories have discretion in how they define children in need of protective services. Under federal rules these children do not have to be formally connected to child protective services (CPS). For example, homeless children can be considered "in need" of protective services even if they are not connected with CPS.

exceptions for two-parent families in which one parent has a disability or is otherwise incapable of providing care.)

Maximum Age Allowed for CCDF Eligibility (Table 1)

Under the federal rules for CCDF, States/Territories may provide subsidized care for children who are under age 13, or who are under age 19 and either under court supervision or mentally or physically incapable of caring for themselves. States/Territories determine what age limits to use within the federal parameters. States/Territories that pool non-CCDF funds with CCDF funds may extend eligibility in ways not permitted by CCDF funds. (When States/Territories set age limits higher than the federal guidelines, it should be assumed that the State/Territory is using State/Territory dollars rather than federal funding to provide subsidies for the children who exceed the federal age limit.)

Table 1 shows the variation in State/Territory policies regarding age limits. Findings for 2016 include:

- For children without any special circumstances (not under court supervision and no special needs), most States/Territories provide subsidies through age 12 (until the child's 13th birthday). However, Oregon provides subsidies for children only through age 11, and Massachusetts and New York allow a subsidized child who turns 13 during the school year to continue receiving services for the remainder of the school year. Also, nine states—Arizona, Connecticut, D.C., Kentucky, Mississippi, North Dakota, Oklahoma, Texas, and Vermont—allow a child who turns 13 during the eligibility period to remain eligible until the next redetermination; this policy is now a requirement in the new CCDF Final Rule.
- All but four States/Territories (Arizona, Florida, American Samoa, and the Northern Mariana Islands) set higher age limits for children who are mentally or physically incapacitated. Among the States/Territories that set a higher age limit, the maximum age for children with a mental or physical incapacity to be eligible for CCDF ranges from 14 in Minnesota to 21 in California, with most States/Territories serving these children through either age 17 or age 18.
- Policies for children under protective services show greater variation. Seven States do not provide children under CPS subsidized care through the primary CCDF-funded programs included in this Book. Among the States/Territories that do provide children under CPS subsidized care through their CCDF-funded programs, more than half use the same age limit as for all other children; the remainder allow children under CPS to receive care through age 17 or 18.

Approved Activities for CCDF Eligibility (Tables 2 and 3)

Employment is not the only activity that may allow a family to be eligible for child care subsidies. Other activities for which States/Territories provide CCDF-funded subsidies include job search, high school, GED activities, English as a Second Language (ESL) activities, training, post-secondary education, employment and training under the SNAP program, and housing search.²⁹ For families receiving TANF, some States/Territories require families to meet TANF work program requirements in order to receive CCDF-subsidized child care, while others allow for additional TANF activities in addition to the States'/Territories' work programs. Tables 2 and 3 show the policies in each State/Territory. Findings for the policies in effect in 2016 include:

- Employment is an approved activity in all of the States/Territories.
- Among the 47 States/Territories that consider job search to be a qualifying activity, 26 only allow a family that was already receiving subsidies for another reason to continue to receive subsidized care during a period of job search, while the other 21 consider job search as a qualifying activity for both initial and continuing eligibility.
- The amount of time parents can receive subsidized child care during job search activities varies across States/Territories. There is also variation in how the limit is expressed, for example, as maximum time during a year or maximum time per job loss. The maximum time of job search eligibility ranges from 80 hours to 13 weeks per year in 14 States/Territories, from 21 days to 12 weeks per six-month period in four States/Territories, and from four weeks to six months per job loss occurrence in 22 States/Territories. The remaining States/Territories that allow CCDF eligibility for job search activities use different methods for establishing the amount of time approved. For example, in Kentucky and Michigan job search activities are approved through the end of the 12-month eligibility period, regardless of when employment ended.
- Almost all States/Territories consider high school and GED to be qualifying activities, and all but thirteen include both job training and post-secondary education as qualifying activities in at least some cases. Roughly half of the States/Territories consider ESL classes to be a qualifying activity.
- Fifteen States consider SNAP employment-and-training activities to be a qualifying activity for subsidized child care.
- Ten States consider a homeless family's search for housing to be a qualifying activity in at least some cases.

²⁹ The activities listed are not explicitly stated in the CCDF federal guidelines. States/Territories have leeway concerning which activities they approve for care.

- Focusing specifically on families receiving TANF, almost all the States/Territories consider families participating in TANF work program activities potentially eligible for subsidized child care, whereas 36 allow for TANF activities in addition to the TANF work program.

When an activity—such as employment—ends, new guidelines under CCDBG reauthorization require States/Territories to continue providing a subsidy to the family for the remainder of the 12-month minimum eligibility period or provide a job search period of at least three months if the State/Territory chooses to terminate the subsidy of a parent whose approved activity ends prior to the end of the 12-month eligibility period.³⁰ As shown in table 2, as of October 1, 2016, almost all of the States/Territories are already in compliance with the new requirements. As the remaining States/Territories adopt the new requirements for job search activities, that information will be captured in the Database and future tables.

Rules concerning allowable activities are complex, and an activity may qualify a parent for subsidized child care in some but not all circumstances. For example, for educational activities, States/Territories may allow for any type of educational program, or they may restrict eligibility to parents who are working in addition to attending school (see table 4). Some details of States’/Territories’ policies are listed in the tables’ footnotes; more information can be found in the full detail of the CCDF Policies Database.

Minimum Work Hours Per Week Required for CCDF Eligibility (Table 4)

Although employment is a qualifying activity for child care subsidies in all places, some programs only provide subsidies for parents/guardians working a minimum number of hours. These requirements may also extend to students, who might be required to work a minimum number of hours in addition to their school activities. Table 4 outlines these policies. Highlights from 2016 include:

- Twenty-six States/Territories require that parents work a minimum number of hours per week to be eligible for care based on work. Among these programs, the minimum required hours range from 15 hours each week in three State/Territories to 30 hours each week in six State/Territories. Additionally, Montana does not use a weekly work hour requirement, instead requiring parents to meet a monthly work hour minimum.
- Almost all the States/Territories with minimum work hour policies require each parent in a two-parent family to meet the same requirement as a single parent would have to meet. However, four States modify the requirement for two-parent families. In Florida and Kentucky, while a single parent must work 20 hours per week to receive subsidized care, a two-parent family can qualify for

³⁰ For additional information on the new job search requirements, see “Implications of Child Care and Development Block Grant Reauthorization for State Policies: Changes to Job Search Policies” available at <http://www.urban.org/research/publication/implications-child-care-and-development-block-grant-reauthorization-state-policies-changes-job-search-policies>.

care if the two parents work a total of 40 hours. In Texas, a single parent must work 25 hours per week and a two-parent family must work a total of 50 hours per week. In Utah, the general requirement is 15 hours per week, but in a two-parent family, one parent must work at least 30 hours while the other parent must work at least 15 hours.

- Utah is the only State/Territory that requires full-time high school students to work a minimum number of hours per week to receive subsidized care. Eight States/Territories require full-time post-secondary students to work a minimum number of hours per week, ranging from 5 to 20 hours per week, to receive subsidized care. Additionally, two States (Montana and Oregon) have other minimum work requirements for post-secondary students. Montana requires 60 hours of work per month for a single parent family, unless the requirement becomes a burden to finishing school. Oregon requires half of a post-secondary student's authorized hours to come from employment.

This table shows a minimum work hour requirement only when the State/Territory has an explicit policy requiring parents to engage in an approved activity for a minimum number of hours. Even if a program has no explicit minimum work hour policy, the number of work hours generally affects the number of hours approved for subsidized child care.³¹

If Families Receiving Different Types of Benefits/Services Have Different Parent Activity Requirements (Table 5)

Families who are receiving another type of benefit or service, such as foster care, homeless services, CPS supervision, or transitional child care following TANF receipt, may be treated differently than other families. They may be eligible for the subsidized child care program without meeting activity requirements, they may be ineligible for the subsidized child care program because their care is provided by another program, or they may have modified activity requirements. Table 5 shows how the CCDF-funded programs treat families receiving these benefits or services. Highlights for 2016 include:

- A majority of the States/Territories require families using transitional child care (following TANF receipt) to meet the same requirements as other CCDF-eligible families. The other States/Territories have different requirements for these families, such as allowing them to work fewer than the minimum hours required for other families.
- Seven States/Territories (Colorado, Delaware, District of Columbia, Florida, Ohio, Texas, and Puerto Rico) do not require homeless families to meet any activity requirement to receive

³¹ States/Territories often approve care for travel time, study hours, and other work and education-related activities. Further, there is no federal requirement for States/Territories to strictly align the approved child care hours with work hours.

subsidized child care. (As shown in table 3, some of the States/Territories that do impose an activity requirement on homeless families consider their search for housing to be an eligible activity.)

- Only nine States/Territories (Connecticut, Idaho, Maine, Nebraska, Oregon, Pennsylvania, Utah, Washington, and the Northern Mariana Islands) require families with CPS cases to meet the same activity requirements as other families. Families with children under CPS have no activity requirement in some States/Territories, are ineligible in others because their care is provided through a different program, and are eligible with modified policies in the remaining States/Territories.
- Families with foster children must meet the same requirements as all other families in 24 States/Territories. In the remaining States/Territories, foster families are either eligible for subsidized care with no activity requirements, are never eligible because child care is provided through another program, or are eligible with modified policies.

In some States/Territories, eligibility for transitional child care is determined by separate caseworkers for families transitioning off the TANF program, rather than by the CCDF program staff. When eligibility is determined through a different program, the requirements are often not outlined in the State/Territory caseworker manuals for the child care subsidy program. When this occurs, the table indicates the difference, but the specific policies are not provided.³²

Changes in Age and Activity Requirements from 2015 to 2016

Several States/Territories made changes to their basic eligibility requirements between 2015 and 2016, with many of the changes directly related to the new requirements outlined under CCDBG reauthorization.

Nine States/Territories added policies to allow children to continue receiving subsidies if they reached the maximum age limit during the eligibility period. In these cases, the States/Territories now have policies stating that a child who is 12 when the subsidy begins, but turns 13 during the 12-month eligibility period, can continue to receive subsidies until the end of the 12-month period. This policy change reflects States'/Territories' efforts to align their policies with new federal guidelines concerning continuity of care. Additionally, Idaho increased the age limit for children with special needs and children in protective services from 17 to 18 years, and Wyoming raised the general age limit from 11 to 12 years.

Between 2015 and 2016, almost half of the States/Territories made changes to their policies regarding eligible activities. The most common change was to policies for job search, with 5 States/Territories newly

³² Due to resource constraints, policy manuals for additional programs were not collected unless they were part of a shared manual with the State's/Territory's CCDF program. If the State/Territory provided additional documentation during the verification process, the additional information was captured in the database and tables.

allowing for job search as an eligible activity, 17 changing the length of time approved for job search activities, and 1 no longer approving job search as an eligible activity. In addition to the changes in job search policies across States/Territories, Louisiana added ESL activities to its list of qualifying activities, Montana and Nebraska added training and post-secondary education, Oklahoma added SNAP E&T and housing search for homeless families, and Alabama, Colorado, D.C., Idaho, Nevada, and North Dakota added housing search for homeless families. These policy changes directly relate to new federal guidelines related to providing care for families during periods of transition and addressing the needs of homeless children and families.

Additionally, two States/Territories changed their work requirements between 2015 and 2016. West Virginia began requiring parents to work a minimum number of hours (20 per week) and Puerto Rico increased its existing requirement from 15 to 20 hours per week.

Nine States/Territories also made changes to their activity requirements for different eligibility groups, with seven States/Territories eliminating or modifying the activity requirements for homeless families. Kentucky and North Dakota changed their policies for families in transitional child care, and Georgia removed the activity requirement for families with foster children.

Family and Income Definitions

Federal CCDF policies refer to family size and family income, requiring that a subsidized family cannot have income that exceeds 85 percent of the state median income, which varies by family size. However, the federal policies do not specify how to define family units or family income. Each program establishes these definitions, which can affect whether a particular family is eligible for subsidies as well as the family's required copayment.

Each program determines which individuals will form the "family unit" (sometimes called "assistance unit" or "filing unit") for purposes of determining CCDF eligibility and family copayments. This group of individuals may or may not include all the individuals who are living together under one roof (usually termed the "household"). In all programs, the family unit for CCDF purposes always includes the subsidy-eligible children and their biological or adoptive parents. However, States/Territories make different decisions concerning other household members, such as siblings, step-parents, or grandparents of the subsidy-eligible child.

How States/Territories determine the composition of the family unit can affect whether a child qualifies for the child care subsidy. Since eligibility thresholds increase with family size, a larger family may have more income than a smaller family and still qualify for CCDF subsidies. However, the inclusion of an additional

individual in the family can also reduce the likelihood that the family will be eligible, if that individual has income. For example, in the case of a teenage parent, including the teenager's parents will reduce the likelihood of eligibility if the parents have substantial earnings, but will increase the chance of eligibility if the parents have very low earnings or if there are additional children of the adult parents included in the family size.

In general, if a person is included in the family unit, his or her income is counted in determining family income. However, there are some exceptions. In addition to describing the policies for defining family size, the following tables capture some of the exceptions to the general rule that the income of all family members included in the family unit is counted, focusing specifically on earnings. States'/Territories' policies concerning the treatment of family members' earnings can be quite detailed. For instance, whether a child's earnings are counted may depend on whether the child is in school. Additional detail can be found in the table footnotes and in the full detail of the CCDF Policies Database.

Defining the Family Unit and Income: Treatment of Children and Siblings (Table 6)

Table 6 shows States'/Territories' policies for defining the family unit when older siblings are present. The age at which siblings are included in the unit may vary based on whether the siblings are attending school. Table 6 also shows the policies for how the States/Territories treat the earnings of children and siblings who are included in the family unit (e.g., the earnings of a teenage sibling or of a CCDF-eligible child under CPS or court supervision). Findings from 2016 include:

- Most States/Territories count children in the family unit through the age of 17 if they are not attending school.
- There is greater variation in policies for children attending school, with 23 States/Territories maintaining the 17-year-old age limit and 16 States/Territories counting children through age 18. The oldest age at which a child attending school is counted in the unit is 23 (Massachusetts).
- Six States (Arkansas, Florida, Idaho, New Jersey, Texas, and Vermont) count all children in the unit without regard to age, as long as the child meets their definition of being dependent on the parents.
- Thirty States/Territories do not count the earnings of children and siblings, while three States fully count the earnings of children and siblings who are included in the unit. In six States, earnings are counted once a child reaches a certain age, ranging from 15 years old in Iowa and Maryland to 18 years old in Arkansas, Florida, Idaho, and South Carolina. The remaining States/Territories have varying policies, often related to whether the child is attending school.

Defining the Family Unit and Income: Treatment of Teen Parents (Table 7)

Table 7 shows States'/Territories' policies for defining the family unit when there is a young parent living with his or her own parents. Each State's/Territory's definition of teen parent is included, along with the policy for counting the earnings of teen parents. Key findings from 2016 include:

- In 25 States/Territories a teen parent is defined as a parent age 17 or under. The oldest age at which a parent living with his or her parents may be considered a teen parent is in the District of Columbia, where a parent age 25 or younger, living with his or her parent, and attending high school or college, is considered a young adult and treated as a teen parent.
- In 35 States/Territories, the income of teen parents is fully counted. Only seven States/Territories never count the earnings of teen parents, while the remaining States/Territories have varying policies, such as excluding teen parents' earnings when they are attending school.
- Over half of the programs always count a minor parent and his or her child as a separate family unit, even if the teen parent lives with his or her adult parents. The remaining States/Territories either always consider the size and income of the larger family (including the teen parent's parents and siblings), or have a more complex policy that considers other factors, such as which members of the family are part of the same TANF assistance unit.

Defining the Family Unit and Income: Treatment of Step-Parents, Non-Parent Partners, and Temporarily Absent Parents (Table 8)

Table 8 shows the States'/Territories' policies for defining the family unit and income when step-parents or non-married, non-parent partners are present. For the purposes of the Database, a caretaker's partner is defined as a person who resides in the home, is not married to the child's parent, is not a parent of the child, and has no children in common with the child's parent. Table 8 also reflects the policies in cases of blended families, where the family consists of married parents with no children in common. Finally, policies are shown for cases where the parent is temporarily absent from the home. A parent might be absent from the home due to work, military deployment, or other reasons; State/Territory policies for counting temporarily absent parents in the family size sometimes vary based on the reason for the absence. Highlights from 2016 include:

- All States/Territories but New Jersey always include a step-parent as part of the family unit. New Jersey only counts step-parents if they are legally responsible for the child.

- Of the States/Territories that count step-parents in the family unit, all but Pennsylvania fully count the income of step-parents for eligibility and copayment purposes. Pennsylvania uses an income disregard for step-parents.
- Only North Carolina treats parents in blended families (families consisting of married parents with no children in common) as separate units.
- Six States (Florida, Kansas, Louisiana, Nevada, Oklahoma, and Virginia) always include a parent's cohabiting partner (not married and with no children in common) in the family size. An additional five States (California, Colorado, Connecticut, Montana, and New Jersey) include partners in some situations, such as if the partner is financially contributing to the welfare of the children.
- A majority of the States/Territories count the income of a parent who is temporarily absent from the household in at least some circumstances.

Defining the Family Unit and Income: Treatment of Non-Parent Caretakers (Table 9)

In addition to having varied policies for step-parents and teen parents, States/Territories also vary in their treatment of non-parent caretakers, such as grandparents taking care of their grandchildren. We define a non-parent caretaker as an adult who lives with the child and who has assumed responsibility for the care of the child when the child's parents do not live in the home with the child. Policies regarding non-parent caretakers may vary depending on whether the caretaker is a relative or non-relative. Table 9 shows the State/Territory policies for defining the family unit and income when caretakers are responsible for the children.

Key findings regarding the treatment of caretakers who are relatives in 2016 include:

- Forty-six States/Territories allow all relative caretakers to apply for subsidies for the children in their care. The remaining States/Territories limit eligibility to caretakers meeting certain criteria, such as establishing legal guardianship.
- Five States always exclude relative caretakers from family size when determining eligibility.³³ An additional six States exclude relative caretakers under some circumstances, such as when the relative caretaker is a foster parent.
- Of the 51 States/Territories that always or sometimes include relative caretakers in the family unit, the great majority count the income of any caretakers included in the unit; but four

³³ This creates what is sometimes termed a "child-only" unit for purposes of eligibility determination and computation of the copayment. A child-only unit is treated as a unit of one person (the child), with adult caretakers excluded for purposes of determining family size and income.

States/Territories (the District of Columbia, Massachusetts, New York, and South Dakota) always exclude the income of relative caretakers when determining eligibility and copayments.

Key findings regarding the treatment of caretakers who are *not* relatives include:

- Thirty-four States/Territories allow all non-relative caretakers to apply for subsidies for the children in their care, with the remaining States/Territories limiting eligibility to caretakers meeting certain criteria, such as establishing legal guardianship.
- Six States always exclude non-relative caretakers from the family size when determining eligibility, and an additional seven States exclude non-relative caretakers under some circumstances.
- Of the 50 States/Territories that always or sometimes include non-relative caretakers in the family unit, three (the District of Columbia, Massachusetts, and New York) always exclude the income of non-relative caretakers when determining eligibility and copayments.

Defining the Family Unit and Income: Treatment of Non-Parent, Non-Caretaker Adults (Table 10)

Family units, as defined by the States/Territories for CCDF purposes, often include siblings, parents, and caretakers, but some States/Territories may also count additional adults living in the home, such as aunts and uncles, grandparents, and family friends. Policies regarding other adults living in the home may vary depending on whether the adults are relatives or non-relatives. Table 10 shows the State/Territory policies for defining the family unit and income when adults other than the parents or caretakers and their spouses or partners are living in the home. Highlights for 2016 include:

- When determining family size and income for eligibility, all but nine States/Territories never include other adult relatives living in the home. Only one State (Arkansas) always includes other adult relatives living in the home in the family size and counts their income toward family income.
- All but four States/Territories always exclude adult non-relatives living in the home when determining family size and income.

Additional detail about how States/Territories define the family unit can be found in the full detail of the CCDF Policies Database.

Treatment of Various Types of Income and Benefits When Determining Eligibility (Tables 11 and 12)

States/Territories also establish policies for what types of income are counted. Tables 11 and 12 show how States/Territories treat different types of income. Table 11 captures the policies for the following types of income and benefits: TANF income, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), net self-employment income, child support income, and the value of SNAP benefits. Table 12 captures the treatment of general assistance, the value of housing assistance, benefits from the Low-Income Home Energy Assistance Program (LIHEAP), foster care income, State Earned Income Tax Credit (EITC) refunds, non-recurring lump sum income, and non-recurring gifts. Key findings from 2016 include:

- TANF income is fully counted in a little under half of the States/Territories. It is either not counted or only counted under certain circumstances in the remainder.
- SSI is fully counted in approximately half of the States/Territories, and the majority of States/Territories fully count SSDI income.
- All of the States/Territories fully count net income from self-employment.
- Five States/Territories (Alabama, Arkansas, Connecticut, Texas, and Puerto Rico) do not count child support income. Wisconsin counts child support income only if the household receives over \$1,250 per month. The District of Columbia and the Virgin Islands specify that child support income is counted for CCDF-eligible children only, while other States/Territories count child support income for all children in the family.
- Most States/Territories do not count the value of any type of housing assistance, while seven States/Territories count the value of all or some types of housing assistance, such as military housing assistance or employer-provided housing.
- Almost all of the States/Territories exclude the value of SNAP benefits and LIHEAP. Also, among States with an EITC in their State income tax code, almost all exclude the value of State EITC refunds.
- Lump-sum and non-recurring gift income policies show greater variation, with some States/Territories counting income above a certain dollar amount, such as income that exceeds \$50 in a month. Approximately half of the States/Territories do not count lump-sum income, and more than half exclude gift income.

How a State/Territory chooses to define countable income can greatly impact a family's eligibility and copayment. In States/Territories with more narrow definitions of income, families may be more likely to qualify for subsidized care because their countable income is lower.

Note that the child support disregards described in table 11 refer to the child support *received* by the family; the treatment of the child support *paid* by the family is covered in table 13.

Income Disregards When Determining Eligibility (Table 13)

A program's definition of income may include a disregard, or deduction, of a portion of the family's earned income or a disregard of the child support that is paid by the family to children outside the household. Disregards make it more likely that a family will be eligible for CCDF, and may lower the family's required payment. Table 13 shows each State's/Territory's policies for earned income disregards and disregards for child support payments. Key findings from the 2016 policies include:

- Three States/Territories (South Dakota, Utah, and Wyoming) disregard a portion of earned income, either a monthly dollar amount (\$100 in Utah and \$200 in Wyoming) or a percentage of income (four percent in South Dakota).
- Approximately half of the programs allow families to deduct from their income the amount of child support paid in support of children outside of the home.

Note that the child support disregards described in this table refer to the child support *paid* by the family for the support of children living elsewhere; the treatment of the child support *received* by the family is covered in table 11.

Changes in Family and Income Definitions from 2015 to 2016

From 2015 to 2016, six States/Territories made changes to their policies regarding who is included in the assistance unit and the treatment of assistance unit members' income. Wyoming previously counted the earnings of children and siblings in some cases, and in 2016 no longer counted any earnings of children and siblings. Minnesota and Virginia made changes to policies for teen parents, with Minnesota raising the maximum age for teen parents from 17 to 18, and Virginia defining teen parents' assistance units to now include the teens' adult parents. Three States/Territories made changes to policies for step-parents, partners, and blended families. D.C. began including step-parents and their income when determining eligibility and began counting blended families as a single assistance unit. Ohio changed its policy for parents' partners, from only including them in the assistance unit in some cases to always including them in the unit. Puerto Rico began always including step-parents in the assistance unit and counting blended

families as a single assistance unit. Additionally, D.C. changed its policy regarding temporarily absent parents to no longer include them in the assistance unit.

Additionally, from 2015 to 2016, two States made changes to their policies regarding the types of income that are counted. Texas no longer counted TANF, SSI, child support, or general assistance income, and Nevada no longer counted non-recurring gifts as income.

Financial Eligibility Tests

In almost all cases, families must have income below a certain threshold to be fully eligible for the child care subsidy. The countable income of the family (using the definitions of family and income discussed above) is compared to the applicable eligibility threshold. As discussed earlier, each State/Territory establishes income eligibility thresholds, subject to the maximum limits allowed by the federal CCDF rules (85 percent of state median income). Some States/Territories have one set of eligibility thresholds for initial eligibility and a somewhat-higher (i.e., less restrictive) set of thresholds for continuing eligibility. This is sometimes referred to as “tiered eligibility.” Other States/Territories use a higher set of eligibility thresholds for other circumstances, such as for families whose children have special needs or for families transitioning off TANF. (In some States/Territories, certain children, such as children under child protective services, are automatically eligible for care without an explicit financial eligibility test.)

A second type of financial eligibility test that is sometimes used in determining eligibility for means-tested programs is an “assets test.” An assets test requires that a family’s countable assets (money in bank accounts, and so on) be lower than a specified maximum. The legislation that created the CCDF program neither established nor prohibited assets tests, but under CCDBG reauthorization, States/Territories must now include a \$1,000,000 assets test for families applying for subsidies. States may also choose to set the asset limit for families at any amount lower than \$1,000,000.

Initial and Continuing Eligibility Thresholds (Tables 14 and 15)

Every State/Territory establishes income eligibility thresholds to determine eligibility for subsidized child care. Table 14 provides the States’/Territories’ initial eligibility thresholds, for one-person to five-person

families.³⁴ A family newly applying for subsidies must have countable monthly income at or below the initial eligibility threshold to be eligible for subsidies.

Table 15 provides continuing eligibility thresholds, or the maximum income that a family already receiving a subsidy can have and remain eligible. By establishing higher continuing eligibility thresholds, States/Territories allow families to work toward increasing employment and income without losing their child care benefits. Under CCDBG reauthorization, States/Territories may continue to use income thresholds below 85 percent of SMI when determining initial eligibility, but once a family qualifies for assistance and begins their eligibility period, the States/Territories will have to continue to provide assistance during the entire eligibility period as long as the family's income does not exceed 85 percent of SMI and the family does not experience a permanent change in employment, education, or training status. States/Territories may continue to use income thresholds below 85 percent of SMI when redetermining eligibility.³⁵

This table captures the continuing eligibility thresholds used during the family's eligibility period. If different continuing eligibility thresholds are used at the end of the eligibility period (i.e., at redetermination), they are noted. The table captures any policy changes implemented by October 1, 2016, and future years' tables will reflect any changes implemented after this date. Key findings from 2016 include:

- Among the States/Territories, initial eligibility thresholds for a family of three range from \$1,423 per month in Puerto Rico to \$5,040 per month in Vermont. (Appendix B shows each State's initial and continuing eligibility thresholds for a three-person family as a percentage of the Federal Poverty Guidelines.)
- In three States (Colorado, Texas, and Virginia), eligibility thresholds vary geographically within the State. The table shows the thresholds that apply to the most populous area within the State.
- Thirty-two States use higher eligibility thresholds for families who are already receiving subsidies, sometimes referred to as thresholds for continuing eligibility.

³⁴ A one-person family is relevant only in States/Territories with policies that may result in a "child-only" family. For instance, a State/Territory may consider a child living with a non-parent caretaker to be a one-person "child-only" family. Thresholds for larger family sizes (up to families with 10 members) can be found in the full detail of the CCDF Policies Database. Additionally, some States use different thresholds for different subgroups of families (i.e., families receiving TANF or headed by minor parents). When thresholds vary, the amounts shown in the report are for non-TANF families headed by adults; the thresholds for subgroups can be found in the full Database.

³⁵ For additional information on the new eligibility requirements, see "Implications of Child Care and Development Block Grant Reauthorization for State Policies: Changes to Requirements for Ongoing Eligibility" available at <http://www.urban.org/research/publication/implications-child-care-and-development-block-grant-reauthorization-state-policies-changes-requirements-ongoing-eligibility>.

- Where continuing eligibility thresholds are used, the threshold for a three-person family ranges from 3 percent higher than the initial threshold in Kentucky to approximately 130 percent higher than the initial threshold in Ohio.

Assets Test (Table 16)

Assets tests establish a limit on the amount of assets a family may hold and still qualify for subsidized child care. When an assets test is used, the State/Territory must decide what types of assets to count (bank accounts and other financial assets, all or part of the value of vehicles, and so on). With reauthorization of CCDGB, States/Territories must establish an asset test with a maximum value of \$1,000,000 or less. Table 16 shows the State/Territory policies related to assets tests. Highlights from 2016 include:

- Thirty-seven States/Territories use an assets test for determining eligibility for the CCDF-funded child care program.
- Out of the States/Territories that use an assets test, eight States exempt the entire value of all vehicles in the household, two States exempt the entire value of one vehicle, and Nebraska exempts \$12,000 of the market value of one vehicle. Twenty-four States/Territories do not exempt the value of a vehicle.

As shown in the tables, as of October 1, 2016, most of the States/Territories are already in compliance with the new assets test requirements. As the remaining States/Territories adopt the new requirements, that information will be captured in the Database and future tables.

Changes in Financial Eligibility Tests from 2015 to 2016

From 2015 to 2016, 41 States/Territories made changes to their income thresholds for initial eligibility. Thirty-eight States/Territories increased their initial eligibility thresholds, 2 States/Territories lowered their thresholds, and Puerto Rico increased thresholds for larger family sizes while lowering thresholds for smaller family sizes. Of the States/Territories that increased their initial thresholds, the percentage change for a family of three ranged from 0.3 percent in Arizona to 225.8 percent in Illinois, with a median increase of 0.4 percent. Of the 23 States/Territories that used continuing eligibility thresholds in 2015, 18 increased their thresholds for a family of three by October 2016, one lowered its thresholds, and the remaining States/Territories made no changes. Among the States/Territories that increased the continuing eligibility thresholds, the percentage change for a family of three ranged from 0.3 percent in Illinois to 57.0 percent in Alabama, with a median increase of 2.2 percent. An additional nine States/Territories newly implemented continuing eligibility thresholds between 2015 and 2016.

In addition to the changes in eligibility thresholds, 34 States/Territories made changes to their policies for counting assets as of October 2016. Thirty-three States/Territories began using an assets test, as required under CCDBG reauthorization. One State (Kansas) changed its existing assets limit from \$1,000,000 to \$10,000.

Table 1. Maximum Age Allowed for CCDF Eligibility, 2016

State	Child Mentally or Physically		
	Maximum Age for Most Children	Incapacitated	Child in Protective Services
Alabama	12	18	12
Alaska	12	18 ¹	12 ²
Arizona	12 ³	12 ³	12 ³
Arkansas	12	18	18
California	12	21	12
Colorado	12	18	NA ⁴
Connecticut	12 ³	18	12
Delaware	12	18	18
DC	12 ³	18	12
Florida	12	12	12
Georgia	12	17	12 ⁵
Hawaii	12	17	17
Idaho	12	18 ⁶	18 ⁶
Illinois	12 ⁷	18	NA ⁸
Indiana	12	17	17
Iowa	12	18	12 ⁹
Kansas	12 ⁷	18	12 ¹⁰
Kentucky	12 ³	18 ¹¹	12 ³
Louisiana	12 ⁷	17 ¹²	12
Maine	12	18	12 ¹⁰
Maryland	12	18	NA ⁸
Massachusetts	12 ¹³	15 ¹⁴	12 ¹⁵
Michigan	12 ¹⁶	17 ¹⁷	12 ¹⁸
Minnesota	12	14	NA ⁸
Mississippi	12 ³	18 ¹¹	12 ³
Missouri	12	17 ¹⁹	17
Montana	12	18	17
Nebraska	12	18	18
Nevada	12	18	12
New Hampshire	12	17	17
New Jersey	12	18	18
New Mexico	12	17	12 ²⁰
New York	12 ¹³	17 ²¹	12 ²²
North Carolina	12 ²³	17	17
North Dakota	12 ³	18	NA ²⁴
Ohio	12	17	12
Oklahoma	12 ³	18 ¹¹	12 ¹⁰
Oregon	11	17	17
Pennsylvania	12	18	12
Rhode Island	12	18	12
South Carolina	12	18	12
South Dakota	12	17 ²⁵	17 ²⁶

Table 1. Maximum Age Allowed for CCDF Eligibility, 2016

State	Maximum Age for Most Children	Child Mentally or Physically	
		Incapacitated	Child in Protective Services
Tennessee	12	18 ²⁷	12
Texas	12 ³	18 ²⁸	18 ²⁹
Utah	12 ⁷	17	17
Vermont	12 ³	18	18 ³⁰
Virginia	12	17	12 ⁵
Washington	12	18	12 ³¹
West Virginia	12	17 ³²	12 ⁵
Wisconsin	12	18	NA ⁸
Wyoming	12	17	NA ⁸
American Samoa	12	12	12 ³³
Guam	12	18	18 ¹⁰
No Mariana Islands	12	12	12
Puerto Rico	12	18	18
Virgin Islands	12 ⁷	18 ¹	18 ³⁴

Source: CCDF Policies Database October 1, 2016 Data

¹ A child is eligible through the month of the child's 19th birthday.

² Children ages 13 to 18 who require court-ordered adult supervision and who are receiving TANF benefits may continue to receive subsidized child care.

³ When a child turns 13 in the middle of a 12-month eligibility period, the child remains eligible until the end of the current eligibility period.

⁴ Child welfare child care is not funded through the state's CCDF program.

⁵ The age limit is 17 for children under court-ordered supervision.

⁶ The child may receive care until the month of his or her 19th birthday.

⁷ A child is eligible through the month of the child's 13th birthday.

⁸ Child protective services child care is not provided under the state's primary child care subsidy program.

⁹ Children age 13 up to age 16 may be eligible for child care benefits if there are special circumstances that put the safety and well-being of the children at risk if left home alone.

¹⁰ The age limit is 18 for children under court-ordered supervision.

¹¹ When a child turns 19 in the middle of a 12-month eligibility period, the child remains eligible until the end of the current eligibility period.

¹² A child is eligible through the month of the child's 18th birthday.

¹³ A child who turns 13 during the school year may remain in care for the remainder of the school year.

¹⁴ A child who turns 16 may remain in care for the remainder of the school year.

¹⁵ Children involved with child protective services are treated the same as other children with an age limit of 12, or 13 if the child turns 13 during the school year, in which case services may be provided for the remainder of the school year.

¹⁶ Children who turn 13 during a biweekly pay period are eligible through the end of that pay period.

¹⁷ At age 18, the child may continue to receive care if he or she requires constant care due to a physical, mental, or psychological condition or a court order, is a full-time high school student, and is reasonably expected to complete high school before age 19.

¹⁸ Children under court supervision may receive care up to age 17, or 18 if still in high school and expected to graduate before turning 19.

¹⁹ If the child is still in school, he or she may receive care through age 18.

²⁰ Children who turn 13 during the eligibility period remain eligible for the remainder of the 12 month redetermination period or a lesser period of time as determined by the department for CPS or at risk child care.

²¹ If the child is enrolled full time in secondary school or in an equivalent level of vocational or technical training, he or she may receive care through age 18.

²² Children who turn 13 during the school year may continue to receive care through the end of the school year using Title XX funding and using a provider with whom the district has a contract or letter of intent and who is licensed or registered. Children under court supervision may receive care through age 17. If the child is enrolled full time in secondary school or in an equivalent level of vocational or technical training, he or she may receive care through age 18.

²³ If the child's 13th birthday falls on the first of the month, services will end and not continue through the birthday month. If the child's 13th birthday is after the first of the month, services will be provided through end of the birthday month.

²⁴ Child protective services child care is not provided under the state's primary child care subsidy program. The age limit is 18 for children under court-ordered supervision.

²⁵ The maximum age is 18 if the child is enrolled in school and expected to graduate, and is physically or mentally incapable of self-care.

²⁶ The maximum age is 18 if the child is enrolled in school and expected to graduate, and is under court supervision.

²⁷ Children are eligible until the date of their 18th birthday or the date of their high school graduation if they graduate before turning 19, whichever is later.

²⁸ Subsidies for children over the age of 12 with disabilities are at the discretion of the local agency.

²⁹ Services for a child receiving protective services may continue as long as the child protective services agency authorizes the care.

³⁰ Children under court supervision or committed to the custody or guardianship of the commissioner are eligible through age 18.

³¹ Children in child protective services and foster care can receive child care services through the child care program administered by the children's administration. If these families receive child care through the state's primary child care subsidy program, they must meet the same requirements as other families.

³² For home-based self-employed applicants, the maximum age for a child who is physically or mentally incapacitated is 12.

³³ The age limit is 12 for children under court-ordered supervision.

³⁴ The age of a child in protective services must be exempt by a court order within the Virgin Islands code. A child is eligible through the month of the child's 19th birthday.

Table 2. Approved Activities for CCDF Eligibility, 2016

State	<u>Job Search Activities</u>							Post-Secondary Education ²
	Employment	Job Search	Job Search Time Limit	High School ²	GED ²	ESL ²	Training ²	
Alabama	Yes	Yes, only for continuing eligibility	90 days in a year ³	Yes	Yes	No	Yes ⁴	Yes ⁴
Alaska	Yes	Yes, for initial and continuing eligibility	80 hours in a year ⁵	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence ⁶	Yes ⁷	Yes ⁸	Yes	Yes	No ⁹
Arkansas	Yes	Yes, for initial and continuing eligibility	60 days in a year ¹⁰	Yes	Yes	No ¹¹	Yes	Yes
California	Yes	Yes, for initial and continuing eligibility	60 days in a year ¹²	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes, for initial and continuing eligibility	13 weeks in a year ¹³	Yes ¹⁴	Yes ¹⁴	Yes ¹⁴	Yes ¹⁵	Yes ¹⁵
Connecticut	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence	Yes ¹⁶	Yes ¹⁷	No ¹⁸	No ¹⁸	No ¹⁸
Delaware	Yes	Yes, for initial and continuing eligibility	3 months per job loss occurrence	Yes	Yes	No	No	No ¹⁹
DC	Yes	Yes, for initial and continuing eligibility ²⁰	3 months per job loss occurrence	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes, only for continuing eligibility ²¹	3 months per job loss occurrence	Yes ²²	Yes ²²	Yes ²²	Yes ²³	Yes ²⁴

Table 2. Approved Activities for CCDF Eligibility, 2016

State	<u>Job Search Activities</u>							
	Employment	Job Search	Job Search Time Limit	High School ²	GED ²	ESL ²	Training ²	Post-Secondary Education ²
Georgia	Yes ²⁵	Yes, only for continuing eligibility ²⁶	13 weeks per job loss occurrence ²⁷	Yes	Yes ²⁸	No	Yes ²⁵	No ²⁹
Hawaii	Yes	Yes, for initial and continuing eligibility	30 days in a year ³⁰	Yes	Yes	No	Yes	Yes
Idaho	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence	Yes	Yes	Yes	Yes	Yes ³¹
Illinois	Yes	Yes, only for continuing eligibility ³²	30 days per job loss occurrence ³³	Yes ³⁴	Yes ³⁵	Yes ³⁴	Yes ³⁴	Yes ³⁶
Indiana	Yes	Yes, only for continuing eligibility	13 weeks in a year	Yes ³⁷	Yes	Yes ³⁷	Yes ³⁷	Yes ³⁸
Iowa	Yes	Yes, for initial and continuing eligibility	Other ³⁹	Yes	Yes	Yes	Yes ⁴⁰	Yes ⁴¹
Kansas	Yes ⁴²	Yes, only for continuing eligibility ⁴³	3 months per job loss occurrence ⁴³	Yes	Yes	No ⁴⁴	Yes	No ⁴⁵
Kentucky	Yes	Yes, for initial and continuing eligibility ⁴⁶	Through the end of the eligibility period	Yes ⁴⁷	Yes ⁴⁷	No	No ⁴⁸	No ⁴⁷
Louisiana	Yes	No	NA	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes, only for continuing eligibility ⁴⁹	12 weeks in 6 months	Yes	Yes	No	Yes	Yes
Maryland	Yes	Yes, for initial and continuing eligibility	1 month per job loss occurrence ⁵⁰	Yes	Yes	Yes	Yes	Yes ⁵¹

Table 2. Approved Activities for CCDF Eligibility, 2016

State	<u>Job Search Activities</u>							
	Employment	Job Search	Job Search Time Limit	High School ²	GED ²	ESL ²	Training ²	Post-Secondary Education ²
Massachusetts	Yes	Yes, for initial and continuing eligibility	12 weeks in a year ⁵²	Yes	Yes	Yes	Yes	Yes ⁵³
Michigan	Yes	Yes, only for continuing eligibility ⁵⁴	Through the end of the eligibility period ⁵⁵	Yes ⁵⁶	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes, for initial and continuing eligibility	240 hours in a year ⁵⁷	Yes	Yes	Yes	Yes	Yes ⁵⁸
Mississippi	Yes	Yes, for initial and continuing eligibility	60 days per job loss occurrence ⁵⁹	Yes	Yes	No	Yes	Yes
Missouri	Yes	Yes, only for continuing eligibility ²¹	90 days per job loss occurrence ⁶⁰	Yes	Yes ⁶¹	Yes	Yes	Yes
Montana	Yes	Yes, only for continuing eligibility ⁶²	90 days per job loss occurrence ⁶³	Yes ⁶⁴	Yes ⁶⁴	No	Yes ⁶⁵	Yes ⁶⁶
Nebraska	Yes	Yes, for initial and continuing eligibility	2 months per job loss occurrence ⁶⁷	Yes	Yes	Yes	Yes	Yes ⁶⁸
Nevada	Yes ⁶⁹	Yes, for initial and continuing eligibility ⁷⁰	4 weeks in a year ⁷¹	Yes ⁷²	Yes ⁷²	No	Yes ⁷³	Yes ⁷⁴
New Hampshire	Yes	Yes, for initial and continuing eligibility	40 days in 6 months ⁷⁵	Yes	Yes	Yes	Yes ⁷⁶	Yes ⁷⁷
New Jersey	Yes	No ²¹	NA	Yes	No ⁷⁸	Yes	Yes	Yes
New Mexico	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence	Yes	Yes ⁷⁹	Yes	Yes	Yes

Table 2. Approved Activities for CCDF Eligibility, 2016

<u>Job Search Activities</u>								
State	Employment	Job Search	Job Search Time Limit	High School ²	GED ²	ESL ²	Training ²	Post-Secondary Education ²
New York	Yes	No ⁸⁰	NA	Yes ⁸¹	Yes ⁸¹	Yes	Yes ⁸²	No ⁸³
North Carolina	Yes	Yes, for initial and continuing eligibility	Other ⁸⁴	Yes	Yes	No	Yes	Yes ⁸⁵
North Dakota	Yes	Yes, only for continuing eligibility ⁸⁶	3 months in a year ⁸⁷	Yes	Yes	Yes	Yes ⁸⁸	Yes ⁸⁹
Ohio	Yes	Yes, only for continuing eligibility ⁹⁰	Other ⁹⁰	Yes ⁹¹	Yes ⁹¹	Yes ⁹¹	Yes	Yes ⁹²
Oklahoma	Yes	No ⁹³	NA	Yes	Yes ⁹⁴	Yes ⁹⁴	Yes ⁹⁵	Yes ⁹⁶
Oregon	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence ⁹⁷	No	No	No	No	No ⁹⁸
Pennsylvania	Yes	Yes, only for continuing eligibility	30 days per job loss occurrence ⁹⁹	Yes	Yes	Yes	Yes	No ¹⁰⁰
Rhode Island	Yes ¹⁰¹	Yes, only for continuing eligibility ¹⁰²	21 days in 6 months ¹⁰²	Yes ¹⁰³	Yes ¹⁰³	Yes	No ¹⁰⁴	--- ¹
South Carolina	Yes ¹⁰⁵	Yes, only for continuing eligibility	3 months per job loss occurrence	Yes	Yes	No ¹⁰⁶	Yes	Yes
South Dakota	Yes	Yes, only for continuing eligibility ¹⁰⁷	3 months per job loss occurrence ¹⁰⁷	Yes	Yes	No	Yes	Yes
Tennessee	Yes	No ¹⁰⁸	NA	Yes	Yes ¹⁰⁹	No	Yes	Yes
Texas	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence	Yes	Yes	Yes	Yes	Yes

Table 2. Approved Activities for CCDF Eligibility, 2016

State	<u>Job Search Activities</u>							
	Employment	Job Search	Job Search Time Limit	High School ²	GED ²	ESL ²	Training ²	Post-Secondary Education ²
Utah	Yes	Yes, only for continuing eligibility ¹¹⁰	3 months in a year ¹¹¹	No ¹¹²	No ¹¹²	No ¹¹²	No ¹¹²	No ¹¹²
Vermont	Yes	Yes, for initial and continuing eligibility	3 months per job loss occurrence	Yes	Yes	Yes	Yes ¹¹³	Yes ¹¹³
Virginia	Yes ¹¹⁴	No ¹¹⁵	NA	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes, only for continuing eligibility ²¹	56 days in a year ¹¹⁶	Yes ¹¹⁷	Yes ¹¹⁷	No ¹¹⁷	No ¹¹⁷	No ¹¹⁸
West Virginia	Yes	Yes, for initial and continuing eligibility	3 months in 6 months ¹¹⁹	Yes	Yes	Yes	Yes	Yes ¹²⁰
Wisconsin	Yes	No ¹¹⁵	NA	Yes ¹²¹	Yes ¹²²	Yes ¹²³	Yes ¹²⁴	No ¹²⁵
Wyoming	Yes	Yes, only for continuing eligibility	90 days in a year ¹²⁶	Yes	Yes	No	Yes	Yes ¹²⁷
American Samoa	Yes	Yes, for initial and continuing eligibility	Other ¹²⁸	Yes ¹²⁹	Yes	Yes	Yes	Yes ¹²⁹
Guam	Yes	No	NA	Yes	Yes	No	Yes	Yes
No Mariana Islands	Yes	Yes, for initial and continuing eligibility	30 days	Yes	Yes	No	Yes	Yes
Puerto Rico	Yes	Yes, only for continuing eligibility	3 months per job loss occurrence	Yes ¹³⁰	Yes ¹³⁰	No	Yes ¹³¹	Yes ¹³²
Virgin Islands	Yes	No	NA	Yes	Yes	No	Yes	Yes

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² For the purposes of the CCDF Policies Database, a caretaker situation exists when the child lives with the caretaker, the caretaker has assumed responsibility for the care of the child, and the child's parents do not live in the home with the child.

³ Job search activities are limited to one 90-day period within the 12-month eligibility period.

⁴ Training and educational activities are limited to non-academic vocational, trade, or technical training programs lasting no more than 24 calendar months from the parent's initial enrollment into the program, or, for parents who have already completed the first two years of a four-year college degree program, the last two years of the four-year degree program.

⁵ Job search activities are limited to 80 hours of care in a calendar year.

⁶ Job search is approved for three months per loss of eligible activity or until the next redetermination, whichever occurs sooner.

⁷ Teen parents are not required to meet a minimum work requirement. All other parents in school must meet a minimum work requirement of 20 hours per week.

⁸ GED activities qualify as an eligible activity for teen parents. However, parents who are not teens must work 20 hours per week. If parents meet the minimum work requirement, GED activities are authorized for child care.

⁹ Parents in post-secondary education must meet a minimum work requirement of 20 hours per week.

¹⁰ Forty-five days of job search activities can initially be approved, and a hand-written statement listing job contacts or documentation of job search can be submitted in order to receive an additional 15 calendar days of care. Only 60 calendar days of care for job search may be received in a calendar year, with a 60-month lifetime limit. Job search days must be consecutive.

¹¹ Applicants may request a waiver to qualify for child care for ESL activities without meeting work or other activity requirements.

¹² Job search activities are limited to 60 days per fiscal year, no more than five days per week, and less than 30 hours per week.

¹³ Job search activities are limited to 13 weeks of child care within a 12-month period, which begins on the first day of the job search.

¹⁴ Child care is provided for up to 12 months if the parent is in high school, attending ESL classes, or in adult basic education.

¹⁵ Child care is provided for at least two years of the program if the parent is in post-secondary education or a workforce training program.

¹⁶ High school activities are approved for all parents under age 20, as well as TANF families if it is part of their employment services plan.

¹⁷ GED activities are approved for all parents under age 20, as well as TANF families if it is part of their employment services plan.

¹⁸ Activities are approved for TANF families if the activities are part of their employment services plan.

¹⁹ Post-secondary education is only approved if it is part of a TANF employment and training program or if the applicant began education activities while in a SNAP employment and training program.

²⁰ Job search is approved if parents lose employment through no fault of their own. Job search is not approved when parents resign or are dismissed for cause.

²¹ For TANF clients, job search is an eligible activity for initial and continuing eligibility.

²² Parents' education activities must consist of at least 20 hours of combined approved activities per week.

²³ Parents eligible for training must participate in at least 20 hours of combined approved activities per week.

²⁴ Parents eligible based on education or training activities must participate in at least 20 hours of combined approved activities per week. For TANF participants, post-secondary education is limited to degrees related to their field of work.

²⁵ Each parent must participate in one or more approved activities for a minimum average of 24 hours per week. Approved activities include employment, job search, education, and training.

- ²⁶ Each parent must participate in one or more approved activities for a minimum average of 24 hours per week. Approved activities include employment, job search, education, and training. Job search qualifies as an initial eligibility activity for clients who receive priority due to TANF, homelessness, or domestic violence. Clients with job search as an activity for continuing eligibility can count job search hours towards their hours requirement.
- ²⁷ If the client does not obtain employment after 13 weeks, child care services may be suspended for up to 13 weeks or services may be terminated.
- ²⁸ GED activities qualify as eligible activities for minor parents below the age of 21. Adult parents, 21 and older, must have at least 24 hours per week of their GED activity or 24 hours per week of their GED activity in combination with another approved activity to qualify.
- ²⁹ Enrollment in a degree program is not an approved activity. Participation in vocational programs at colleges and universities is an approved activity.
- ³⁰ Thirty consecutive days in a 12-month period may be approved for job search activities.
- ³¹ Child care subsidies are not approved for online classes or post-baccalaureate classes. Post-secondary education is approved for a maximum of 48 months.
- ³² For TANF clients participating in an approved agency program, job search is an eligible activity for initial and continuing eligibility if listed in their plan.
- ³³ Families are limited to three 30-day grace periods in any 12-month period.
- ³⁴ Students must maintain a C average, or in cases where grades are not used, meet comparable requirements of the education or training program. Beginning with the 25th month of participation, the client must work 20 hours or more per week. The work requirement does not apply to a teen parent.
- ³⁵ GED activities are approved with no work requirement for the first 24 non-consecutive months. After 24 months of assistance, the parent must be working on average 20 hours per week in addition to participating in GED activities to continue to qualify for assistance.
- ³⁶ Students who do not work must maintain a 2.5 GPA, and students who work 20 hours or more per week must maintain a 2.0 GPA. The client cannot already have an associate's degree or bachelor's degree and be seeking a second one.
- ³⁷ For TANF work program families, activities must be approved by a TANF work program caseworker. For other families, activities must be completed through a certified or accredited secondary or post-secondary training organization or institution.
- ³⁸ For TANF work program families, activities must be approved by a TANF work program caseworker. For other families, activities must be completed through a certified or accredited secondary or post-secondary training organization or institution. Benefits for post-secondary education may only be given for a maximum of 16 semesters and may only support one four-year degree or two associate degrees.
- ³⁹ Job search is an eligible activity for up to 30 consecutive days in a year for initial eligibility. For continuing eligibility, job search is an eligible activity for up to 90 days per year.
- ⁴⁰ Training is not approved if the occupation has low job prospects, or if the program does not require regular attendance.
- ⁴¹ Education beyond a bachelor's degree is not an approved activity for CCDF eligibility.
- ⁴² Employed adults must earn at least the federal minimum wage per hour, including tips, to qualify for child care. If a self-employed person is not earning the equivalent of the federal minimum wage after six months, child care services will be terminated.
- ⁴³ Job search is approved for three months following the month the loss of employment or cessation of job training occurs. For TANF clients, job search is an eligible activity for initial and continuing eligibility.
- ⁴⁴ ESL is only authorized under the TANF work program.
- ⁴⁵ Post-secondary students must work a minimum of 15 hours per week and maintain a cumulative GPA of 2.0 on a 4.0 scale to remain eligible for child care assistance. Each parent is eligible for a maximum of 24 months of child care assistance for post-secondary education. In a two-parent household, only one parent may be attending post-secondary education. The other must meet another approved activity for the household to receive assistance. If self-employed, child care plans will be terminated after six months if post-secondary students are not working a minimum of 15 hours per week and earning the equivalent of the federal minimum wage per hour.

- ⁴⁶ The parent must have lost employment or training within 90 days of application through no fault of the recipient to initially qualify for job search activities.
- ⁴⁷ Education is an approved activity for teen parents or if it is part of the state work program requirement. For parents who are not teens or part of the work program, care may be provided during education activities if the parent qualifies for the subsidy based on employment.
- ⁴⁸ Training is only an approved activity if it is part of the TANF work program requirement.
- ⁴⁹ Job search activities may be approved for a maximum of twelve weeks for current recipients who have lost work or who have completed school and are looking for work. Coverage starts on the first day of unemployment, and parents are granted up to 20 hours of care per week. Families are eligible for care during one of three breaks in eligibility (maternal/paternal leave, short-term medical leave, or job search) within a six month period.
- ⁵⁰ The one-month time limit is per job loss occurrence. If the individual has difficulty finding employment, multiple job search periods may be approved.
- ⁵¹ The education activity must be related to a specific occupation, job, or job offer.
- ⁵² Parents already receiving benefits are allowed eight weeks of job search activities at the level of care they were receiving while employed. Parents not already receiving care are allowed eight weeks of job search activities at the full-time level of care. Four additional weeks of job search activities may be approved in extraordinary circumstances. Parents who qualify for child care because of participation in education or training activities cannot qualify for care during job search hours while on semester breaks longer than six weeks. Parents with predictable breaks in their work schedules, such as teachers, bus drivers, or parents employed in seasonal work cannot qualify for job search hours during these breaks in employment. Parents who are completing approved maternity leaves do not qualify for job search hours, unless they were involuntarily separated from their employment during their leave.
- ⁵³ Education activities must take place at an accredited college or university and lead to an associate's or bachelor's degree.
- ⁵⁴ For TANF work program families, job search is an eligible activity for initial and continuing eligibility if it is part of their work requirement.
- ⁵⁵ Job search activities are approved through the end of the 12-month eligibility period.
- ⁵⁶ High school enrollment is a required activity for minor parents without high school diplomas.
- ⁵⁷ A maximum of 240 hours per calendar year is allowed for job search. TANF families are exempt from this maximum if job search activities are a part of their employment plan.
- ⁵⁸ Post-secondary education is not approved for a second bachelor's degree or education beyond a bachelor's degree except for continuing education units, certification, and coursework required to obtain or retain employment, or if it is part of a cash-welfare approved employment plan.
- ⁵⁹ Job search is an eligible activity for 60 days from the last day of employment, provided the parent notified the agency of the loss of employment within 10 days.
- ⁶⁰ Job search activities are allowed through the last day of the month in which the 90th day falls.
- ⁶¹ The maximum amount of time authorized for child care is one year for GED activities, with an extension possible on an individual basis. The program must be certified through the state in order to be considered an eligible activity.
- ⁶² For TANF recipients, job search activities are only approved for applicants who have job search in their family investment agreement or employability plan.
- ⁶³ Job search activities are limited to 90 days per job loss occurrence beginning on the day the job loss is reported. One grace period may be granted per job loss. There is no explicit limit on the number of times a parent may use the job loss grace period.
- ⁶⁴ High school, GED, and equivalency programs are approved activities for low-income teen parents (through age 19), without a minimum work requirement.
- ⁶⁵ Single parent families must work 40 hours per month while the parent attends education or training part time. The minimum hourly work requirement, however, may be waived if it becomes a barrier to finishing school. Full-time students do not have a minimum work requirement. Two parent households where one parent is a full-time student and one parent is a part-time student must work 60 hours per month.

⁶⁶ Single parent families must work 40 hours per month while the parent attends education or training part time. The minimum hourly work requirement, however, may be waived if it becomes a barrier to finishing school. Post-secondary education is not allowed above a bachelor's degree. If, however, the parent received the last post-secondary degree or training certificate over five years ago, subsidies may be allowed for a second certificate or bachelor's degree. Full-time students do not have a minimum work requirement. Two parent households where one parent is a full-time student and one parent is a part-time student must work 60 hours per month.

⁶⁷ Clients may initially be given two consecutive calendar months for job search activities in a program year (July 1 through June 30). Each time the client loses a job, he or she is entitled to two months of care for job search activities.

⁶⁸ Post-secondary education is not approved for a client to earn a second bachelor's degree or for any graduate schooling.

⁶⁹ Self-employment in the applicant's home is an approved activity if the business meets at least two of the three following criteria: has a valid business license, is zoned to legally operate a business, or has employees and is paying individuals to work for the business.

⁷⁰ Families are not eligible for job search if the eligible child is school age (between 6 and 12 years old) or has special needs (over 13 years old). If the child is not in school due to school breaks or holidays, child care is approved during job search activities.

⁷¹ Job search activities are limited to four weeks per calendar year.

⁷² High school and GED activities are limited to minor parents. Minor parents who turn 18 and have not graduated or obtained their GED remain eligible for educational activities as long as they obtain their diploma or GED before turning 19.

⁷³ A recipient must attend 20 or more hours of training per week. Additionally, the recipient must attend a post-secondary institution that offers vocational educational programs or a program that offers defined and verifiable employment preparation training.

⁷⁴ The approval of post-secondary education is subject to available funding. If funding is available, the recipient must enroll in six or more semester credit hours.

⁷⁵ For non-TANF families, care cannot be authorized for more than 40 days of child care services in any six-month period. For TANF families, all activities in the individual's employment plan are authorized.

⁷⁶ Training is approved if it prepares the individual for employment.

⁷⁷ Post-secondary education is an approved activity if it leads to a degree, certificate, or license in an area of specialization; has immediate practical application toward employment; does not exceed 104 weeks in a lifetime; and does not result in a degree at the bachelor's level or higher. Prerequisite courses for post-secondary education are not an eligible activity, except for a maximum of two pre-requisite courses for nursing programs only. TANF recipients who are not in the employment program must fulfill the general requirements, but are allowed to pursue a bachelor's degree.

⁷⁸ GED activities are approved for TANF families.

⁷⁹ Child care benefits for clients who are preparing to get a GED are limited to one year.

⁸⁰ Policy coded for New York City. Job search activities can be approved for up to six months if a district selects this option in its Child and Family Services Plan and has funds available. Districts can limit job search activities to less than six months. This limitation is per year, unless otherwise noted in the district's Child and Family Services Plan.

⁸¹ Teen parents may attend high school or an equivalent program.

⁸² Enrollment in more than two consecutive vocational training programs, when care is needed, is not allowed.

⁸³ In New York City, post-secondary education activities are approved for two-year programs for parents working at least 17.5 hours per week. Statewide, districts may approve post-secondary education activities that include two-year programs, other than ones with a specific vocational sequence leading to an associate degree, and four-year college programs if the parent is also working at least 17.5 hours per week.

- ⁸⁴ Job search activities are initially approved for 30 days per job loss occurrence. Job search activities can be extended for another 30 days if the parent requests an extension and the caseworker determines that an extension is warranted. If the parent is already receiving child care assistance, 90 days of eligibility is authorized if the unemployment is following a job loss, transition from education or training activities, or the post-secondary education time limit. Assistance can be extended beyond 90 days if the caseworker determines that an extension is warranted.
- ⁸⁵ Post-secondary education is limited to 20 months and cannot be approved for graduate or post-graduate studies.
- ⁸⁶ Job search is an approved activity for initial eligibility only for TANF and Transitional Child Care families who have job search listed on their employment plan.
- ⁸⁷ Job search activities are allowed for three consecutive months within a year. The limit does not apply to TANF recipients if they have different guidelines listed in their individual employment plans.
- ⁸⁸ Allowable training activities include but are not limited to basic remedial education, training designed to achieve basic literacy, training needed to secure or retain a job, vocational training, and ESL classes.
- ⁸⁹ An applicant may participate in post-secondary education that leads to a certificate, associate's degree, or bachelor's degree, provided the individual has not already received a bachelor's degree. Post-graduate education activities are not eligible activities.
- ⁹⁰ When an approved activity ends, child care can be continued for up to 13 weeks. These 13 weeks may not extend beyond the eligibility period and only one extension is permitted per year.
- ⁹¹ The education program must require classroom attendance with an instructor present.
- ⁹² Post-baccalaureate education is only approved if the education is necessary to meet specific requirements associated with maintaining employment, certification, or licensure. Post-secondary education is not approved for individuals who have already completed 140 undergraduate semester hours or 216 undergraduate quarter hours, or the combined equivalent.
- ⁹³ Job search activities are approved if they are part of a TANF work assignment.
- ⁹⁴ Care is not approved for both parents to attend GED or ESL classes at the same time.
- ⁹⁵ Training is approved when it will qualify the individual to meet requirements for a job that the client could not meet without a certificate, accreditation, or licensure. The training program must qualify for federal financial aid from the U.S. Department of Education. In a two-parent household, the other parent must be employed during the hours the first parent is attending training. On-the-job training or apprenticeship programs that pay minimum wage are approved under employment activities.
- ⁹⁶ Post-secondary education must be expected to lead to a degree or certificate. In a two-parent household, care will not be authorized if both parents are attending a formal education or training program at the same time.
- ⁹⁷ Job search may be approved for up to three months after a permanent job loss occurs. For TANF clients, job search activities must be approved by agency staff.
- ⁹⁸ Child care for education activities is covered as long as the client is primarily an employee rather than a student. Working students can qualify for subsidies as long as at least 50 percent of their authorized hours are for employment.
- ⁹⁹ Job search activities are approved for 30 days from the date employment ended. If on the 31st day the parent is still unemployed, child care payments can be suspended for an additional 30 days without loss of eligibility. TANF families are allowed 30 days between breaks in activities during which time they continue receiving subsidized child care.
- ¹⁰⁰ Post-secondary students must work a minimum of 10 hours per week.
- ¹⁰¹ Each client must earn, per hour, an average of the greater of either the state or federal minimum wage.

- ¹⁰² Income-eligible parents receiving a child care subsidy may be granted a grace period not to exceed 21 days when experiencing temporary unemployment or a transition between jobs.
- ¹⁰³ High school or GED activities are approved for teen parents, under the age of 20, without a high school degree or its equivalent. The applicant must be participating in the state's assistance program for teen parents. TANF applicants may participate in employment or education as approved in their employment plan.
- ¹⁰⁴ Training activities may be approved for teen parents, under the age of 20, without a high school degree or its equivalent. The applicant must be participating in the state's assistance program for teen parents. TANF applicants may participate in employment or education as approved in their employment plan.
- ¹⁰⁵ Employment includes subsidized employment, on-the-job training, and self-employment. It may also include part-time or work-study employment for at least 15 hours a week. A participant is considered employed if he or she is paid a salary. Self-employed participants must make at least minimum wage by the end of the first year of child care services in order to continue receiving care.
- ¹⁰⁶ ESL may be authorized for TANF recipients in order to comply with a family plan.
- ¹⁰⁷ If a person is already receiving child care assistance and suffers a loss of employment, three months of continued assistance can be granted from the last day of employment.
- ¹⁰⁸ Job search activities are approved for TANF recipients.
- ¹⁰⁹ GED activities qualify as an eligible activity for teen parents only.
- ¹¹⁰ Single parent clients who lose eligibility for employment-related child care due to job loss can be approved to receive child care during a job search. In order to be eligible, clients must have been working at least 15 hours per week, report the job termination within 10 days of the last day worked or the date of termination (whichever is later), and formally request continued assistance during the job search period.
- ¹¹¹ Eligible clients can be approved for child care during job search for a maximum of three months. To receive the first month, the job termination must have been reported within 10 days and clients must have formally requested child care for the job search period. To receive the second and third month, the job loss must be verified no later than the end of the first job search report month. The month of job loss does not count in the three month maximum limit. Clients are eligible to receive child care during a job loss period only once per year, even if they do not meet the maximum limit.
- ¹¹² Care is authorized for education or training activities only if clients meet the minimum work requirement.
- ¹¹³ Parents must demonstrate participation in a program that is likely to lead to employment within one year after completion of the program. The policy also applies to training or education programs required to maintain employment. Community service time/training are eligible activities. Volunteer work and post-bachelor education are not eligible activities.
- ¹¹⁴ If the client has been self-employed for less than a year, he or she must provide proof of earnings equivalent to the minimum wage for actual hours worked within three months of approval for the program.
- ¹¹⁵ Job search activities are only approved if they are part of a TANF or SNAP work program.
- ¹¹⁶ Job search periods are limited to two times per year. Each job search period is for 28 days, and the job search periods may be used back to back, for a total of 56 days of job search per year.
- ¹¹⁷ Non-TANF clients over the age of 21 must work at least 20 hours per week or be in a paid federal or state work study program for at least 16 hours per week in conjunction with education and training to be eligible for care.
- ¹¹⁸ Non-TANF clients over the age of 21 must work at least 20 hours per week or be in a paid federal or state work study program for at least 16 hours per week in conjunction with education and training to be eligible for care. Vocational education at a technical or community college is approved if it leads to a degree or certificate in a specific occupation.

¹¹⁹ Recipients can receive care for job search activities for up to three months in a six-month period. Job search activities are covered for eight hours a day, five days a week.

¹²⁰ A student must keep a 2.0 grade point average and satisfactory attendance. A student who fails to maintain the 2.0 grade point average, or whose grade report reflects withdrawals or incompletes in more than half of the semester's classes will be given an improvement period for one semester upon provision of a letter from the college confirming the student attends classes. Other students must submit statements from the educational or training facility which document that attendance and progress are satisfactory. If the student fails to meet the 2.0 requirement within the improvement period, the case will be suspended for a semester. Clients may resubmit the materials to prove they are enrolled. If they fail to maintain satisfactory progress a second time, the case is suspended for a calendar year. If they fail to maintain satisfactory progress a third or fourth time, the suspensions are for two calendar years each.

¹²¹ If the parent is age 20 or older, approval for high school is limited to 24 months. The time restriction does not apply to parents age 19 or younger. Parents age 20 and older must also participate in at least twenty hours of employment per month.

¹²² If the parent is age 20 or older, approval for GED activities is limited to 24 months. The time restriction does not apply to parents age 19 or younger. Parents age 20 and older must also participate in at least twenty hours of employment per month.

¹²³ ESL activities are limited to 24 months.

¹²⁴ Pre-job training is limited to two weeks. Apprenticeships are considered allowable employment.

¹²⁵ Post-secondary education activities are limited to 24 months. The activity must provide an employment skill that would help the individual's efforts to maintain employment. Parents must also participate in at least 20 hours of work per month.

¹²⁶ Job search activities may be approved for up to 90 days during the 12-month eligibility period.

¹²⁷ Approval for post-secondary education is limited to one degree, unless an associate's degree was earned as part of working towards completing a bachelor's degree. The participant must also maintain at least a 2.0 cumulative grade point average each term or semester.

¹²⁸ Job search activities can be approved for two months at a time and initially renewed up to a maximum of six months. The parent must then wait six months before qualifying for a second and final job search period, not to exceed an additional six months. For those who are initially found eligible for child care based on employment but lose their job, continuing eligibility for job search is approved until the end of the authorization period.

¹²⁹ Participants must be taking at least two classes each semester.

¹³⁰ Any program from an institution that is accredited by the department of education resulting in a diploma or certificate is approved.

¹³¹ A minimum of 20 hours of weekly training is required.

¹³² Any educational, training, or rehabilitation program licensed by the department of higher education with a specific vocational, education, or occupational goal that is geared towards the development of knowledge and skills necessary to secure employment is an eligible activity.

Table 3. Approved Activities for CCDF Eligibility (continued), 2016

State	SNAP Employment and Training (E&T)	Housing Search (Homeless)	Approved Activities for TANF Families	
			TANF Work Program ²	Other TANF Activities
Alabama	No	Yes	Yes	No
Alaska	No	No	Yes	Yes
Arizona	No	No	Yes	Yes
Arkansas	No	No	Yes	No
California	NA ³	Yes	Yes	Yes
Colorado	NA ³	Yes ⁴	Yes ⁵	No
Connecticut	No	No	Yes ⁶	Yes ⁶
Delaware	Yes	No	Yes ⁷	Yes ⁷
DC	Yes	Yes	Yes	Yes
Florida	NA ³	No	Yes	Yes
Georgia	No	No	Yes	Yes ⁸
Hawaii	No	No ⁹	Yes ¹⁰	Yes
Idaho	No	Other ¹¹	Yes	Yes ¹²
Illinois	No	No	Yes	Yes ¹³
Indiana	No	No	Yes	No
Iowa	No	No	Yes ¹⁴	Yes ¹⁴
Kansas	Yes	No	Yes	Yes
Kentucky	No	No	Yes	No
Louisiana	No	No	Yes ¹⁵	No
Maine	No	No	No	No
Maryland	No	No	Yes	Yes
Massachusetts	No	Yes ¹⁶	Yes ¹⁷	Yes ¹⁷
Michigan	Yes ¹⁸	No	Yes ¹⁹	Yes
Minnesota	No	No	Yes ²⁰	Yes ²⁰
Mississippi	No	No	Yes	Yes
Missouri	NA ³	No	Yes ²¹	Yes ²¹
Montana	No	No	Yes ²²	No
Nebraska	Yes	No	Yes	Yes
Nevada	No	Yes ²³	Yes	Yes
New Hampshire	Yes ²⁴	Other ²⁵	Yes ²⁶	Yes ²⁶
New Jersey	NA ³	No	Yes	Yes
New Mexico	No	No	Yes	Yes
New York	No ²⁷	No ²⁸	Yes	No
North Carolina	Yes	No	Yes	Yes
North Dakota	No	Yes ²⁹	Yes ³⁰	Yes ³⁰
Ohio	Yes	No ³¹	Yes ³²	Yes ³²
Oklahoma	Yes	Yes	Yes	No
Oregon	No	No	Yes ³³	No
Pennsylvania	Yes	No	Yes ³⁴	No
Rhode Island	--- ¹	No	Yes ³⁵	Yes ³⁵
South Carolina	No	No	Yes ³⁶	Yes ³⁶

Table 3. Approved Activities for CCDF Eligibility (continued), 2016

State	Approved Activities for TANF Families			
	SNAP Employment and Training (E&T)	Housing Search (Homeless)	TANF Work Program ²	Other TANF Activities
South Dakota	No	No	Yes ³⁷	No
Tennessee	No	No	Yes	Yes
Texas	Yes	No	Yes	No
Utah	No	Yes ³⁸	Yes	Yes
Vermont	No	Yes	Yes	No
Virginia	Yes	No	Yes	Yes
Washington	Yes	No ³⁹	Yes	Yes ⁴⁰
West Virginia	No	No	Yes	No
Wisconsin	Yes	No	Yes	Yes ⁴¹
Wyoming	Yes	No	Yes	No
American Samoa	NA ⁴²	No	NA ⁴³	NA ⁴³
Guam	NA ⁴⁴	No	NA ⁴⁵	No
No Mariana Islands	NA ⁴²	No	NA ⁴³	NA ⁴³
Puerto Rico	NA ⁴²	No	Yes	Yes
Virgin Islands	No	No	Yes ⁴⁶	Yes ⁴⁶

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² TANF work program activities are broadly defined as employment or training activities that are part of the State's/Territory's TANF program.

³ Child care for SNAP E&T participants is not provided under the state's primary child care subsidy program.

⁴ Homeless families are provided child care for a 60-day stabilization period.

⁵ Eligibility is determined according to the TANF work program guidelines.

⁶ Approved activities include education, training, job search, substance abuse and mental health treatment, or any activity included in the participant's employment plan.

⁷ TANF participants must be employed, attending school, or participating in the TANF work program.

⁸ TANF participation requirements, as outlined in the family service plan, are approved activities.

⁹ Families with income below 100 percent of the Federal Poverty Guidelines who are employed and homeless are given priority.

¹⁰ Applicants may participate in a TANF work program or a treatment program.

¹¹ Homeless families searching for housing through a homeless agency may be approved as participating in a training activity.

¹² Employment and other activities are approved under the state's TANF program. The family may participate in other activities as outlined in its personal responsibility contract.

¹³ Approved activities include education, training, job search, substance abuse and mental health treatment, or any activity included in the participant's responsibility and services plan.

¹⁴ Families who receive TANF or participate in the state's TANF work program are eligible for child care assistance regardless of income.

¹⁵ Eligibility is approved for participation in the state program that provides education, employment, training, and related services for families receiving or applying for TANF assistance.

- ¹⁶ If the family is referred by the state's housing authority program, the family may be approved for care for housing search and other shelter activities.
- ¹⁷ Families receiving TANF may receive child care if care is authorized by the department that administers the state's TANF program.
- ¹⁸ Department assigned employment preparation activities are approved.
- ¹⁹ Participation in a TANF work program is a required activity for minor parents age 16 or 17 who have graduated from high school.
- ²⁰ TANF recipients must either be involved in activities related to an approved employment plan as developed by the participant and a job counselor, or one of the following activities outside of the work program: employment, job search, financial and employment services orientation, or appeals and hearings for cash assistance.
- ²¹ The applicant must be participating in work or education activities.
- ²² Parents receiving TANF cash assistance must be participating in family investment agreement/employability plan activities that require child care.
- ²³ Housing search is an approved activity if it is part of a homeless self-sufficiency plan.
- ²⁴ Care may be approved for up to 40 days in a six-month period if funding permits.
- ²⁵ Participants who are seeking both employment and housing can qualify for subsidized care.
- ²⁶ TANF participants must be participating in employment, an associate's or bachelor's degree program, or a course of study necessary to meet the participants' goals for obtaining employment.
- ²⁷ Policy coded for New York City.
- ²⁸ Policy coded for New York City. A county may pay for child care for housing search activities if the county selected this option in its child and family services plan.
- ²⁹ Homeless families can be approved for care if they meet activity requirements, which can include housing search. If the family's only allowable activity is housing search, the family is eligible to receive up to 15 hours of care per week.
- ³⁰ Approved activities include participation in employment, education, training, or any approved TANF work program.
- ³¹ Homeless families do not have a requirement for a qualifying activity.
- ³² Child care is approved if it is necessary for the parent to comply with the requirements of a self-sufficiency contract.
- ³³ TANF recipients receive child care through the CCDF program if they are participating in the TANF work program and at least half of their work program hours are for employment.
- ³⁴ Participants in the TANF training or work support training program are eligible for child care subsidies.
- ³⁵ TANF applicants may participate in employment or education as approved in their employment plan.
- ³⁶ A TANF participant who is participating in work, school, or training, complying with his or her TANF family plan, participating in a TANF countable component, attempting to start a countable component within two weeks, or incapacitated and unable to work for 90 or more days is eligible for child care assistance. Care may be authorized for up to 26 weeks at a time and up to 52 weeks per application.
- ³⁷ TANF families participating in activities approved by the TANF employment specialist are eligible for reimbursement of child care costs for those activities.
- ³⁸ Homeless families may use child care assistance for activities including, but not limited to, employment, job search, training, shelter search, or working through a crisis situation.
- ³⁹ Child care for homeless families participating in housing search and other shelter activities is not provided under the state's primary child care subsidy program.
- ⁴⁰ The following additional TANF activities are automatically approved for subsidized child care: community service, disability-related vocational rehabilitation, alcohol or substance abuse treatment, resolution of homelessness, parenting or family planning classes, pursuit of disability or veteran's benefits, family violence intervention, mental health services, learning disability services, temporary physical incapacity, and medical treatment.
- ⁴¹ Child care is approved for all TANF placement types and activities assigned on the employability plan or case management plan as long as care is needed in order to participate in the activities.

⁴² The nutrition assistance program does not have an employment and training program.

⁴³ This territory or outlying area does not have a TANF program.

⁴⁴ Child care for SNAP E&T participants is not provided under this territory or outlying area's primary child care subsidy program.

⁴⁵ Child care for TANF work program participants is not provided under this territory or outlying area's primary child care subsidy program.

⁴⁶ Any TANF parent who is working or officially enrolled or registered and actively participating in a job training or educational program is eligible.

Table 4. Minimum Work Hours Per Week Required for CCDF Eligibility, 2016 ²

State	Minimum Hours of Work Required for Eligibility ³	<u>Work Hour Requirement In Order to Have School Hours Covered by the Subsidy</u>		
		Minimum Work Hours for a Two-Parent Household ³	Minimum Work Hours for a Full-Time High School Student	Minimum Work Hours for a Full-Time Post- Secondary Student
Alabama	15	Each parent must work 15 hours	No minimum	No minimum
Alaska	No minimum	No minimum	No minimum	No minimum
Arizona	No minimum	No minimum	No minimum ⁴	20
Arkansas	30	Each parent must work 30 hours	No minimum	No minimum
California	No minimum	No minimum	No minimum	No minimum
Colorado	No minimum	No minimum	No minimum ⁵	No minimum ⁵
Connecticut	No minimum	No minimum	No minimum	NA ⁶
Delaware	No minimum	No minimum	No minimum	NA ⁷
DC	20	Each parent must work 20 hours	No minimum	No minimum
Florida	20 ⁸	Both must work a total of 40 hours	No minimum ⁹	No minimum ⁹
Georgia	24 ¹⁰	Each parent must work 24 hours ¹⁰	No minimum	NA ¹¹
Hawaii	No minimum	No minimum	No minimum	No minimum
Idaho	No minimum	No minimum	No minimum	No minimum
Illinois	No minimum	No minimum	No minimum	No minimum ¹²
Indiana	No minimum	No minimum	No minimum	No minimum
Iowa	28 ¹³	Each parent must work 28 hours	No minimum	No minimum
Kansas	28	Each parent must work 28 hours	No minimum ¹⁴	15 ¹⁵
Kentucky	20	Both must work a total of 40 hours ¹⁶	No minimum ¹⁷	20 ¹⁸
Louisiana	30	Each parent must work 30 hours	No minimum	No minimum
Maine	No minimum ¹⁹	No minimum	No minimum	No minimum
Maryland	No minimum	No minimum	No minimum	No minimum

Table 4. Minimum Work Hours Per Week Required for CCDF Eligibility, 2016 ²

State	Minimum Hours of Work Required for Eligibility ³	Work Hour Requirement In Order to Have School Hours Covered by the Subsidy		
		Minimum Work Hours for a Two-Parent Household ³	Minimum Work Hours for a Full-Time High School Student	Minimum Work Hours for a Full-Time Post- Secondary Student
Massachusetts	20	Each parent must work 20 hours ²⁰	No minimum	No minimum
Michigan	No minimum	No minimum	No minimum	No minimum
Minnesota	20	Each parent must work 20 hours	No minimum ²¹	No minimum ²¹
Mississippi	25 ²²	Each parent must work 25 hours ²³	No minimum	No minimum
Missouri	No minimum	No minimum	No minimum	No minimum
Montana	Other ²⁴	Other ²⁴	No minimum ²⁵	Other ²⁶
Nebraska	No minimum	No minimum	No minimum	No minimum
Nevada	No minimum	No minimum	No minimum	No minimum
New Hampshire	No minimum	No minimum	No minimum	No minimum
New Jersey	30 ²⁷	Each parent must work 30 hours ²⁷	No minimum ²⁷	No minimum ²⁷
New Mexico	No minimum	No minimum	No minimum	No minimum
New York	20 ²⁸	Each parent must work 20 hours ²⁸	No minimum	17.5 ²⁹
North Carolina	No minimum ³⁰	No minimum ³⁰	No minimum	No minimum
North Dakota	No minimum	No minimum	No minimum	No minimum
Ohio	No minimum ³¹	No minimum	No minimum	No minimum
Oklahoma	No minimum	No minimum	No minimum	No minimum
Oregon	No minimum	No minimum	NA ³²	Other ³³
Pennsylvania	20 ³⁴	Each parent must work 20 hours	No minimum	10
Rhode Island	20 ³⁵	Each parent must work 20 hours	No minimum ³⁶	--- ¹
South Carolina	15	Each parent must work 15 hours ³⁷	No minimum	No minimum
South Dakota	20 ³⁸	Each parent must work 20 hours	No minimum	No minimum ³⁹

Table 4. Minimum Work Hours Per Week Required for CCDF Eligibility, 2016 ²

State	Minimum Hours of Work Required for Eligibility ³	<u>Work Hour Requirement In Order to Have School Hours Covered by the Subsidy</u>		
		Minimum Work Hours for a Two-Parent Household ³	Minimum Work Hours for a Full-Time High School Student	Minimum Work Hours for a Full-Time Post- Secondary Student
Tennessee	30	Each parent must work 30 hours	No minimum	No minimum
Texas	25 ⁴⁰	Both must work a total of 50 hours	No minimum ⁴¹	No minimum ⁴²
Utah	15	One parent must work 30 hours and the other must work 15 hours	15 ⁴³	15 ⁴³
Vermont	No minimum	No minimum	No minimum	No minimum
Virginia	No minimum	No minimum	No minimum	No minimum
Washington	No minimum ⁴⁴	No minimum	No minimum ⁴⁵	20 ⁴⁵
West Virginia	20	Each parent must work 20 hours	No minimum	No minimum
Wisconsin	No minimum	No minimum	No minimum ⁴⁶	5 ⁴⁷
Wyoming	No minimum	No minimum	No minimum	No minimum
American Samoa	20	Each parent must work 20 hours	No minimum	No minimum
Guam	No minimum	No minimum ⁴⁸	No minimum	No minimum
No Mariana Islands	30	Each parent must work 30 hours	No minimum	No minimum
Puerto Rico	20 ⁴⁹	Each parent must work 20 hours	No minimum	No minimum
Virgin Islands	30 ²⁷	Each parent must work 30 hours	No minimum	No minimum

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

- ² This table shows a minimum work hour requirement only when the State/Territory has an explicit policy requiring parents to engage in an approved activity for a minimum number of hours. Even if a program has no explicit minimum work hour policy, the number of work hours generally affects the number of hours approved for subsidized child care. This table captures work requirement differences for two-parent families, full-time high school students, and full-time post-secondary students. Work exemptions for parents with special needs are captured in the full database. The minimum work hour requirement to qualify for any amount of child care assistance is shown here. This table is not intended to capture the states' definitions of full-time and part-time care or full-time student status.
- ³ These columns capture the minimum number of work hours required for parents qualifying based on employment. The requirement does not apply to parents qualifying for subsidies based on education or training activities or based on job search.
- ⁴ Teen parents are not required to meet a minimum work requirement. All other parents in school must meet a minimum work requirement of 20 hours per week.
- ⁵ Counties have the option of including training or education as an eligible activity for subsidies. If a county elects to provide child care assistance to parents in training or education, the county cannot impose additional criteria or target certain types of training.
- ⁶ Post-secondary education is only approved if the applicant receives TANF and post-secondary education is part of his or her employment services plan.
- ⁷ Post-secondary education is only approved if it is part of a TANF employment and training program or if the applicant began education activities while in a SNAP employment and training program.
- ⁸ If individuals are employed and also in school or an approved training program, they can work less than 20 hours, as long as their combined participation in approved activities is at least 20 hours per week.
- ⁹ The student must participate in at least 20 hours of combined approved activities, which include education, training, and employment.
- ¹⁰ Each parent must participate in one or more approved activities for a minimum average of 24 hours per week. Approved activities include employment, job search, education, and training. New applicants must still meet the 24-hour requirement.
- ¹¹ Post-secondary education is not an approved activity for eligibility.
- ¹² There is no work requirement for the first 48 non-consecutive months the client participates. From the 49th month on, the client must work at least 20 hours per week.
- ¹³ For participants who are working and in school or in a training program, a minimum of 28 hours of school and work combined confers eligibility.
- ¹⁴ There is no work requirement for teen parents in high school or GED activities. All other parents must work 15 hours per week while participating in educational activities.
- ¹⁵ Participation in the federal work study program counts towards this minimum. If the student participates in an unpaid internship for more than 15 hours per week for course credit, this may be applied to the employment requirement.
- ¹⁶ The minimum requirement for one parent in a two-parent household is five hours per week.
- ¹⁷ Teen parents in school are not required to meet an additional work requirement.
- ¹⁸ Unpaid work, such as a practicum, internship, or work study, can be counted.
- ¹⁹ Applicants who are self-employed must participate in a self-employment activity a minimum average of 20 hours per week.
- ²⁰ Part-time care may be authorized if one or both parents are working fewer than 30 hours, but at least 20 hours.
- ²¹ Work is not a required activity for students. However, if a full-time student has employment and wishes to receive subsidized child care during hours worked, he or she must work a minimum of 10 hours per week. Part-time students must work 20 hours if they wish to receive subsidized child care for employment hours.

- ²² Families in transitional child care do not need to meet the work hours requirement. The 25-hours-per-week work requirement is reduced for foreign students who hold a VISA because they are permitted to work only on campus for 20 hours per week. In order to remain eligible a copy of the VISA must be submitted annually to make sure it is current.
- ²³ Each parent must work at least 25 hours per week, or one parent must work at least 25 hours per week and the other parent must be enrolled in an approved full-time educational or training program.
- ²⁴ The work requirement is monthly. Two-parent households must work 120 hours per month. Single parents must work 60 hours per month. The recipient must earn at least the current applicable minimum wage to be eligible for assistance.
- ²⁵ Low-income teen parents (through age 19) attending high school, GED, or an equivalency program do not have a minimum work requirement.
- ²⁶ Single parent families have no work requirement while the parent attends education or training full time. Single parent families must work 40 hours per month while the parent attends education or training part time. Two-parent families have no work requirement while both parents attend education or training full time. Two-parent families must work 60 hours per month while one parent attends education or training part time and the other parent attends education or training full-time. The minimum hourly work requirement may be waived while a parent participates in a full-time field experience, practicum, on the job training, or a full-time combination of field experience and course work required for graduation in the parent's curriculum.
- ²⁷ A parent or applicant is considered to be working full time if work and education or training activities combine to equal 30 hours per week.
- ²⁸ Policy coded for New York City. New York State allows districts to set their own general work requirements.
- ²⁹ Participants in a two-year program with no specific occupation goal or in a four-year degree program, must work at least 17.5 hours per week in a job that pays at least minimum wage.
- ³⁰ In general, there is no minimum number of hours a recipient must work to receive a subsidy. In order to receive full-time care though, a recipient must work an average of 30 hours or more per week. Part-time care is approved for any number of hours less than full time.
- ³¹ Both parents must be engaged in an activity and have a need for care.
- ³² High-school education is not an approved activity for eligibility.
- ³³ Working students can qualify for subsidies as long as at least 50 percent of their authorized hours are for employment.
- ³⁴ Ten hours of training may be substituted for 10 hours of the 20-hour work requirement.
- ³⁵ Income eligible parents must work an average of at least 20 hours per week in a month.
- ³⁶ Teen parents must meet the minimum work hour requirement of 20 hours per week. This can be met through employment, education activities, or a combination of employment and education activities.
- ³⁷ The parents must each work 15 hours in order to qualify for part-time care. If one or both parents work part time, only part-time care will be authorized.
- ³⁸ Applicants must work a minimum of 80 hours per month.
- ³⁹ Associate's or bachelor's degree students meet the activity requirements if they attend 80 school hours per month, their combined school and employment hours equal 80 or more hours per month, or they are enrolled in 15 semester credit hours. Master's and doctoral students are not exempt from the 80-hour per month work requirement.
- ⁴⁰ A higher number of hours may be required by the local department.
- ⁴¹ Policy coded for the Gulf Coast Region. The student must participate in at least 25 hours of combined approved activities, which include education, training, and employment. Teen parents must work or attend school in the summer with the intention of returning to high school or GED classes in the fall.

⁴² Policy coded for the Gulf Coast Region. The student must participate in at least 25 hours of combined approved activities, which include education, training, and employment.

⁴³ Clients in training or education must also be employed an average of 15 hours or more a week.

⁴⁴ When a non-TANF client is receiving care for education or training, he or she must work a minimum of 20 hours a week or 16 hours in a federal or state work study program.

⁴⁵ Non-TANF clients over the age of 21 must work at least 20 hours per week or be in a paid federal or state work study program for at least 16 hours per week in conjunction with education and training to be eligible for care.

⁴⁶ Individuals under age 20 enrolled in high school or participating in an approved high school equivalency program are not required to work in addition to attending school. Individuals age 20 or older enrolled in high school or participating in an approved high school equivalency program must participate in at least 20 hours of employment per month.

⁴⁷ Individuals in technical college or a course of study that leads to employment, must participate in at least 20 hours of employment per month.

⁴⁸ To receive full-time child care assistance each parent must work 30 hours per week.

⁴⁹ Parents must participate in work or another eligible activity for a minimum of 20 hours per week.

Table 5. If Families Receiving Different Types of Benefits/Services Have Different Parent Activity Requirements, 2016 ²

State	Transitional Child Care	Homeless	Child Protective Services	Foster Children
Alabama	TCC-specific requirements not specified in child care manual	Other ³	Other ⁴	Other ⁵
Alaska	Same as other families	Same as other families	Other ⁶	Same as other families
Arizona	Other ⁷	Other ⁸	Other ⁹	Other ¹⁰
Arkansas	Same as other families	Same as other families	Other ¹¹	Other ¹¹
California	Other ¹²	Other ¹³	No activity requirement ¹⁴	Same as other families ¹⁵
Colorado	Other ¹⁶	No activity requirement ¹⁷	Not eligible ¹⁸	Not eligible ¹⁸
Connecticut	Same as other families ¹⁹	Same as other families	Same as other families	Same as other families
Delaware	Same as other families	No activity requirement	No activity requirement ²⁰	Same as other families
DC	Same as other families	No activity requirement	No activity requirement ²¹	Same as other families ²²
Florida	Same as other families	No activity requirement ²³	Other ²⁴	Other ²⁴
Georgia	Other ²⁵	Other ²⁶	Varies depending on if child left in home ²⁷	No activity requirement
Hawaii	Same as other families	Same as other families	Other ²⁸	Same as other families ²⁹
Idaho	Same as other families	Same as other families	Same as other families	Same as other families
Illinois	Same as other families	Same as other families	Not eligible ³⁰	Not eligible ³⁰
Indiana	Same as other families	Same as other families	Varies depending on if child left in home ³¹	Same as other families ³²
Iowa	Same as other families	Same as other families	Other ⁹	Same as other families ³³
Kansas	Other ³⁴	Same as other families	Other ³⁵	Other ³⁶
Kentucky	NA ³⁷	Same as other families	Other ³⁸	Not eligible
Louisiana	NA ³⁷	Other ³⁹	Other ⁴⁰	Other ⁴¹
Maine	Same as other families	Same as other families	Same as other families	Same as other families
Maryland	Same as other families	Same as other families	Not eligible	Not eligible
Massachusetts	Same as other families	Other ⁴²	Other ⁴³	Same as other families ⁴⁴
Michigan	Same as other families ⁴⁵	Same as other families	Other ⁴⁶	Other ⁴⁷

Table 5. If Families Receiving Different Types of Benefits/Services Have Different Parent Activity Requirements, 2016 ²

State	Transitional Child Care	Homeless	Child Protective Services	Foster Children
Minnesota	Other ⁴⁸	Same as other families	Not eligible	Not eligible
Mississippi	TCC-specific requirements not specified in child care manual ⁴⁹	Same as other families	No activity requirement ⁵⁰	No activity requirement ⁵⁰
Missouri	Same as other families	Same as other families	No activity requirement	No activity requirement
Montana	Same as other families	Other ⁵¹	Other ⁵²	Other ⁵³
Nebraska	Same as other families	Same as other families	Same as other families ⁵⁴	Same as other families ²⁹
Nevada	Same as other families	Same as other families	Other ⁵⁵	Other ⁵⁶
New Hampshire	Same as other families	Other ⁵⁷	Varies depending on if child left in home ⁵⁸	Same as other families
New Jersey	Other ⁵⁹	Same as other families	No activity requirement	No activity requirement ⁶⁰
New Mexico	Same as other families	Same as other families	Other ⁶¹	Other ⁶¹
New York	TCC-specific requirements not specified in child care manual ⁶²	Other ⁶³	No activity requirement ⁶⁴	Other ⁶⁵
North Carolina	Same as other families	Same as other families	Varies depending on if child left in home ⁶⁶	No activity requirement ⁶⁷
North Dakota	Same as other families	Same as other families	Not eligible	Not eligible
Ohio	Other ⁶⁸	No activity requirement	Varies depending on if child left in home ⁶⁹	Same as other families
Oklahoma	Same as other families	Other ⁷⁰	Other ⁷¹	Same as other families
Oregon	Same as other families	Same as other families	Same as other families	Same as other families
Pennsylvania	Other ⁷²	Same as other families	Same as other families	Same as other families ⁷³
Rhode Island	Same as other families	Same as other families	--- ¹	Other ⁷⁴
South Carolina	Same as other families ⁷⁵	Same as other families	Other ⁷⁶	Same as other families ⁷⁷
South Dakota	Other ⁷⁸	Same as other families	Other ⁷⁹	Other ⁷⁹
Tennessee	Same as other families	Same as other families	No activity requirement	No activity requirement
Texas	Same as other families	No activity requirement ⁸⁰	Other ⁸¹	Other ⁸¹

Table 5. If Families Receiving Different Types of Benefits/Services Have Different Parent Activity Requirements, 2016 ²

State	Transitional Child Care	Homeless	Child Protective Services	Foster Children
Utah	Same as other families	Other ⁸²	Same as other families	Not eligible ⁸³
Vermont	Same as other families	Other ⁸⁴	Other ⁸⁵	Other ⁸⁶
Virginia	Other ⁸⁷	Same as other families	Other ⁸⁸	Same as other families ⁸⁹
Washington	NA ³⁷	Same as other families ⁹⁰	Same as other families ⁹¹	Same as other families ⁹¹
West Virginia	Same as other families	Same as other families	Other ⁶¹	Same as other families ⁹²
Wisconsin	Same as other families ⁹³	Same as other families	Not eligible	Same as other families ⁹⁴
Wyoming	Same as other families	Same as other families	Not eligible	Same as other families
American Samoa	NA ⁹⁵	Other ⁹⁶	No activity requirement ⁹⁷	No activity requirement ⁹⁸
Guam	Same as other families	Same as other families	Other ⁹⁹	Other ¹⁰⁰
No Mariana Islands	NA ⁹⁵	Same as other families	Same as other families	Same as other families
Puerto Rico	Same as other families	No activity requirement ¹⁰¹	No activity requirement	No activity requirement
Virgin Islands	Same as other families	Same as other families	Other ¹⁰²	No activity requirement ¹⁰³

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² Federal CCDF policies require families to meet at least one reason for care. States may choose to use state funds to provide subsidies for families who do not meet the federal guidelines.

³ For the first 90 days of eligibility, documentation of initial eligibility requirements is not required. After 90 days, the family must document that they meet all eligibility criteria, including activity requirements.

⁴ Any child for whom the department submits a written referral requesting services for a reason of protective services is eligible for care.

⁵ If the department has legal custody of the child or the parent has signed a boarding home agreement, and the department provides a written referral, the foster care child is eligible for care.

⁶ Eligibility is determined by the office of children's services.

⁷ Families receiving transitional child care must be employed.

⁸ In addition to other eligible activities, a client living in a homeless or domestic violence shelter may be eligible for care based on participation in structured shelter activities as verified by the shelter.

⁹ Families are eligible for protective services child care when the protective services file requires child care and there is either a confirmed case of abuse or a risk of abuse or neglect. Families receiving care through child protective services are not required to meet income guidelines.

¹⁰ Foster care families do not have to meet the same income requirements as other families. The department may pay for child protective services child care during the time foster parents spend at work, in training, counseling, or similar activities which are directly connected to their ability to care for foster children in their home.

- ¹¹ Child protective services and foster children are categorically eligible when services are being provided to prevent abuse or neglect or to strengthen family functioning and overall well-being of the children. Protective services and foster care families have a separate eligibility process, and the parents may request a waiver exempting them from activity requirements.
- ¹² Activity requirements for transitional child care families are generally the same as non-transitional child care families except that they may also be participating in job retention services approved by the county welfare department.
- ¹³ Activities are approved if they are related to seeking permanent housing and, if the family is residing in a shelter, appointments or activities that are necessary to comply with shelter participation requirements.
- ¹⁴ If eligibility and need are based on child protective services, families do not have to meet income requirements. The written referral must include a statement certifying that child care services are necessary.
- ¹⁵ For income eligibility and family fee purposes, only the foster child and related siblings are included in the family size, and only their income is counted.
- ¹⁶ Families transitioning off of TANF must be in either a job or job training activity.
- ¹⁷ Homeless families are provided child care for a 60-day stabilization period, during which they are not required to participate in an eligible activity.
- ¹⁸ Child welfare child care is not funded through the state's CCDF program.
- ¹⁹ Parents must apply within six months of the date cash assistance benefits were discontinued.
- ²⁰ Families referred by and active with the division of family services do not have to meet income requirements.
- ²¹ There are no requirements of the parents for training or employment. The child under protection may reside with a relative or guardian outside the District of Columbia.
- ²² The foster parent must participate in a qualifying activity for a minimum of 20 hours per week. The child may reside with a foster parent or guardian outside the District of Columbia.
- ²³ Families with a documented referral from a certified homeless shelter or domestic violence shelter do not have to meet activity or income requirements.
- ²⁴ Eligibility is not dependent on family income or work requirements but rather on a documented referral from the child protective services department.
- ²⁵ Transitional child care recipients must participate in one or more state-approved activities for a minimum of 24 hours per week for each responsible adult, unless the parents were determined ineligible for TANF based on not meeting the 24-hour activity requirement. In this case, parents must maintain the number of hours that resulted in their ineligibility for TANF.
- ²⁶ Homeless families may qualify for initial eligibility based on job search activities or any activity approved for all families including employment, education, and training.
- ²⁷ When the child is left in the home and care is needed for the child's protection, the family is not required to meet work requirements, but the family must meet income and residency criteria. When the child is placed in the care of another relative or family friend, the applicant must meet work or activity requirements as well as income and residency requirements.
- ²⁸ The family must have a court order that specifies care is needed for a specific purpose, such as work. Child protective services families do not have to meet the same income requirements as other families.
- ²⁹ Foster care families do not have to meet the same income requirements as other families.
- ³⁰ The state's child welfare and protection agency pays for child care provided for child protective services and foster care.
- ³¹ Custodians or caretakers in child protective services cases in which children are in out-of-home placements are subject to the same requirements as non-child protective services families. In child protective services cases in which children remain in their own homes, families are categorically eligible (service and financial need requirements are waived) if the child protective services caseworker provides written documentation that child care is a necessary part of the case plan.
- ³² Activities conferring eligibility for foster children are the same as for non-foster care families. However, licensed foster parents are not included in the unit for the purpose of calculating family income.

³³ Only relative foster families receive child care through the CCDF program. Children who are placed in licensed foster family homes do not receive child care through the CCDF program.

³⁴ TANF recipients who gain employment and therefore lose their cash assistance are given a two-month grace period during which they remain eligible for child care subsidies but do not have to meet the 28-hour per week minimum work requirement.

³⁵ If a temporary emergency need for service is established and a social services program manager signs a request for social services child care, care may be approved for 12 months. At the end of the 12-month period, the family must meet another of the qualifying reasons for child care in order to continue receiving child care assistance.

³⁶ Care may be approved for juvenile offenders when the foster parent is employed and needs child care. Care may also be provided for children in foster care when they have been placed with a relative who is not licensed for foster care. Children in licensed foster care are provided care through a different program.

³⁷ This state does not have transitional child care.

³⁸ Care may be authorized for preventive services when the child is at risk of abuse or neglect or protective services when the child has been abused or neglected. Child protective services cases are not required to meet the same income thresholds as other participants.

³⁹ A participant who is included in a homeless household and is normally required to be employed or attend a job or educational training program, can be exempt from employment and training requirements for six months if the participant is in a transitional living program or the participant is seeking employment by registering with the state workforce commission. This exemption is only allowable once during the lifetime of the participant.

⁴⁰ Protective services children are eligible regardless of income when the child care services are necessary in order to maintain the child in his or her own home and when the need for care meets the eligibility policy for the protective services program. There is no work requirement for eligibility for families in child protective services.

⁴¹ Foster children are eligible for care to maintain the child's current placement in a foster or adoptive home and when the need for care meets the eligibility policy for the foster care program. Foster parents must work or be enrolled in an educational program a minimum of 25 hours per week.

⁴² If the family is referred by the state's housing authority program, the family may participate in approved homeless activities, including but not limited to: staying in an emergency shelter, domestic violence shelter, or family substance abuse treatment shelter; living temporarily in a hotel or motel; or participating in homeless stabilization or diversion programs.

⁴³ The child protective services agency may authorize care on a case-by-case basis for families with active protective needs documented in a supported report of abuse or neglect within the previous 12 months or when there is a determination of need to begin or continue supportive child care at a supervisory progress review.

⁴⁴ The family is required to meet the activity requirement but is exempt from the income requirement.

⁴⁵ Families are exempt from income determination.

⁴⁶ Families are automatically eligible if child care is required by an active protective services plan. Families are exempt from income determination.

⁴⁷ When the child needing care has an active foster care case and child care is a component of the foster care service plan, the child is eligible for care without income determination.

⁴⁸ Transitional child care families are eligible for subsidies through employment or job search activities. Participants must be employed an average of 20 hours per week. Education does not confer eligibility for families under the transitional child care sub-program, but if a participant is a full-time student, he or she need only be employed a minimum of 10 hours per week. However, the participant will only be authorized for hours when he or she is working.

⁴⁹ Families in transitional child care do not need to meet the work hours requirement.

⁵⁰ Eligibility is determined by the foster care or child protective services case manager.

⁵¹ A family that reports homeless status is eligible for 90 days of eligibility to meet all non-TANF requirements.

⁵² To qualify for child protective services child care, the child must need care because of the danger of neglect or abuse. The physical or emotional risk to the child needs to be documented in the case record. Some families may be required to pay for child care services, as determined on a case-by-case basis.

⁵³ The department may pay for child care during the time foster parents spend at work, in training, in counseling, or participating in similar activities that are directly connected to their ability to care for foster children in their home.

⁵⁴ Families who require emergency child protective services or require child protective family services may be eligible without regard to income. Families receiving protective services must still meet the need for service requirement.

⁵⁵ To be eligible under this category, children must be placed in the custody of an individual for a defined length of time, until they can be returned to their parents. If the child is placed in the custody of an individual who is related by blood or marriage, the applicant must become a licensed foster parent during the initial 12 month eligibility period.

⁵⁶ Approved activities for foster parents must be verified by a caseworker.

⁵⁷ Applicants can qualify for child care assistance if they are participating in a combination of job and housing search activities.

⁵⁸ If the children remain in the parents' home and child care is provided to prevent child abuse or neglect, to rehabilitate the family, or to reunite the family, the parents are not required to be employed.

⁵⁹ Families receiving transitional child care must be employed, but they do not have to meet the full-time employment requirement.

⁶⁰ Foster children in out-of-home settings are considered to be under child protective services and therefore automatically eligible.

⁶¹ Eligibility is determined by the child protective services worker.

⁶² The family must have received TANF for three of the previous six months, have income at or below 200 percent of the state income standard, meet child support requirements, and meet certain criteria for closing the TANF case. The TANF case must have been closed due to increased employment income, voluntary closure, or meeting the five-year time limit for assistance, and the family must not be applying for, eligible for, or in the process of applying for additional safety net assistance.

⁶³ Policy coded for New York City. Eligibility is limited to homeless families who are working or participating in an educational or vocational activity. One or more of the legally responsible adults must reside in an approved homeless family emergency shelter.

⁶⁴ Policy coded for New York City. Children must be referred by the administration for children's services or a contracted preventive services agency. If one child is authorized for child care due to preventive or protective services, all other children in the household may receive care. Protective services cases pay no copayment. Preventive services cases are assigned a copayment.

⁶⁵ Policy coded for New York City. The child must be referred by a voluntary foster care agency or the administration for children's services. Care is authorized for one year if the parent is employed or for six months if the parent is not employed.

⁶⁶ If a child is in protective services and needs child care in order to stay in his or her own home, the child is automatically eligible. If a child is removed from the home, he or she can no longer receive care as a child protective services case and must apply under another need category.

⁶⁷ Children in foster care who are in the custody of a county and have been placed either with an adult other than their parents or in a licensed foster home are eligible.

⁶⁸ The family must be in need of child care due to employment. The family's income must not exceed 150 percent of the Federal Poverty Guidelines, and the family must meet all requirements of the application and redetermination process.

⁶⁹ Protective child care is authorized only if the child resides in the home of the parent for whom the protective case plan is written and the case plan specifically requests child care.

⁷⁰ Homeless families may be approved for subsidized care to help stabilize the family situation when not meeting an employment or education related need factor.

⁷¹ Child care may be approved in critical situations to prevent neglect, abuse, or exploitation.

⁷² Families must meet work participation requirements, unless they lost TANF eligibility due to having earnings over the TANF income limit, in which case they do not have to meet minimum work hour requirements.

⁷³ Foster children are eligible for care as long as the foster parents meet the non-financial eligibility requirements.

⁷⁴ Foster parents must be working, or the developmental needs of the foster child must require that the child attend day care.

⁷⁵ Participants must fall into one of four program categories. The first transitional child care category applies to applicants whose TANF case closed due to earned income exceeding TANF guidelines and who received TANF assistance in the previous month. The second category is for applicants whose first year of transitional child care is ending or who previously received TANF and failed to apply for transitional child care. The third category is for applicants whose TANF case closed due to reaching the TANF two-year time limit. The fourth category is for families who become employed or increased earnings during a full-family sanction in TANF and become ineligible for TANF. Applicants in all categories must meet income and work requirements.

⁷⁶ Care must be needed to enable the child to remain in the home of the parent, or a caretaker if the child is removed from the parent's home, and to reduce the effects of abuse and neglect by addressing physical, social, emotional, cognitive, and language development needs. The parent is not required to meet income or activity requirements.

⁷⁷ Only the child's income is used to determine eligibility, but foster parents must be participating in eligible employment or an eligible education or training activity. Foster parents with a verified disability may be exempt from activity requirements. Other exceptions to the activity requirements may be made on a case-by-case basis. Children placed in South Carolina from another state are not eligible for child care services through the state's primary child care program.

⁷⁸ There is no minimum work requirement.

⁷⁹ In cases where the state or other licensed agency has legal custody of the child, foster parents are not required to meet income or work requirements. However, care is only authorized for the times the foster parents are working or attending school. In cases where the foster parents adopt the child or receive guardianship, the foster parents must meet the minimum work or school requirements.

⁸⁰ Children determined to be experiencing homelessness may receive three months of care before documentation of the child's eligibility and the caretaker's participation in an eligibility activity are required. Families experiencing homelessness are not subject to the minimum participation requirements; participation in work, education, or training may be at any level.

⁸¹ The child protective services agency has the responsibility for determining child care eligibility for children in the agency's protective care, including foster care.

⁸² Homeless families may qualify under different activity requirements. If the individual has a referral from a recognized homeless agency, care may be approved for employment, job search, training, shelter search, or working through a crisis situation.

⁸³ Foster care parents are not eligible for child care benefits for their foster children. This includes the child of a teen parent in foster care.

⁸⁴ Homeless families can apply for family support child care, a prevention and early intervention service designed to reduce stress for families and their children and promote positive child development. Families qualifying under family support child care do not have to meet activity requirements.

⁸⁵ The family must have a referral from a child protective services worker. If a family is categorized as protective services, the family is eligible as long as funds are available.

⁸⁶ Foster families whose service need is based on the special needs of a foster child or foster parent are eligible for child care financial assistance at 100 percent of the state established rate, regardless of income.

⁸⁷ Families receiving transitional child care must be employed or in an approved transitional employment and training activity.

⁸⁸ Child protective service is an approved activity for CCDF-eligible families if the families are receiving child protective services through the family assessment track, investigation track, or child protective services on-going. When parents are involved in activities included in the child protective services plan, the local department is required to approve child care.

⁸⁹ Child care for foster children is not provided under the state's primary child care subsidy program. A foster child may receive CCDF funding if a local department maintains custody of the child, but the child is in the physical custody of his or her parents and the parents need child care in order to maintain employment or to attend an approved education or training program.

⁹⁰ Child care for homeless families participating in housing search and other shelter activities is not provided under the state's primary child care subsidy program. CCDF funds are used to support a separate homeless child care program.

⁹¹ Child protective services and foster children can receive child care services through the child care program administered by the children's administration. If these families receive child care through the state's primary child care subsidy program, they must meet the same activity requirements as other families.

⁹² The foster parent must be participating in an employment, education, or job training activity. The family must meet the income requirement, but it is based on the income of the child.

⁹³ Families transitioning off of a TANF work program are assigned the minimum copayment based on the number of children in care for up to five weeks of care.

⁹⁴ Foster parents must meet the activity requirement. Income is based on the natural or adoptive parents' income. The eligibility threshold is set at 200 percent of the Federal Poverty Guidelines, rather than the 185 percent used for other families. If the natural or adoptive parent's income exceeds 200 percent of the Federal Poverty Guidelines, the financial eligibility test is then based on the foster parent's income at 185 of the Federal Poverty Guidelines.

⁹⁵ This territory or outlying area does not have transitional child care.

⁹⁶ If a family is categorized as protective services due to homelessness as a result of a natural disaster, the family is eligible as long as funds are available.

⁹⁷ Children referred by child protective services receive immediate placement.

⁹⁸ The foster parent is not required to participate in employment, education, or training activities.

⁹⁹ Income and copayment requirements are waived and the parent must be participating in work, education, or training activities. If a non-parent caretaker is requesting child care for his or her own child in addition to the child in protective services, income is counted.

¹⁰⁰ Income and copayment requirements are waived and the parent must be participating in work, education, or training activities. If a non-parent caretaker is requesting child care for his or her own child in addition to the child in foster care, income is counted. Children may also receive care while awaiting placement in a foster home, while the foster parent requires time to implement the case plan, or when the foster parent requires time away from the child.

¹⁰¹ Children with families who are homeless are not required to meet eligibility requirements.

¹⁰² Applicants who have children in protective services must have a letter of recommendation or court order documenting it is in the best interest of the child to be placed in child care daily. On a case-by-case basis, the agency may waive income eligibility requirements.

¹⁰³ Foster care parents are not required to work or participate in education or training activities.

Table 6. Defining the Family Unit and Income: Treatment of Children and Siblings, 2016 ²

State	Maximum Age Siblings Who are Not in School are Counted in the Unit	Maximum Age Siblings Who are Still in School are Counted in the Unit	Treatment of Children's and Siblings' Earnings (When Included in Family Size)
Alabama	17	17	Fully counted
Alaska	17 ³	17 ³	Not counted ⁴
Arizona	17	17	Varies/partially counted ⁵
Arkansas	NA ⁶	NA ⁶	Counted at age 18 and older
California	17	18	Not counted
Colorado	17 ⁷	18 ⁸	Not counted
Connecticut	17	17	Not counted
Delaware	17	17	Fully counted
DC	17	21	Not counted
Florida	NA ⁹	NA ⁹	Counted at age 18 and older ¹⁰
Georgia	17	17	Not counted
Hawaii	17	17	Varies/partially counted ¹¹
Idaho	NA ¹²	NA ¹²	Counted at age 18 and older
Illinois	20 ¹³	20 ¹³	Not counted ¹⁴
Indiana	17	17	Not counted
Iowa	17	17	Counted at age 15 and older ¹⁵
Kansas	17	18 ¹⁶	Not counted ¹⁷
Kentucky	18	18	Not counted
Louisiana	18	18	Not counted
Maine	17	17	Varies/partially counted ¹⁸
Maryland	17	21	Counted at age 15 and older ¹⁹
Massachusetts	17	23	Not counted
Michigan	17	17	Varies/partially counted ²⁰
Minnesota	17	17 ²¹	Varies/partially counted ²²
Mississippi	17 ²³	20 ²³	Not counted
Missouri	17	17	Varies/partially counted ⁵
Montana	17 ²⁴	17 ²⁴	Varies/partially counted ²⁵
Nebraska	18	18	Varies/partially counted ²⁶
Nevada	17	18	Varies/partially counted ²⁷
New Hampshire	17	19	Varies/partially counted ²⁸
New Jersey	NA ⁶	NA ⁶	Fully counted
New Mexico	17	18	Not counted
New York	17 ²⁹	17 ²⁹	Not counted ³⁰
North Carolina	17	18 ³¹	Not counted
North Dakota	18 ³²	18 ³²	Not counted
Ohio	17	17	Varies/partially counted ³³
Oklahoma	17	17	Varies/partially counted ³⁴
Oregon	17	18	Not counted
Pennsylvania	17	21	Not counted
Rhode Island	17 ³⁵	17 ³⁵	Not counted

Table 6. Defining the Family Unit and Income: Treatment of Children and Siblings, 2016 ²

State	Maximum Age Siblings Who are Not in School are Counted in the Unit	Maximum Age Siblings Who are Still in School are Counted in the Unit	Treatment of Children's and Siblings' Earnings (When Included in Family Size)
South Carolina	17	20	Counted at age 18 and older ³⁶
South Dakota	17	17	Not counted
Tennessee	17	18	Varies/partially counted ³⁷
Texas	NA ³⁸	NA ³⁸	Varies/partially counted ³⁹
Utah	17	18	Not counted
Vermont	NA ⁴⁰	NA ⁴⁰	Not counted
Virginia	17	17	Not counted
Washington	18	18 ⁴¹	Varies/partially counted ⁴²
West Virginia	17	17	Not counted
Wisconsin	17	18	Not counted ⁴³
Wyoming	17	17	Not counted
American Samoa	--- ¹	--- ¹	Not counted
Guam	17 ⁴⁴	NA ⁴⁵	Varies/partially counted ⁴⁶
No Mariana Islands	17	17	Varies/partially counted ⁴⁷
Puerto Rico	20	20	Not counted
Virgin Islands	17	18	Not counted

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² The policies shown here apply to children and siblings living in the home. They do not apply to teen parents.

³ Once a child turns 18, he or she is considered an adult and is no longer a dependent for child care subsidy purposes, unless that child has a developmental disability verified by a health or mental health care provider, in which case he or she remains a dependent until age 19.

⁴ Only unearned income is counted for children in the home.

⁵ If a child is attending school, his or her income is not counted.

⁶ Children and siblings are counted in the unit as long as they are dependent on the parent or applicant, regardless of age.

⁷ Children of the primary applicant continue to be counted as part of the family unit as long as they live with the primary applicant and are under 18 years old.

⁸ Children of the primary applicant continue to be counted as part of the family unit as long as they are the responsibility of the primary applicant, are under 19 years old, and are still in high school.

⁹ Siblings are counted as long as they still reside with the family and are financially supported by the family.

¹⁰ Earned income is excluded for any family member who is under age 18, or age 18 if enrolled as a full-time student in a secondary school or its equivalent. Earned income of family members under the age of 24 is excluded if they are full-time students in a post-secondary school or its equivalent.

¹¹ If the child is a student at least half time, his or her earnings are not counted.

¹² Children who are claimed as dependents for tax purposes are included in the unit.

¹³ Children under age 21 may be included in the unit if including these individuals would be beneficial for the family, they are dependent on the family for more than 50 percent of their support, and they are full-time students away at school. In order to be counted in the unit, they cannot establish residency outside of the family household.

¹⁴ The earnings of a child under the age of 21 are exempt, unless that child is the applicant.

- ¹⁵ Earnings of a child under age 15 are not counted. Earnings of a child under age 18 are not counted if the child is a full-time student.
- ¹⁶ A child in high school is included through the month of the child's 19th birthday.
- ¹⁷ The earnings of any child under 18, or 19 if the child is working toward the attainment of a high school diploma or its equivalent, are exempt.
- ¹⁸ Earned income is not counted if the child is 19 or younger, attending elementary or secondary school, and living with the applicant.
- ¹⁹ Earnings of a child under age 15 or a child under age 18 who is attending public school are not counted.
- ²⁰ If a child is attending school, including GED completion, his or her earned income is not counted as long as the child is living with someone who provides care or supervision.
- ²¹ An adult age 18 or older who is a full-time high school or post-secondary student may be considered a dependent if 50 percent or more of the adult student's support is provided by the parents, step-parents, guardians and their spouses, or eligible relative caregivers and their spouses residing in the same family. To include the adult student as a dependent in the family, the family must verify that it provides 50 percent or more of the student's support.
- ²² The earned income of a full-time student under age 19 is not counted if he or she has not yet earned a high school diploma or GED. The earned income of a part-time student or any child not in school between the ages of 6 and 17 is counted.
- ²³ A child younger than 21 years old in the home attending school or disabled is considered a dependent and should be counted as a household member.
- ²⁴ Adult siblings, age 18 and over, have the option of being counted as household members.
- ²⁵ The earned income of a dependent child who is attending elementary or high school, regardless of age, is excluded.
- ²⁶ Earnings are not counted if the child is age 18 or under and in school. Summer earnings of a child age 18 or under are not counted if the caseworker verifies the child will return to school in the fall.
- ²⁷ If a sibling is attending high school, earnings are not counted. If earnings cannot be separated from those of other household members, total earnings are prorated equally among working members of the household and the sibling's portion is disregarded.
- ²⁸ Earned income of a child through the age of 19 is not counted if the child is a full-time student in high school or its equivalent.
- ²⁹ Children under age 18 must be included in the unit. Districts may elect to include 18, 19, or 20-year-old individuals in the same family unit. All individuals may be included or just those whose inclusion would benefit the family.
- ³⁰ Districts may elect to include 18, 19, or 20-year-old siblings in the same family unit. The income for siblings aged 18 and over and included in the unit is fully counted.
- ³¹ A sibling is counted if he or she is still in high school and scheduled to graduate before his or her 19th birthday.
- ³² A child is considered 18 through the month of the child's 19th birthday.
- ³³ Earnings of a minor child are not counted as long as the child is a full-time student.
- ³⁴ Earnings of a child, age 17 or under, are not counted if the child is attending school full time or attending classes to obtain a GED.
- ³⁵ A dependent child under the age of 18, or under the age of 19 if the child has a documented disability, is included in the unit.
- ³⁶ Earned income of children under age 18 is not counted unless the children are emancipated or teen parents with a benefit case in their own name.
- ³⁷ Part-time income is not counted if the child or sibling is 18 or younger and in school.
- ³⁸ Children of the primary applicant continue to be counted as part of the family unit as long as they live with the primary applicant and are counted on his or her tax return.
- ³⁹ Income from children in the household who are between the ages of 14 and 19 and attending school is not counted.
- ⁴⁰ Siblings are counted in the unit as long as a caretaker in the household is legally responsible for them, regardless of age.

⁴¹ Siblings up to 21 years of age may be included if they are participating in a special education program.

⁴² A child's income is counted if he or she is under legal guardianship.

⁴³ Earned income is not counted for dependent minors, defined as children under age 18, or dependent 18-year-olds.

⁴⁴ Children under age 18 are included in the unit. If a child age 18 or over is a tax dependent of the applicant, he or she is included in the unit.

⁴⁵ A sibling who is still in high school is counted regardless of age.

⁴⁶ If a child is under age 18 or attending high school, his or her income is not counted.

⁴⁷ Earnings of minor children who are students at least half time are excluded, even during semester and vacation breaks.

Table 7. Defining the Family Unit and Income: Treatment of Teen Parents, 2016

State	Maximum Age a Parent is Considered a Teen	Treatment of a Teen Parent's Earnings	Definition of the Family Unit when the Teen Parent Has Siblings Receiving CCDF Funding	Definition of the Family Unit when the Teen Parent Has No Siblings Receiving CCDF Funding
Alabama	18 ¹	Fully counted	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
Alaska	17	Fully counted	Varies ²	Only teen parent and child(ren) included
Arizona	19 ³	Fully counted	Teen, child, parent, and siblings form one unit ⁴	Varies ⁵
Arkansas	18 ⁶	Varies/partially counted ⁷	Teen and child form one unit, and parent and siblings form another ⁸	Only teen parent and child(ren) included ⁸
California	18 ⁹	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Colorado	20	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Connecticut	19 ¹⁰	Fully counted	Varies ¹¹	Varies ¹¹
Delaware	17	Not counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
DC	25 ¹²	Not counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Florida	17 ¹³	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Georgia	17	Not counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Hawaii	17 ¹⁴	Varies/partially counted ¹⁵	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
Idaho	17	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Illinois	19	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Indiana	17	Fully counted	Teen and child form one unit, and parent and siblings form another	Varies ¹⁶
Iowa	17	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included

Table 7. Defining the Family Unit and Income: Treatment of Teen Parents, 2016

State	Maximum Age a Parent is Considered a Teen	Treatment of a Teen Parent's Earnings	Definition of the Family Unit when the Teen Parent Has Siblings Receiving CCDF Funding	Definition of the Family Unit when the Teen Parent Has No Siblings Receiving CCDF Funding
Kansas	19	Fully counted	Teen, child, parent, and siblings form one unit	Varies ¹⁷
Kentucky	19 ¹⁸	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Louisiana	17	Fully counted	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
Maine	19 ¹⁹	Fully counted	Varies ²⁰	Only teen parent and child(ren) included
Maryland	17	Varies/partially counted ²¹	Varies ²²	Parents/caretakers and minor siblings of the teen parent included
Massachusetts	19	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Michigan	17 ²³	Varies/partially counted ²⁴	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
Minnesota	18 ²⁵	Varies/partially counted ²⁶	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Mississippi	17	Not counted	Varies ²⁷	Varies ²⁷
Missouri	17	Varies/partially counted ²⁸	Varies ²	Varies ²
Montana	19	Fully counted	Teen, child, parent, and siblings form one unit	Only teen parent and child(ren) included
Nebraska	18	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Nevada	17	Varies/partially counted ²⁹	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
New Hampshire	19 ³⁰	Varies/partially counted ³¹	Teen and child form one unit, and parent and siblings form another ³²	Only teen parent and child(ren) included ³²
New Jersey	18	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
New Mexico	19	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included

Table 7. Defining the Family Unit and Income: Treatment of Teen Parents, 2016

State	Maximum Age a Parent is Considered a Teen	Treatment of a Teen Parent's Earnings	Definition of the Family Unit when the Teen Parent Has Siblings Receiving CCDF Funding	Definition of the Family Unit when the Teen Parent Has No Siblings Receiving CCDF Funding
New York	20	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
North Carolina	17	Fully counted	Varies ³³	Only teen parent and child(ren) included
North Dakota	20 ³⁴	Varies/partially counted ³⁴	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Ohio	17	Fully counted	Teen, child, parent, and siblings form one unit ³⁵	Parents/caretakers of the teen parent included ³⁵
Oklahoma	17	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Oregon	17	Varies/partially counted ³⁶	Varies ³⁶	Varies ³⁶
Pennsylvania	17	Varies/partially counted ¹⁵	Varies ²	Only teen parent and child(ren) included
Rhode Island	19	Fully counted	Varies ³⁷	Varies ³⁷
South Carolina	19 ³⁸	Fully counted	Varies ³⁹	Varies ³⁹
South Dakota	19	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Tennessee	19	Fully counted	Varies ⁴⁰	Varies ⁴⁰
Texas	19 ⁴¹	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Utah	17	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Vermont	17	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Virginia	17	Not counted	Teen, child, parent, and siblings form one unit	Parents/caretakers of the teen parent included ⁴²
Washington	21 ⁴³	Fully counted	Teen and child form one unit, and parent and siblings form another ⁴⁴	Only teen parent and child(ren) included ⁴⁴
West Virginia	17	Fully counted	Teen and child form one unit, and parent and siblings form another ⁴⁵	Only teen parent and child(ren) included ⁴⁵

Table 7. Defining the Family Unit and Income: Treatment of Teen Parents, 2016

State	Maximum Age a Parent is Considered a Teen	Treatment of a Teen Parent's Earnings	Definition of the Family Unit when the Teen Parent Has Siblings Receiving CCDF Funding	Definition of the Family Unit when the Teen Parent Has No Siblings Receiving CCDF Funding
Wisconsin	19 ⁴⁶	Not counted ⁴⁷	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
Wyoming	17	Fully counted	Varies ⁴⁸	Varies ⁴⁸
American Samoa	17	Varies/partially counted ²⁸	Varies ⁴⁹	Varies ⁴⁹
Guam	18 ⁵⁰	Varies/partially counted ⁵¹	Teen, child, parent, and siblings form one unit	Only teen parent and child(ren) included
No Mariana Islands	18 ⁵²	Varies/partially counted ⁵³	Teen, child, parent, and siblings form one unit	Parents/caretakers and minor siblings of the teen parent included
Puerto Rico	20	Not counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included
Virgin Islands	19	Fully counted	Teen and child form one unit, and parent and siblings form another	Only teen parent and child(ren) included

Source: CCDF Policies Database October 1, 2016 Data

¹ The maximum age is 18 if the parent remains in high school or its equivalent.

² A minor parent has the option of being considered a separate family unit.

³ A minor parent is a parent under age 18. A teen parent is a parent age 13 through 19.

⁴ The policy applies to minor parents who have never been married. When the minor parent is married, separated, or divorced and the siblings of a minor parent receive subsidized child care, the minor parent, spouse, and child form one unit, and the adult parent and siblings form another.

⁵ If the parent of the minor intends to claim either the minor or the minor's child as a dependent, they are both included in the unit. If the parent does not intend to count either the minor or the minor's child as a dependent, the minor and the minor's child are counted as a separate unit.

⁶ Teen parents must be under age 19 and enrolled in high school or a GED program. Emancipated minors not attending high school or a GED program are treated the same as adult applicants.

⁷ Parents attending high school full time are excluded from income requirements. If the teen parent is not attending high school full time and is considered an emancipated minor, he or she is treated the same as an adult applicant.

⁸ The policy applies to emancipated minors, who are considered and treated like adult applicants.

⁹ The maximum age is 17 if the teen parent is not enrolled in high school.

¹⁰ A minor parent is a parent under age 18. A teen parent is under age 20.

¹¹ Policies for minor and teen parents vary. Minor parents and their children are included in the same assistance unit as their siblings and adult parents. Teen parents form their own assistance unit.

¹² A parent age 25 or younger who lives with a parent or guardian and attends high school or college is considered a young adult and treated the same as a teen parent.

¹³ The maximum age applies unless the parent is married or emancipated.

- ¹⁴ Teen parents may be eligible for care if they meet the eligibility criteria and are not living in the same household as their adult parents or caretakers.
- ¹⁵ Income is counted if the teen parent is an emancipated minor.
- ¹⁶ The minor parent and his or her children are considered a separate family unless the minor parent is not the primary caregiver of his or her children, in which case the minor parent and his or her children are considered part of the family unit of their mutual caregiver.
- ¹⁷ When a minor teen parent needs child care to finish high school or obtain a GED, the minor's caretaker is included in the unit, but his or her income is not counted. The teen parent's siblings are not included.
- ¹⁸ A teen parent is defined as being age 19 or younger and actively seeking a high school diploma or GED.
- ¹⁹ The teen parent must reside with his or her child and attend a secondary school or GED equivalency program.
- ²⁰ The family unit composition is decided on a case-by-case basis.
- ²¹ A disregard of \$5,000 of a family's annual gross income per child is allowed if the minor parent is attending public school full time.
- ²² Teen parents apply as the head of household. When an adult parent has physical custody of children in need of care, another unit is established with the adult listed as head of household. The adult parent is still considered part of the unit in the teen parent's case.
- ²³ The applicant must be unmarried and living with his or her parents to be considered a minor parent. Minor parents who have not completed high school must attend elementary or secondary school full time or, if aged 16 or 17, participate in a TANF work program. Minor parents must live in an adult-supervised living arrangement or show good cause for not living in an adult-supervised setting.
- ²⁴ Earnings are not counted if the teen parent is under age 18, attending school, and living with someone who provides care or supervision.
- ²⁵ The maximum age is 17 if the parent is not a full-time student in school or training.
- ²⁶ The earned income of a student parent under age 19 and in school at least half time is not counted.
- ²⁷ Any parent enrolled full time in high school or in a GED program may make an application in his or her own name, as a family unit separate from his or her parent.
- ²⁸ If the teen parent is in school, his or her income is not counted.
- ²⁹ If a teen is attending high school, earnings are not counted. If earnings cannot be separated from those of other household members, total earnings are prorated equally among working members of the household and the teen's portion is disregarded.
- ³⁰ Full-time students with a biological, foster, step, guardianship, or adoptive relationship to a parent in the household may be considered teen parents through age 19.
- ³¹ Income is counted unless the individual is under age 20 and attending high school or its equivalent full time.
- ³² The parents of the minor parent are not included in the unit when the minor parent has legal responsibility for the child.
- ³³ The teen parent is counted in the adult parent's unit, but the teen parent's child is not.
- ³⁴ In order to be eligible for income-excluded child care through age 20, the parent must be enrolled in the Crossroads program, a program to assist with child care costs for parents through age 20 who have primary responsibility for the care of their children and who are in high school or working on their GED. Other teen parents do not receive preferential treatment.
- ³⁵ A minor parent who participates in the learning, earning, and parenting (LEAP) program may apply for child care benefits on his or her own. The family is then defined as the minor parent and the children of the minor parent.
- ³⁶ Minor parents who are employed and request a separate employment-related day care case are considered the caretaker of their own unit and their income is counted. If they do not request a separate case, they may be included in the adult parent's unit, and the income of the minor parent is not counted.
- ³⁷ If the teen parent is under the age of 16 and not an emancipated minor, the parent or legal guardian of the teen parent is included in the unit. A teen parent under the age of 16 may obtain child care assistance on his or her own if the inclusion of the parent or legal guardian would present an obstacle to receiving child care.

- ³⁸ In order to apply for child care, the parent must be 18 or within six months of turning 18. If the parent is not 18, he or she must be legally emancipated or have a notarized emancipation statement from his or her parents in order to apply for child care. If the minor is not legally emancipated, the minor's parent must apply for child care and meet all eligibility criteria. Teen parents under age 18 receiving TANF do not have to be emancipated in order to receive child care.
- ³⁹ If the minor is legally emancipated or has a notarized emancipation statement from his or her parents, he or she is counted as a separate unit. If the minor is not emancipated, the minor and parents are counted as one unit.
- ⁴⁰ The parents of the minor parent are included in the unit but not the siblings. A minor parent under age 18 may be considered a separate household if he or she is legally emancipated.
- ⁴¹ A person can be considered a teen parent through age 19 if he or she is attending high school or its equivalent.
- ⁴² The parent or caretaker of the minor parent is counted as the head of household. Both the adult and the minor parent must participate in an approved activity.
- ⁴³ Teen parents in high school or a GED program do not have to meet work requirements through age 21.
- ⁴⁴ Minor parents without legal custody of their children who live with the legal guardian are not included in the assistant unit.
- ⁴⁵ The minor and child form a separate unit as long as the minor parent has legal custody of the child.
- ⁴⁶ The parent must be enrolled in a high school or GED program to be considered a teen parent.
- ⁴⁷ All earned income of minors is excluded, including earned income of minors in supervised independent living situations.
- ⁴⁸ If all three generations are part of the same TANF payment unit, they are considered one unit; otherwise the minor and child form one unit, and the minor's parents and siblings form another unit.
- ⁴⁹ The parents of the teen parent may include the teen parent's children in the unit if they have legally adopted the children or if they provide more than 50 percent of the care for the children.
- ⁵⁰ A teen parent is an unmarried parent who is under the age of 19, has not received a high school diploma or GED, lives in the home of his or her parent or guardian, and attends a high school program.
- ⁵¹ A teen parent's income is excluded if the teen parent and child reside with the teen's parents, an adult relative, or legal guardian, and the teen parent is attending school.
- ⁵² The applicant must be unmarried, attending high school or a GED program, and be living with a parent, adult relative, or legal guardian.
- ⁵³ Earnings of minor children who are students at least half time are excluded, even during semester and vacation breaks.

Table 8. Defining the Family Unit and Income: Treatment of Step-Parents, Non-Parent Partners, and Temporarily Absent Parents, 2016

State	If a Step-Parent is Included when Defining the Family Size	Treatment of a Step-Parent's Earnings (When Included in Family Size)	How Blended Families are Treated when Defining the Family Size ²	If the Parent or Caretaker's Partner is Included when Defining the Family Size ³	If a Temporarily Absent Parent is Included when Defining the Family Size	Treatment of a Temporarily Absent Parent's Earnings (When Included in Family Size)
Alabama	Always included	Fully counted	The parents and children form one unit	Never included ⁴	Always included	Fully counted
Alaska	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Arizona	Always included	Fully counted	The parents and children form one unit	Never included	Varies ⁵	Fully counted
Arkansas	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
California	Always included	Fully counted	The parents and children form one unit	Varies ⁶	Varies ⁷	Fully counted
Colorado	Always included	Fully counted	The parents and children form one unit	Varies ⁸	Varies ⁹	Varies/partially counted ¹⁰
Connecticut	Always included	Fully counted	The parents and children form one unit	Varies ¹¹	Always included	Fully counted
Delaware	Always included	Fully counted	The parents and children form one unit	Never included	Varies ¹²	Fully counted
DC	Always included	Fully counted	The parents and children form one unit	Never included	Never included	NA
Florida	Always included	Fully counted	The parents and children form one unit	Always included	Varies ¹³	Fully counted
Georgia	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Varies/partially counted ¹⁴
Hawaii	Always included	Fully counted	The parents and children form one unit	Never included	Varies ¹⁵	Fully counted ¹⁶
Idaho	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted

Table 8. Defining the Family Unit and Income: Treatment of Step-Parents, Non-Parent Partners, and Temporarily Absent Parents, 2016

State	If a Step-Parent is Included when Defining the Family Size	Treatment of a Step-Parent's Earnings (When Included in Family Size)	How Blended Families are Treated when Defining the Family Size ²	If the Parent or Caretaker's Partner is Included when Defining the Family Size ³	If a Temporarily Absent Parent is Included when Defining the Family Size	Treatment of a Temporarily Absent Parent's Earnings (When Included in Family Size)
Illinois	Always included	Fully counted	The parents and children form one unit	Never included	Varies ¹⁷	Not counted ¹⁷
Indiana	Always included	Fully counted	The parents and children form one unit	Never included	Varies ¹⁸	Fully counted
Iowa	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Kansas	Always included	Fully counted	The parents and children form one unit	Always included	Always included	Fully counted
Kentucky	Always included	Fully counted	The parents and children form one unit	Never included	Varies ¹⁹	Fully counted ²⁰
Louisiana	Always included	Fully counted	The parents and children form one unit	Always included	Varies ²¹	Fully counted
Maine	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Maryland	Always included	Fully counted	The parents and children form one unit	Never included	Varies ²²	Fully counted
Massachusetts	Always included	Fully counted	The parents and children form one unit	Never included	Varies ²³	Fully counted
Michigan	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Minnesota	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Mississippi	Always included	Fully counted	The parents and children form one unit	Never included	--- ¹	Fully counted
Missouri	Always included	Fully counted	The parents and children form one unit	Never included	Never included	NA ²⁴
Montana	Always included	Fully counted	The parents and children form one unit	Varies ²⁵	Always included ²⁶	Fully counted

Table 8. Defining the Family Unit and Income: Treatment of Step-Parents, Non-Parent Partners, and Temporarily Absent Parents, 2016

State	If a Step-Parent is Included when Defining the Family Size	Treatment of a Step-Parent's Earnings (When Included in Family Size)	How Blended Families are Treated when Defining the Family Size ²	If the Parent or Caretaker's Partner is Included when Defining the Family Size ³	If a Temporarily Absent Parent is Included when Defining the Family Size	Treatment of a Temporarily Absent Parent's Earnings (When Included in Family Size)
Nebraska	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Nevada	Always included	Fully counted	The parents and children form one unit	Always included	Varies ²⁷	Fully counted
New Hampshire	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
New Jersey	Varies ²⁸	Fully counted	The parents and children form one unit	Varies ²⁹	Always included ³⁰	Fully counted
New Mexico	Always included	Fully counted	The parents and children form one unit	Never included	Always included ³¹	Fully counted ³¹
New York	Always included	Fully counted	The parents and children form one unit	Never included	Varies ³²	Varies/partially counted ³³
North Carolina	Always included	Fully counted	Each parent forms one unit with their children	Never included	Always included	Fully counted
North Dakota	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Ohio	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Oklahoma	Always included	Fully counted	The parents and children form one unit	Always included ³⁴	Always included	Fully counted
Oregon	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Pennsylvania	Always included	Varies/partially counted ³⁵	The parents and children form one unit	Never included	Varies ³⁶	Fully counted
Rhode Island	Always included	Fully counted	The parents and children form one unit	Never included	--- ¹	Not counted

Table 8. Defining the Family Unit and Income: Treatment of Step-Parents, Non-Parent Partners, and Temporarily Absent Parents, 2016

State	If a Step-Parent is Included when Defining the Family Size	Treatment of a Step-Parent's Earnings (When Included in Family Size)	How Blended Families are Treated when Defining the Family Size ²	If the Parent or Caretaker's Partner is Included when Defining the Family Size ³	If a Temporarily Absent Parent is Included when Defining the Family Size	Treatment of a Temporarily Absent Parent's Earnings (When Included in Family Size)
South Carolina	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
South Dakota	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Varies/partially counted ³⁷
Tennessee	Always included	Fully counted	The parents and children form one unit	Never included	Varies ³⁸	Fully counted
Texas	Always included	Fully counted	The parents and children form one unit	Never included	Varies ³⁶	Fully counted
Utah	Always included	Fully counted	The parents and children form one unit	Never included ³⁹	Always included	Fully counted
Vermont	Always included	Fully counted	The parents and children form one unit	Never included	Always included ⁴⁰	Fully counted
Virginia	Always included	Fully counted	The parents and children form one unit	Always included ⁴¹	Always included	Fully counted
Washington	Always included	Fully counted	The parents and children form one unit	Never included	Always included ⁴²	Fully counted
West Virginia	Always included	Fully counted	The parents and children form one unit	Never included	Always included	Fully counted
Wisconsin	Always included	Fully counted	The parents and children form one unit	Never included	Always included ⁴³	Fully counted
Wyoming	Always included	Fully counted	The parents and children form one unit	Never included	Varies ⁴⁴	Fully counted
American Samoa	Always included	Fully counted	The parents and children form one unit	--- ¹	--- ¹	--- ¹
Guam	Always included	Fully counted	The parents and children form one unit	Never included	Never included	NA

Table 8. Defining the Family Unit and Income: Treatment of Step-Parents, Non-Parent Partners, and Temporarily Absent Parents, 2016

State	If a Step-Parent is Included when Defining the Family Size	Treatment of a Step-Parent's Earnings (When Included in Family Size)	How Blended Families are Treated when Defining the Family Size ²	If the Parent or Caretaker's Partner is Included when Defining the Family Size ³	If a Temporarily Absent Parent is Included when Defining the Family Size	Treatment of a Temporarily Absent Parent's Earnings (When Included in Family Size)
No Mariana Islands	Always included	Fully counted	The parents and children form one unit	Never included	--- ¹	Fully counted
Puerto Rico	Always included	Fully counted ⁴⁵	The parents and children form one unit	Never included	Always included	Fully counted
Virgin Islands	Always included	Fully counted	The parents and children form one unit	Never included	Never included	NA

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² For the purposes of the CCDF Policies Database, blended families are defined as families consisting of married parents with no children in common.

³ For the purposes of the CCDF Policies Database, a parent or caretaker's partner is defined as a person who resides in the household, is not married to the child's parent, is not a parent of the child, and has no children in common with the child's parent. Policies regarding other adults residing in the household, who are not the parent's partner, are captured in Table 10.

⁴ The partner is only included if he or she is a common law spouse.

⁵ A parent legally married to the applicant and temporarily living outside of the household with the intention of remaining a family must be engaged in an eligible activity in order to be included as a member of the family unit.

⁶ The partner is included in the unit if he or she resides in the home and is responsible for the care and welfare of the child.

⁷ The applicant may choose to include the temporarily absent parent when applying for child care. If the temporarily absent parent is included on the application, he or she must meet work requirements and his or her income is counted.

⁸ The significant other is always included if he or she financially contributes to the welfare of the children.

⁹ Parents who are temporarily absent from the home are included in the unit if they are participating in an eligible activity.

¹⁰ If the parent is involuntarily removed from the home, his or her income is not counted.

¹¹ The partner is included if the parent or caretaker identifies the partner as a spouse, life partner, or the co-parent of the child.

¹² The temporarily absent parent is included in the family size if his or her needs and income are considered together with the household when determining eligibility.

- ¹³ If one parent is temporarily living outside of the home for employment, but the primary residence is with the family receiving services, then that parent is considered part of the family unit.
- ¹⁴ Income is counted for parents absent from the home due to military or work assignments.
- ¹⁵ Parents living temporarily outside the home are included in the unit if they continue to maintain responsibility for the care, education, and financial support of the child.
- ¹⁶ Income is counted if the parent continues to maintain responsibility for the care, education, and financial support of the child.
- ¹⁷ If the parent is absent from the household for 30 days or more due to military service, incarceration, education, or other reasons at the time of eligibility determination, the parent is not included in the assistance unit and his or her earnings are not counted.
- ¹⁸ A parent in the military who is stationed away from the home is considered part of the unit if he or she is married to the parent residing in the home. A parent stationed away from the home is not included in the unit if he or she is not married to the parent residing in the home.
- ¹⁹ A parent that is temporarily absent from the household for 30 days or more due to incarceration or hospitalization is not included in the family unit.
- ²⁰ Earnings of a temporarily absent parent are counted. Earnings of a parent who is absent from the household for 30 days or more due to incarceration or hospitalization are not counted, and the parent is not included in the unit.
- ²¹ A parent temporarily living outside of the home who is the spouse of the head of household is included as a member of the family unit. A single parent temporarily living outside of the home who is 18 years of age or older is not included as a member of the family unit. Parents temporarily living outside of the home cannot establish permanent residence elsewhere.
- ²² Parents who are temporarily absent due to military deployment are included in the family unit.
- ²³ If the person is considered a member of the household, he or she is included in the family size.
- ²⁴ A family member who is in the military and stationed away from the residence is not included in the family unit for the purpose of determining household size, but any income sent to the family unit is included.
- ²⁵ The parent's significant other has the option of being counted as a household member.
- ²⁶ The temporary parent must be considered part of an intact family, for example, an incarcerated parent.
- ²⁷ A temporarily absent parent is included as a member of the family unit unless the parent is single or incarcerated. If the parent's absence is solely due to being on active duty in a uniformed service, then the parent is included as a member of the family unit.
- ²⁸ If the step-parent is legally responsible for the child, he or she is included in the assistance unit.
- ²⁹ The partner is included if he or she is legally responsible for the children.
- ³⁰ Parents are included in the unit if they are legally responsible for the child.
- ³¹ A temporarily absent parent is included as long as the parent plans to return to the home. Temporary absences may include, but are not limited to, attending school, working, training, or military service.
- ³² Individuals who are temporarily absent from the home are counted as part of the unit if they are contributing to or are required to contribute to the needs of the household.
- ³³ Income is counted if the individual is contributing or required to contribute to the needs of the household.
- ³⁴ Non-relative adults living in the home with the natural or adoptive parent are included in the unit when they act in the role of a spouse.

- ³⁵ There is a step-parent deduction if the child requesting care is not his or her biological child. The deduction varies by family size and county. If care is needed for either a child in common or his or her own children, the step-parent's income is fully counted.
- ³⁶ Parents who are temporarily absent due to military service are included in the family unit.
- ³⁷ If the parent is absent because of work or school, his or her income is counted. If the parent is incarcerated for at least 30 consecutive days, his or her income is not counted.
- ³⁸ A parent that is temporarily absent from the household due to military deployment, either foreign or domestic, is included as a member of the family unit.
- ³⁹ The partner is included if the couple meets the criteria for common law marriage.
- ⁴⁰ Temporarily absent family members are included in the unit if the family claims financial responsibility for them for tax purposes.
- ⁴¹ The couple must be cohabiting, or living together in an emotional or intimate relationship on a long term or permanent basis.
- ⁴² An applicant who is the only parent in the household and is expected to be out of the house for 30 consecutive days is not eligible for care.
- ⁴³ Any parent is presumed to continue to reside in the household unless a child support referral has been made.
- ⁴⁴ If a couple is maintaining a residence together, and one parent works out of town part of the week or month, the absent parent is still counted in the household.
- ⁴⁵ A step-parent's income is included except in cases where there is a pre-nuptial agreement.

Table 9. Defining the Family Unit and Income: Treatment of Non-Parent Caretakers, 2016 ¹

State	<u>Non-Parent, Relative Caretakers</u>			<u>Non-Parent, Non-Relative Caretakers</u>		
	If a Relative Caregiver Is Eligible to Apply for Subsidies	If a Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Relative Caretaker's Earnings (When Included in Family Size)	If a Non-Relative Caregiver Is Eligible to Apply for Subsidies	If a Non-Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Non-Relative Caretaker's Earnings (When Included in Family Size)
Alabama	Yes, all relative caretakers ²	Varies ³	Fully counted	Yes, only legal guardians ²	Varies ⁴	Fully counted
Alaska	Yes, all relative caretakers ⁵	Always included	Fully counted	Yes, all non-relative caretakers ⁵	Always included	Fully counted
Arizona	Yes, all relative caretakers	Varies ⁶	Fully counted ⁷	Yes, only legal guardians	Varies ⁸	Fully counted ⁹
Arkansas	Yes, all relative caretakers ¹⁰	Always included ¹¹	Fully counted ¹¹	Yes, only legal guardians	Always included ¹¹	Fully counted ¹¹
California	Yes, all relative caretakers	Never included	NA	Yes, all non-relative caretakers	Never included	NA
Colorado	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers	Always included	Fully counted
Connecticut	Yes, all relative caretakers ¹²	Always included	Fully counted	Yes, all non-relative caretakers ¹³	Always included ¹⁴	Fully counted
Delaware	Yes, all relative caretakers ¹⁵	Never included	NA	Yes, only legal guardians	Never included	NA
DC	Yes, only legal guardians	Always included ¹⁶	Not counted	Yes, only legal guardians	Always included ¹⁶	Not counted
Florida	Yes, all relative caretakers	Varies ¹⁷	Fully counted ¹⁷	Yes, all non-relative caretakers ¹⁸	Varies ¹⁷	Fully counted ¹⁷
Georgia	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers	Varies ¹⁹	Fully counted ¹⁹
Hawaii	Yes, all relative caretakers	Always included	Varies/partially counted ²⁰	Yes, all non-relative caretakers	Always included	Varies/partially counted ²⁰
Idaho	Yes, all relative caretakers ²¹	Always included	Fully counted	Yes, all non-relative caretakers ²¹	Always included	Varies/partially counted ²²
Illinois	Yes, all relative caretakers ²³	Always included	Varies/partially counted ²⁴	Yes, only legal guardians	Always included	Fully counted

Table 9. Defining the Family Unit and Income: Treatment of Non-Parent Caretakers, 2016 ¹

State	<u>Non-Parent, Relative Caretakers</u>			<u>Non-Parent, Non-Relative Caretakers</u>		
	If a Relative Caregiver Is Eligible to Apply for Subsidies	If a Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Relative Caretaker's Earnings (When Included in Family Size)	If a Non-Relative Caregiver Is Eligible to Apply for Subsidies	If a Non-Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Non-Relative Caretaker's Earnings (When Included in Family Size)
Indiana	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers	Always included	Varies/partially counted ²⁵
Iowa	Other ²⁶	Never included	NA	Other ²⁶	Never included	NA
Kansas	Yes, all relative caretakers ²⁷	Always included	Varies/partially counted ²⁸	Yes, all non-relative caretakers ²⁷	Always included	Varies/partially counted ²⁸
Kentucky	Yes, all relative caretakers ²⁹	Always included	Fully counted	Yes, all non-relative caretakers ³⁰	Always included	Fully counted
Louisiana	Yes, all relative caretakers ³¹	Always included	Fully counted	Yes, all non-relative caretakers ³¹	Always included	Fully counted
Maine	Yes, all relative caretakers ³²	Never included ³³	NA	Yes, all non-relative caretakers ³²	Never included ³³	NA
Maryland	Yes, all relative caretakers	Always included	Varies/partially counted ³⁴	Yes, all non-relative caretakers	Always included	Varies/partially counted ³⁴
Massachusetts	Yes, only legal guardians ³⁵	Always included	Not counted	Yes, only legal guardians ³⁵	Always included	Not counted
Michigan	Yes, all relative caretakers	Varies ³⁶	Fully counted	Yes, all non-relative caretakers	Varies ³⁶	Fully counted
Minnesota	Other ³⁷	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted
Mississippi	Yes, all relative caretakers ³⁸	Always included	Fully counted	Yes, all non-relative caretakers ³⁸	Always included	Fully counted
Missouri	Yes, all relative caretakers	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted
Montana	Yes, all relative caretakers	Always included ³⁹	Fully counted	Yes, all non-relative caretakers	Always included ³⁹	Fully counted
Nebraska	Yes, all relative caretakers	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted
Nevada	Other ⁴⁰	Always included ⁴⁰	Fully counted	Other ⁴⁰	Always included ⁴⁰	Fully counted

Table 9. Defining the Family Unit and Income: Treatment of Non-Parent Caretakers, 2016 ¹

State	<u>Non-Parent, Relative Caretakers</u>			<u>Non-Parent, Non-Relative Caretakers</u>		
	If a Relative Caregiver Is Eligible to Apply for Subsidies	If a Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Relative Caretaker's Earnings (When Included in Family Size)	If a Non-Relative Caregiver Is Eligible to Apply for Subsidies	If a Non-Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Non-Relative Caretaker's Earnings (When Included in Family Size)
New Hampshire	Yes, all relative caretakers	Always included	Varies/partially counted ⁴¹	Yes, only legal guardians	Always included	Varies/partially counted ⁴¹
New Jersey	Yes, only legal guardians	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted
New Mexico	Other ⁴²	Always included	Fully counted	Yes, only legal guardians ⁴²	Always included	Fully counted
New York	Yes, all relative caretakers ⁴³	Varies ⁴⁴	Not counted ⁴⁵	Yes, all non-relative caretakers	Varies ⁴⁴	Not counted ⁴⁵
North Carolina	Yes, all relative caretakers ⁴⁶	Always included	Fully counted	Yes, all non-relative caretakers	Never included	NA
North Dakota	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers ⁴⁷	Always included	Fully counted
Ohio	Yes, all relative caretakers ⁴⁸	Always included	Fully counted	Yes, all non-relative caretakers ⁴⁸	Always included	Fully counted
Oklahoma	Yes, all relative caretakers	Varies ⁴⁹	Fully counted	Yes, all non-relative caretakers	Varies ⁴⁹	Fully counted
Oregon	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers	Always included	Fully counted
Pennsylvania	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers	Always included	Fully counted
Rhode Island	Yes, all relative caretakers ⁵⁰	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted
South Carolina	Yes, all relative caretakers	Always included ⁵¹	Fully counted	Yes, all non-relative caretakers	Always included ⁵¹	Fully counted
South Dakota	Other ⁵²	Always included ⁵²	Not counted	Other ⁵²	Always included ⁵²	Fully counted
Tennessee	Yes, all relative caretakers	Always included	Fully counted	Yes, all non-relative caretakers	Always included	Fully counted

Table 9. Defining the Family Unit and Income: Treatment of Non-Parent Caretakers, 2016 ¹

State	<u>Non-Parent, Relative Caretakers</u>			<u>Non-Parent, Non-Relative Caretakers</u>		
	If a Relative Caregiver Is Eligible to Apply for Subsidies	If a Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Relative Caretaker's Earnings (When Included in Family Size)	If a Non-Relative Caregiver Is Eligible to Apply for Subsidies	If a Non-Relative Caretaker is Included when Defining the Family Size (When Eligible to Apply for Subsidies)	Treatment of a Non-Relative Caretaker's Earnings (When Included in Family Size)
Texas	Yes, all relative caretakers ⁵³	Always included ⁵³	Fully counted	Yes, all non-relative caretakers ⁵³	Always included ⁵³	Fully counted
Utah	Yes, all relative caretakers	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted
Vermont	Yes, all relative caretakers	Always included ⁵⁴	Varies/partially counted ⁵⁵	Yes, all non-relative caretakers	Always included ⁵⁴	Varies/partially counted ⁵⁵
Virginia	Yes, all relative caretakers ⁵⁶	Always included	Fully counted	Yes, all non-relative caretakers ⁵⁶	Always included	Fully counted
Washington	Yes, all relative caretakers	Never included	NA	Other ⁵⁷	Never included	NA ⁵⁸
West Virginia	Yes, all relative caretakers ⁵⁹	Always included ⁶⁰	Fully counted	Yes, all non-relative caretakers ⁵⁹	Always included ⁶⁰	Fully counted
Wisconsin	Yes, all relative caretakers ⁶¹	Always included ⁶¹	Varies/partially counted ⁶²	Yes, all non-relative caretakers ⁶¹	Always included ⁶¹	Varies/partially counted ⁶²
Wyoming	Yes, all relative caretakers	Always included ⁶³	Fully counted	Yes, only legal guardians ⁶⁴	Always included ⁶³	Fully counted
American Samoa	Other ⁶⁵	Always included	Varies/partially counted ⁶⁶	Other ⁶⁵	Always included	Varies/partially counted ⁶⁶
Guam	Yes, all relative caretakers	Always included	Varies/partially counted ⁶⁷	Yes, all non-relative caretakers	Always included	Varies/partially counted ⁶⁷
No Mariana Islands	Yes, all relative caretakers	Always included ³⁹	Fully counted	Yes, all non-relative caretakers	Always included ³⁹	Fully counted
Puerto Rico	Yes, all relative caretakers ⁶⁸	Always included ⁶⁹	Fully counted	Yes, all non-relative caretakers ⁶⁸	Always included ⁶⁹	Fully counted
Virgin Islands	Yes, only legal guardians	Always included	Fully counted	Yes, only legal guardians	Always included	Fully counted

Source: CCDF Policies Database October 1, 2016 Data

- ¹ For the purposes of the CCDF Policies Database, a caretaker situation exists when the child lives with the caretaker, the caretaker has assumed responsibility for the care of the child, and the child's parents do not live in the home with the child.
- ² The assistance unit consists of a household of minor unmarried children and their parents by blood, marriage, adoption; legal guardians; or adult relatives without legal custody who are standing in loco parentis. Foster parents are not included in the assistance unit, although they are allowed to apply.
- ³ Caretakers are included in the unit unless they are foster parents referred by the foster care program, in which case they are allowed to apply for subsidies, but they are not counted in the family size.
- ⁴ A non-parent, non-relative caretaker is included in the unit if he or she is the legal guardian. Caretakers are included in the unit unless they are foster parents referred by the foster care program, in which case they are allowed to apply for subsidies, but they are not counted in the family size.
- ⁵ Any adult who can demonstrate that he or she effectively has physical custody and financial responsibility for a child needing care can apply. It does not have to be legally established or a blood relationship.
- ⁶ When care is requested for the related child only, the caretaker is not included in the unit. When care is requested for the caretaker's own children in addition to the related child, the unit consists of the caretaker, the other responsible person if applicable, their children, and the related child.
- ⁷ If the relative caretaker applies for child care assistance for his or her own children in addition to the related children, his or her income is included.
- ⁸ Legal guardians are not included in the family size unless they apply for care for their own children in addition to the child in guardianship.
- ⁹ If the legal guardian applies for child care assistance for his or her own children in addition to the children under guardianship, his or her income is included.
- ¹⁰ The caretaker must be at least 18 years of age or be emancipated and have full-time physical custody of the child.
- ¹¹ If a child is in the full-time physical custody of someone other than the parent or guardian due to the parent or guardian being activated for military duty, the adult with power of attorney over the child serves as an authorized representative for the household. All income of the child's caretaker is disregarded.
- ¹² A non-parent, relative caretaker is allowed to apply when acting in loco parentis.
- ¹³ A non-parent, non-relative caretaker is allowed to apply when acting in loco parentis.
- ¹⁴ A non-parent, non-relative caretaker is included when he or she is standing in loco parentis. In loco parentis is defined as a person with whom the child lives who is responsible for the day-to-day care and custody of the child.
- ¹⁵ A relative caretaker is an adult who is by marriage, blood relationship, or court decree, the grandparent, great-grandparent, sibling, aunt, or uncle of the child receiving care.
- ¹⁶ A non-parent caretaker is included in the unit only if guardianship is documented.
- ¹⁷ Foster parents and caretakers who fall under the relative caretaker category of care are not included in the unit and their income is not counted. If caretakers have legal responsibility for the child, they are included in the unit and their income is counted.
- ¹⁸ Individuals who are acting in loco parentis may apply, as well as parents by blood, marriage, or adoption.
- ¹⁹ Foster parents are not counted in the family size and their income is not counted.
- ²⁰ The income of foster parents is not counted.
- ²¹ An individual acting in loco parentis is allowed to apply for child care subsidies.
- ²² A foster parent's income is excluded when determining eligibility for a foster child.
- ²³ All relative caretakers within the fifth degree of kinship are allowed to apply for child care subsidies.

- ²⁴ The income of a caretaker relative who is not a parent or step-parent, is employed, and is the representative payee of a child who is receiving child-only or general assistance TANF is not counted for eligibility and copayment purposes. However, if the caretaker relative is in an education and training program, his or her income is counted for eligibility and copayment purposes.
- ²⁵ The income of licensed foster parents is not included.
- ²⁶ Licensed foster parents cannot apply for subsidies for their foster children. If a licensed foster parent needs child care for the purpose of employment, this is handled by the foster care worker.
- ²⁷ In cases not involving legal guardianship or custody, if a biological or adoptive parent of a child for whom assistance is requested also resides in the home, that parent must be included in the assistance unit regardless of who claims to be the child's caretaker, unless that parent is not physically or mentally capable of caring for the child (as verified by a qualified professional), or is legally prohibited from caring for the child.
- ²⁸ If the child in need of care receives TANF benefits or SSI, and no other children in the household need child care, the income of the caretaker is not counted.
- ²⁹ A parent can be a person acting in loco parentis.
- ³⁰ A non-relative caretaker must show verification of pursuit of legal custody within one year of application.
- ³¹ Any adult in the household with primary responsibility for the child's financial support and care is allowed to apply for child care subsidies.
- ³² Adults acting in loco parentis are allowed to apply for child care subsidies.
- ³³ The child is considered a family of one.
- ³⁴ A disregard of \$5,000 of a family's annual gross income per child is allowed if an adult with physical custody of the child is not the child's parent.
- ³⁵ In order for a non-parent relative caretaker to be eligible to apply for a child care subsidy, the biological or adoptive parents must not reside in the house and the non-parent caretaker must be a legal guardian, foster parent, or designated caretaker.
- ³⁶ Relative and non-relative caretakers are only included in the family unit if the child has no parent or step parent living in the home or if the child's only parent or step-parent living in the home is excluded from providing care. Foster parents and legal guardians are not included in the family size unless they apply for care for their own children in addition to the child in guardianship.
- ³⁷ Relative caretakers who are the caregiver for a child receiving a TANF grant are eligible for subsidies. Relative caretakers who are the caregiver for a child not receiving a TANF grant are not eligible for subsidies unless they are the child's legal guardian.
- ³⁸ A parent is defined as a mother or father by blood, marriage, or adoption, a legal guardian, or other person standing in loco parentis.
- ³⁹ A person acting in loco parentis is always counted as a household member.
- ⁴⁰ An adult with court ordered custody of the child is allowed to apply for assistance and counted in the assistance unit, with the exception of foster parents and child protective services parents or caregivers.
- ⁴¹ If a caretaker requests child care for his or her own children as well as a child for whom he or she cares, the income of the caretaker and spouse is counted.
- ⁴² Legal guardians and grandparents, in addition to biological or step-parents, are allowed to apply for child care assistance. Grandparents have to be the legal guardians and determined to be providing for the grandchild's physical and emotional needs.
- ⁴³ Relatives within the third degree of consanguinity of the child may apply for child care subsidies.
- ⁴⁴ Non-parent caretakers are allowed to apply for subsidies but are not included in the family unit, unless the non-parent caregiver is receiving either TANF cash assistance or New York State-only cash assistance.

- ⁴⁵ If the caretaker is receiving either TANF cash assistance or New York State-only cash assistance, then the child is automatically eligible for a child care subsidy and exempt from the copayment regardless of the caretaker's earnings.
- ⁴⁶ The spouse of a non-parent, relative caretaker is included in the family unit.
- ⁴⁷ A non-parent, non-relative caretaker is allowed to apply for subsidies if he or she is the child's legal guardian or acting in loco parentis. An individual is considered to be acting in loco parentis when he or she has assumed parental responsibilities and is physically caring for the child in their home on a 24 hour a day basis and the duration is expected to last over 30 uninterrupted days.
- ⁴⁸ Adults who are standing in loco parentis are permitted to apply for subsidized child care and are included in the assistance unit.
- ⁴⁹ The caretaker is included if he or she is court-ordered to be legally and financially responsible for the child.
- ⁵⁰ Relative caretakers of an acceptable degree are allowed to apply for child care subsidies.
- ⁵¹ If the caretaker has legal responsibility or has assumed full physical responsibility for the child, he or she is counted in the unit.
- ⁵² Any individual 18 years of age or older who has a signed statement from the child's parent or guardian giving the individual authority to exercise parental control of the child is allowed to apply for child care subsidies and counted in the unit. The caretaker must open and maintain an active child support enforcement case within six months of initial eligibility.
- ⁵³ A non-parent caretaker is included in the unit if he or she is responsible for the care and supervision of the children.
- ⁵⁴ Persons who live with, supervise, and care for a child or children whose parents do not live in the home are always included.
- ⁵⁵ If the caretaker is legally responsible for the child's welfare, such as a biological, step, adoptive, or foster parent or legal guardian, then the caretaker's income is considered. However, if the child is living with an adult caretaker other than the legally responsible adult, then the legally responsible adult's income is considered, not the adult caretaker who lives in the home.
- ⁵⁶ Any adult standing in loco parentis may apply for child care subsidies for the children in his or her care.
- ⁵⁷ The non-parent, non-relative caretaker must have a written, signed agreement from the parent giving the caretaker custodial responsibility for the child, or the caretaker must receive a TANF grant on behalf of the child in his or her care, in order to apply for child care subsidies.
- ⁵⁸ A TANF grant that a non-relative caretaker receives on behalf of the child in his or her care is considered to be the income of the child and is countable.
- ⁵⁹ The non-parent caretaker is allowed to apply for child care subsidies if he or she has been given custody or guardianship of the child by a court or has taken full physical custody and responsibility for the child.
- ⁶⁰ The non-parent caretaker is counted in the unit if he or she has been given custody or guardianship of the child by a court or taken full physical custody and responsibility for the child.
- ⁶¹ The non-parent caretaker is allowed to apply for child care subsidies and is included in the assistance unit if the child is living with the caretaker and the parents are absent from the home.
- ⁶² The financial eligibility test for foster care, subsidized guardianship, interim caretakers, and relatives with court-ordered placement who receive a Kinship Care payment is based on the child's biological or adoptive parent's income tested at 200 percent of the Federal Poverty Guidelines at the time the child was removed from the home. If the biological or adoptive parent's income exceeds 200 percent of the Federal Poverty Guidelines, the financial eligibility test is then based on the caregiver's household income and is tested at 185 percent of the Federal Poverty Guidelines.
- ⁶³ The caretaker's spouse is always included in the assistance unit.

⁶⁴ A non-relative caretaker must have a court order giving legal responsibility or guardianship.

⁶⁵ A non-parent caretaker is allowed to apply for subsidies if he or she is the child's legal guardian or acting in loco parentis. A person is considered to be acting in loco parentis when he or she has assumed guardianship and control of a child for a period of at least six months. This determination must be confirmed by the child's closest living relative.

⁶⁶ The income of a non-parent caretaker is not included if only a foster child or a child in protective services needs care, but it is included if any of the caretaker's own children need care.

⁶⁷ The income of a non-parent caretaker is not counted if the child is receiving child protective services.

⁶⁸ Evidence of temporary or permanent custody must be presented to the family court.

⁶⁹ Any person that functions as a parent is considered part of the unit.

Table 10. Defining the Family Unit and Income: Treatment of Non-Parent, Non-Caretaker Adults, 2016 ¹

State	<u>Non-Parent, Non-Caretaker Adult Relatives</u>		<u>Non-Parent, Non-Caretaker Adult Non-Relatives</u>	
	If a Relative Adult Who is Not a Parent or Caretaker is Included when Defining the Family Size	Treatment of an Adult Relative's Earnings if the Adult is Not a Parent or Caretaker (When Included in Family Size)	If a Non-Relative Adult Who is Not a Parent or Caretaker is Included when Defining the Family Size	Treatment of an Adult Non-Relative's Earnings if the Adult is Not a Parent or Caretaker (When Included in Family Size)
Alabama	Never included	NA	Never included	NA
Alaska	Never included	NA	Never included	NA
Arizona	Varies ²	Fully counted	Never included	NA
Arkansas	Always included	Fully counted	Never included	NA
California	Never included ³	NA ⁴	Never included ³	NA ⁴
Colorado	Never included	NA	Never included	NA
Connecticut	Never included	NA	Never included	NA
Delaware	Never included	NA	Never included	NA
DC	Never included	NA	Never included	NA
Florida	Varies ⁵	Fully counted	Varies ⁶	Fully counted
Georgia	Never included	NA	Never included	NA
Hawaii	Never included	NA	Never included	NA
Idaho	Never included	NA	Never included	NA
Illinois	Varies ⁷	Fully counted ⁷	Never included	NA
Indiana	Never included	NA	Never included	NA
Iowa	Never included	NA	Never included	NA
Kansas	Never included	NA	Never included	NA
Kentucky	Never included	NA	Never included	NA
Louisiana	Never included	NA	Never included	NA
Maine	Never included	NA	Never included	NA
Maryland	Never included	NA	Never included	NA
Massachusetts	Varies ⁸	Fully counted	Never included	NA
Michigan	Never included	NA	Never included	NA
Minnesota	Never included	NA	Never included	NA
Mississippi	Never included	NA	Never included	NA
Missouri	Never included	NA	Never included	NA
Montana	Varies ⁹	Fully counted	Never included	NA

Table 10. Defining the Family Unit and Income: Treatment of Non-Parent, Non-Caretaker Adults, 2016 ¹

State	<u>Non-Parent, Non-Caretaker Adult Relatives</u>		<u>Non-Parent, Non-Caretaker Adult Non-Relatives</u>	
	If a Relative Adult Who is Not a Parent or Caretaker is Included when Defining the Family Size	Treatment of an Adult Relative's Earnings if the Adult is Not a Parent or Caretaker (When Included in Family Size)	If a Non-Relative Adult Who is Not a Parent or Caretaker is Included when Defining the Family Size	Treatment of an Adult Non-Relative's Earnings if the Adult is Not a Parent or Caretaker (When Included in Family Size)
Nebraska	Never included	NA	Never included	NA
Nevada	Never included	NA	Never included	NA
New Hampshire	Never included	NA	Never included	NA
New Jersey	Varies ¹⁰	Fully counted	Varies ¹⁰	Fully counted
New Mexico	Never included	NA	Never included	NA
New York	Never included	NA	Never included	NA
North Carolina	Never included	NA	Never included	NA
North Dakota	Never included	NA	Never included	NA
Ohio	Never included	NA	Never included	NA
Oklahoma	Never included	NA	Never included	NA
Oregon	Never included	NA	Never included	NA
Pennsylvania	Never included	NA	Never included	NA
Rhode Island	Never included	NA	Never included	NA
South Carolina	Never included	NA	Varies ¹¹	Fully counted
South Dakota	Never included	NA	Never included	NA
Tennessee	Never included	NA	Never included	NA
Texas	Varies ¹²	Fully counted	Varies ¹²	Fully counted
Utah	Never included	NA	Never included	NA
Vermont	Never included	NA	Never included	NA
Virginia	Never included	NA	Never included	NA
Washington	Never included	NA	Never included	NA
West Virginia	Never included	NA	Never included	NA
Wisconsin	Never included	NA	Never included	NA

Table 10. Defining the Family Unit and Income: Treatment of Non-Parent, Non-Caretaker Adults, 2016 ¹

State	<u>Non-Parent, Non-Caretaker Adult Relatives</u>		<u>Non-Parent, Non-Caretaker Adult Non-Relatives</u>	
	If a Relative Adult Who is Not a Parent or Caretaker is Included when Defining the Family Size	Treatment of an Adult Relative's Earnings if the Adult is Not a Parent or Caretaker (When Included in Family Size)	If a Non-Relative Adult Who is Not a Parent or Caretaker is Included when Defining the Family Size	Treatment of an Adult Non-Relative's Earnings if the Adult is Not a Parent or Caretaker (When Included in Family Size)
Wyoming	Never included	NA	Never included	NA
American Samoa	Never included	NA	Never included	NA
Guam	Never included	NA	Never included	NA
No Mariana Islands	Never included	NA	Never included	NA
Puerto Rico	Varies ¹³	Not counted	Never included	NA
Virgin Islands	Never included	NA	Never included	NA

Source: CCDF Policies Database October 1, 2016 Data

¹ For the purposes of the CCDF Policies Database, these variables capture policies for non-parent, non-caretaker adults (e.g., aunts, uncles, or family friends) living in the home when the parent or caretaker is present. Information regarding the parent's partner is not captured here (see Table 8).

² If the adult relative intends to claim a member of the eligible family as a dependent on his or her income tax return, the entire household is counted as one unit.

³ A non-parent, non-caretaker adult is generally not included in the unit. A non-parent, non-caretaker adult is included in the unit if the child resides with a biological or adoptive parent and the non-parent adult, and the non-parent adult has responsibility for the care and welfare of the child (even if not in a formal arrangement).

⁴ If the relative or non-relative adult is included in the unit, his or her earnings are fully counted.

⁵ A family unit includes any additional related adults who reside in the household, who are financially supported by the family, and who are considered part of the family.

⁶ Adult non-relatives may be included in the unit if financially supported by the family, residing in the household, and considered part of the family.

⁷ Adult relatives may be included in the family unit and their earnings may be counted if they are dependent on the family for 50 percent or more of their support.

⁸ Dependent grandparents who reside in the same household may be included in the unit.

⁹ Adult siblings, age 18 and over, aunts, uncles, grandparents, and great grandparents have the option of being counted as household members.

¹⁰ If the adult is a dependent of the parent, he or she is included in the unit.

¹¹ If the non-relative adult is counted in the TANF or SNAP budget, he or she is counted in the family unit for child care.

¹² If an adult is considered a dependent for income tax purposes, he or she is included in the unit and his or her income is counted.

¹³ Adults aged 62 and older who live in the home 24 hours per day and adults under 62 years old with disabilities are included.

Table 11. Treatment of Various Types of Income and Benefits When Determining Eligibility, 2016

State	TANF	SSI	SSDI	Net Self-Employment Income	Child Support	Value of SNAP Benefits
Alabama	Varies/partially counted ¹	Fully counted	Fully counted	Fully counted ²	Not counted	Not counted
Alaska	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Arizona	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Arkansas	Varies/partially counted ³	Varies/partially counted ⁴	Varies/partially counted ⁵	Fully counted	Not counted	Not counted
California	Fully counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit ⁶	Not counted ⁷
Colorado	Not counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted ⁸
Connecticut	Not counted	Fully counted	Fully counted	Fully counted	Not counted	Not counted
Delaware	Not counted	Fully counted	Fully counted	Fully counted ⁹	Counted for all children in the unit	Not counted
DC	Not counted	Not counted	Not counted	Fully counted	Counted only for CCDF- eligible children	Not counted
Florida	Fully counted	Varies/partially counted ⁴	Varies/partially counted ⁵	Fully counted	Counted for all children in the unit	Not counted ⁸
Georgia	Not counted	Not counted	Not counted	Fully counted	Counted for all children in the unit	Not counted
Hawaii	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Idaho	Not counted	Fully counted	Fully counted	Fully counted ¹⁰	Counted for all children in the unit ¹¹	Not counted
Illinois	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Indiana	Fully counted	Fully counted ¹²	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Iowa	Fully counted ¹³	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Kansas	Not counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted

Table 11. Treatment of Various Types of Income and Benefits When Determining Eligibility, 2016

State	TANF	SSI	SSDI	Net Self-Employment Income	Child Support	Value of SNAP Benefits
Kentucky	Varies/partially counted ¹⁴	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Louisiana	Not counted	Fully counted	Fully counted	Fully counted ¹⁵	Counted for all children in the unit	Not counted
Maine	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Fully counted
Maryland	Not counted	Not counted	Fully counted	Fully counted ¹⁶	Counted for all children in the unit ¹⁷	Not counted
Massachusetts	Varies/partially counted ¹⁸	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Michigan	Not counted	Varies/partially counted ¹⁹	Fully counted	Fully counted	Counted for all children in the unit ²⁰	Not counted
Minnesota	Fully counted ²¹	Not counted	Fully counted	Fully counted	Counted for all children in the unit ²²	Not counted
Mississippi	NA ²³	Varies/partially counted ⁴	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Missouri	Fully counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted ⁷
Montana	Varies/partially counted ²⁴	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Nebraska	Not counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Nevada	Fully counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
New Hampshire	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
New Jersey	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted ⁷
New Mexico	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
New York	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit ²⁵	Not counted
North Carolina	Not counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted

Table 11. Treatment of Various Types of Income and Benefits When Determining Eligibility, 2016

State	TANF	SSI	SSDI	Net Self-Employment Income	Child Support	Value of SNAP Benefits
North Dakota	Not counted	Fully counted	Fully counted	Fully counted ²⁶	Counted for all children in the unit	Not counted ²⁷
Ohio	Fully counted ²⁸	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Oklahoma	Not counted ²⁹	Varies/partially counted ³⁰	Fully counted	Fully counted ³¹	Counted for all children in the unit	Not counted
Oregon	Fully counted ³²	Fully counted	Fully counted	Fully counted ³³	Counted for all children in the unit	Not counted
Pennsylvania	NA ²³	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Rhode Island	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
South Carolina	Fully counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
South Dakota	Fully counted	Not counted	Not counted	Fully counted	Counted for all children in the unit	Not counted
Tennessee	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Texas	Not counted	Not counted	Fully counted	Fully counted	Not counted	Not counted
Utah	Not counted	Not counted ³⁴	Fully counted	Fully counted ³⁵	Counted for all children in the unit ³⁶	Not counted
Vermont	Not counted	Not counted	Not counted	Fully counted	Counted for all children in the unit	Not counted
Virginia	Not counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit ³⁷	Not counted
Washington	Varies/partially counted ³⁸	Fully counted	Fully counted	Fully counted ³⁹	Counted for all children in the unit	Not counted
West Virginia	Fully counted	Fully counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
Wisconsin	Not counted	Fully counted	Fully counted	Fully counted	Other ⁴⁰	Not counted
Wyoming	Fully counted	Not counted	Fully counted	Fully counted	Counted for all children in the unit	Not counted
American Samoa	NA ⁴¹	NA ⁴²	Not counted	Fully counted	Counted for all children in the unit	Not counted ⁴³

Table 11. Treatment of Various Types of Income and Benefits When Determining Eligibility, 2016						
State	TANF	SSI	SSDI	Net Self-Employment Income	Child Support	Value of SNAP Benefits
Guam	Fully counted	Fully counted ⁴⁴	Fully counted	Fully counted	Counted for all children in the unit	Not counted ⁴⁵
No Mariana Islands	NA ⁴¹	Not counted	Not counted	Fully counted	Counted for all children in the unit	Not counted ⁴³
Puerto Rico	Not counted	Not counted ⁴⁶	Not counted	Fully counted	Not counted	Not counted ⁴³
Virgin Islands	Not counted	Not counted ⁴⁶	Not counted	Fully counted	Counted only for CCDF-eligible children	Not counted

Source: CCDF Policies Database October 1, 2016 Data

¹ If the TANF benefit amount is the sole reason for a family's income ineligibility, the TANF benefit is excluded for income eligibility purposes for six months.

² Forty percent of income from self-employment is deducted to cover the cost of operating the business.

³ Income is counted except when the person designated to represent the household is a relative applying on behalf of a child for whom he or she has full-time custody. If the person is receiving extended support services, income is counted after the first year of receiving extended support services.

⁴ SSI of adults in the household is counted. SSI income of children is not counted.

⁵ SSDI income of adults in the household is counted. SSDI income of children is not counted.

⁶ If financial assistance is provided by the absent parent for housing or car expenses, that income is also counted.

⁷ Child care for SNAP E&T participants is not provided under the state's primary child care subsidy program.

⁸ Child care for SNAP participants is not provided under the state's primary child care subsidy program.

⁹ A standard deduction that is a percentage of the gross income applies to all families with costs to produce income. Self-employed households not claiming or verifying any costs to produce income do not get the deduction.

¹⁰ A standard deduction is determined by subtracting 50 percent of the gross monthly self-employment income.

¹¹ Child support payments are counted as income. Court-ordered child support payments made by a parent who receives child care benefits are deducted from income when determining eligibility.

¹² Lump sum SSI payments are not counted.

¹³ Families who receive TANF or participate in the state's TANF work program are eligible for child care assistance regardless of income.

¹⁴ TANF child-only payments are excluded.

¹⁵ Personal, work-related expenses and depreciation are non-allowable deductions from self-employment income.

¹⁶ For income eligibility determination purposes, a flat 30 percent is subtracted from the annual gross taxable self-employment income amount for business-related expenses.

¹⁷ The first \$2,500 of child support lump sum payments or arrearages are disregarded.

- ¹⁸ If the applicant is not receiving TANF cash benefits, any cash benefits the applicant receives for a child in his or her care are counted.
- ¹⁹ SSI is not counted when determining eligibility and copayments for children receiving SSI. If the household is applying for child care for any other children not receiving SSI, SSI is counted for determining eligibility for the other household members. If the parent applying is receiving SSI, the parent does not require an income determination.
- ²⁰ Child support that goes directly to pay a creditor or service supplier, or that is retained by the department, is excluded.
- ²¹ TANF-funded housing assistance grants are also counted.
- ²² The amount of child support assigned to the state is excluded from the family's income when determining eligibility.
- ²³ Eligibility for child care service for TANF parents is determined by the TANF case manager.
- ²⁴ Only TANF cash assistance benefits, not including work support payments, and Tribal TANF benefits are counted.
- ²⁵ Lump sum child support arrears are not counted as income.
- ²⁶ Self-employment income is counted, minus allowable costs of producing the income. The sale of capital items may be considered earned and unearned income. When the total business profit is calculated as a loss, the self-employment income is counted as zero. A loss from self-employment business cannot be used to offset or reduce income from other self-employment or sources such as earned income.
- ²⁷ Tribal food coupons are also excluded.
- ²⁸ Cash assistance from TANF is counted as income. TANF payments for support services are excluded.
- ²⁹ Recipients of TANF are predetermined eligible and assigned no copayment.
- ³⁰ Children who receive SSI are predetermined eligible and assigned no copayment. If other children in the household are applying for child care, the SSI income is counted in determining the copayment for the other household members.
- ³¹ The tax return for the previous year is used to determine self-employment income. If the tax return is no longer representative or the business is less than one year old, business records are used and a 50 percent deduction is given for expenses.
- ³² Pre-TANF and post-TANF program payments are excluded.
- ³³ The gross amount is used when there are no allowable costs. If there are allowable costs, a standard deduction is determined by subtracting 50 percent of the gross monthly self-employment income, or the actual costs are deducted from the gross amount when they exceed 50 percent.
- ³⁴ Earned or unearned income of a household member receiving SSI is counted with the exception of the SSI income.
- ³⁵ A household may choose one of two options for claiming self-employment expenses. They may elect to have 40 percent of gross income deducted for business expenses or they may elect to claim actual expenses.
- ³⁶ Child support income for a child in the household and child support arrears for the parent are counted. The first \$50 of child support received by the household is deducted.
- ³⁷ Lump sum child support income is not counted.
- ³⁸ When a TANF client starts a new job, TANF income may be exempted for three months.
- ³⁹ Gross self-employment income is counted.
- ⁴⁰ Child support is disregarded if the household receives \$1,250 or less per month. If the household receives over \$1,250 per month in child support, the entire amount is counted as income.

⁴¹ This territory or outlying area does not have a TANF program.

⁴² This territory or outlying area does not have SSI or a similar program.

⁴³ The value of nutrition assistance program benefits is not counted.

⁴⁴ Income from Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled is fully counted.

⁴⁵ Child care for SNAP E&T participants is not provided under this territory or outlying area's primary child care subsidy program.

⁴⁶ Income from Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled is not counted.

Table 12. Treatment of Various Types of Income and Benefits When Determining Eligibility (continued), 2016

State	General Assistance ¹	Value of Housing Assistance	LIHEAP	Foster Care Income	State EITC Refunds	Non-Recurring Lump Sum Income	Non-Recurring Gifts
Alabama	Fully counted	Not counted	Not counted	Not counted	NA ²	Fully counted	Not counted
Alaska	Fully counted	Varies/partially counted ³	Not counted	Fully counted ⁴	NA ²	Counted if above \$500	Counted if above \$500
Arizona	Fully counted	Not counted	Not counted	Not counted	NA ²	Varies/partially counted ⁵	Not counted
Arkansas	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
California	Fully counted	Fully counted	Not counted	Fully counted	Not counted	Varies/partially counted ⁶	Not counted
Colorado	Not counted	Not counted	Not counted	Not counted	Not counted	Fully counted ⁷	Fully counted ⁷
Connecticut	Fully counted	Not counted	Not counted	Not counted ⁸	Not counted	Counted if above \$600 yearly	Counted if above \$1,200 yearly
Delaware	Fully counted	Not counted	Not counted	Not counted	Not counted	Fully counted	Not counted
DC	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted
Florida	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted ⁹
Georgia	Not counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
Hawaii	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
Idaho	Not counted	Not counted	Not counted	Not counted	NA ²	Varies/partially counted ¹⁰	Fully counted
Illinois	Fully counted	Not counted	Not counted	Not counted	Not counted	Varies/partially counted ¹¹	Varies/partially counted ¹²
Indiana	Fully counted	Not counted	Not counted	Not counted	Not counted	Fully counted ¹³	Not counted ¹⁴
Iowa	Fully counted	Not counted	Not counted	Fully counted ¹⁵	Not counted	Not counted	Varies/partially counted ¹⁶
Kansas	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted ¹⁷	Counted if above \$50 monthly
Kentucky	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
Louisiana	NA ¹⁸	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted
Maine	Fully counted	Not counted	Not counted	Not counted	Fully counted ¹⁹	Not counted	Not counted
Maryland	Not counted	Not counted	Not counted	Not counted	Not counted	Varies/partially counted ²⁰	Not counted

Table 12. Treatment of Various Types of Income and Benefits When Determining Eligibility (continued), 2016

State	General Assistance ¹	Value of Housing Assistance	LIHEAP	Foster Care Income	State EITC Refunds	Non-Recurring Lump Sum Income	Non-Recurring Gifts
Massachusetts	NA ¹⁸	Not counted	Not counted	Not counted	Not counted	Varies/partially counted ²⁰	Not counted
Michigan	Not counted	Not counted	Not counted	Not counted	Not counted ²¹	Fully counted ²²	Counted if above \$30 quarterly
Minnesota	Fully counted	Not counted	Not counted	Not counted	Not counted	Varies/partially counted ²³	Varies/partially counted ²⁴
Mississippi	Not counted	Not counted	Not counted	Not counted	NA ²	Varies/partially counted ²⁵	Not counted
Missouri	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Varies/partially counted ²⁶
Montana	Varies/partially counted ²⁷	Not counted	Not counted	Not counted	NA ²	Fully counted	Counted if above \$50
Nebraska	Not counted	Not counted	Not counted	Varies/partially counted ²⁸	Not counted	Varies/partially counted ¹¹	Not counted
Nevada	Fully counted	Not counted	Not counted	Not counted	NA ²	Counted if above \$5,000 ²⁹	Varies/partially counted ³⁰
New Hampshire	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
New Jersey	Fully counted	Not counted	Not counted	Fully counted	Not counted	Varies/partially counted ³¹	Not counted
New Mexico	Fully counted	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted
New York	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted
North Carolina	Not counted	Varies/partially counted ³²	Not counted	Not counted	NA ²	Not counted	Not counted
North Dakota	Not counted	Not counted	Not counted	Not counted	NA ²	Not counted ³³	Not counted
Ohio	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted ³⁴	Not counted
Oklahoma	Not counted ³⁵	Not counted	Not counted	Not counted	Not counted	Not counted	Counted if above \$30 quarterly ³⁶
Oregon	NA ³⁷	Varies/partially counted ³⁸	Not counted	Not counted	Not counted	Not counted	Not counted
Pennsylvania	Fully counted	Not counted	Not counted	Not counted	NA ²	Counted if above \$100	Counted if above \$100 yearly

Table 12. Treatment of Various Types of Income and Benefits When Determining Eligibility (continued), 2016

State	General Assistance ¹	Value of Housing Assistance	LIHEAP	Foster Care Income	State EITC Refunds	Non-Recurring Lump Sum Income	Non-Recurring Gifts
Rhode Island	Fully counted	Not counted	Not counted	Fully counted ⁴	Not counted	Not counted	Not counted
South Carolina	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
South Dakota	Not counted	Not counted	Not counted	Not counted	NA ²	Fully counted	Not counted
Tennessee	NA ¹⁸	Not counted	Not counted	Fully counted	NA ²	Not counted	Not counted
Texas	Not counted	Not counted	Not counted	Not counted	NA ²	Fully counted ³⁹	Not counted
Utah	Not counted	Varies/partially counted ⁴⁰	Not counted	Not counted	NA ²	Varies/partially counted ⁴¹	Varies/partially counted ⁴²
Vermont	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted
Virginia	Not counted	Varies/partially counted ⁴³	Varies/partially counted ⁴⁴	Fully counted	Not counted	Not counted	Not counted ⁴⁵
Washington	Fully counted	Not counted ⁴⁶	Not counted	Not counted	NA ⁴⁷	Fully counted ⁴⁸	Not counted
West Virginia	Fully counted	Not counted	Not counted	Not counted	NA ²	Varies/partially counted ¹¹	Not counted ⁴⁹
Wisconsin	Fully counted	Not counted	Not counted	Varies/partially counted ⁵⁰	Not counted	Varies/partially counted ⁵¹	Not counted
Wyoming	Fully counted	Not counted	Not counted	Not counted	NA ²	Fully counted	Counted if above \$50 quarterly
American Samoa	Fully counted	Fully counted	Fully counted	Not counted	NA ²	Fully counted ⁵²	Fully counted ⁵²
Guam	Fully counted	Not counted	Not counted	Not counted	Not counted	Not counted	Fully counted
No Mariana Islands	Fully counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
Puerto Rico	Not counted	Not counted	Not counted	Not counted	NA ²	Not counted	Not counted
Virgin Islands	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted	Not counted

Source: CCDF Policies Database October 1, 2016 Data

¹ General assistance programs are state or locally funded cash assistance programs for low-income families.² This state, territory, or outlying area does not have a state EITC.³ Federal non-cash benefits are excluded. Housing allowances or the fair market value of employer-provided housing are counted.⁴ Foster care payments are included when the child is included in the assistance unit.⁵ Money received through lottery or gambling is counted.

⁶ The following types of non-recurring lump sum income are not counted in income: loans; scholarships for educational purposes (except funding for living costs); tax refunds; GI Bill entitlements, hardship duty pay, hazardous duty pay, hostile fire pay, or imminent danger pay; insurance or court settlements (excluding lost wages and punitive damages); reimbursements for work-related expenses; disaster relief grants or payments (except portions for rental assistance or unemployment); adoption assistance payments. The following types of non-recurring lump sum income are counted in income: bonuses; gambling or lottery winnings; survivor or retirement benefits; inheritance; portion of student grants or scholarships not identified for education purposes such as tuition, books, or supplies; insurance or court settlements for lost wages or punitive damages; capital gains defined as net proceeds from sale of property or stocks.

⁷ Income can either be counted in the month it is received or divided over a 12-month period.

⁸ Foster children are a separate family unit of one. Their income does not count for the rest of the family.

⁹ Cash gifts received regularly are counted as unearned income.

¹⁰ Non-recurring lump sum income is not counted when it is used to pay medical bills for accidents or injuries or used to pay funeral or burial costs. Lump sum income, minus the exclusions, is counted in determining eligibility.

¹¹ Lump sum inheritances or insurance payments are not counted. Other one-time lump sum payments may be counted.

¹² Voluntary contributions from a spouse, other relatives, or non-relatives may be counted if the information is shown in and verified through the state databases used to verify applicants' income.

¹³ Lump sums received through life insurance, Social Security, inheritances, lawsuit settlements, annual employment bonuses, gambling, or lottery winnings are counted. The total lump sum is divided by 12 to calculate monthly earnings.

¹⁴ Gifts are defined as contributions or money received from a source outside of the family with no intent to repay.

¹⁵ Only relative, non-licensed foster families receive child care through the CCDF program. If a licensed foster parent applies for child care assistance for his or her own children, the parent's foster care income is counted.

¹⁶ Gifts are counted if they are in the form of a cash payment, unless they are obtained and used under conditions that preclude their use for current living costs.

¹⁷ Lump sum payments are defined as non-recurring one-time payments and are excluded from income. Income sources such as royalties, trust fund income, or gambling winnings are considered recurring income and are counted.

¹⁸ The state does not have general assistance.

¹⁹ State and local EITC payments are not excluded from income.

²⁰ Lump sum inheritances or insurance payments are not counted. Other lump sum payments are counted.

²¹ Advanced payments of the earned income tax credit are also excluded.

²² Lump sum income, such as inheritances, insurance settlements, and injury awards, are fully counted for the month they are received. With a single payment of benefits, such as veterans benefits and workers compensations, that includes both accumulated benefits and benefits intended as payment for the current month, only the current month's portion is counted as income.

²³ Non-recurring lump sum income over \$60 that is earmarked and used for a specific purpose is not counted. All other lump sum income is counted.

²⁴ The gift, if cash, is not counted if funds are earmarked and used for a specific purpose or if funds are paid by a source other than the family directly to the family's child care provider. All other cash gifts are counted.

²⁵ Bonuses are not considered for income calculation.

- ²⁶ Gifts and casual income that exceed the state's TANF thresholds for basic needs are included as income.
- ²⁷ Assistance payments from other states are counted; however, supportive services which are specified in a public assistance program are excluded.
- ²⁸ If foster parents are applying for child care assistance for their own children and the children in foster care, they may choose to have all of the children placed in one case and assistance unit, and the income of the foster parents and any stipend they receive for the foster children are counted. If they are applying for subsidies only for the foster children or if they choose not to include the foster children in the same case as their own children, their income and any stipend they receive for the foster children are not counted.
- ²⁹ Lump sum payments of \$5,000 or less received from a single source in a month are disregarded. Any portion in excess of \$5,000 is counted as income.
- ³⁰ Cash gifts are not counted if they are given voluntarily without payment in return and are received too irregularly to be reasonably anticipated. A cash contribution that is given to the household from someone not living in the home is counted unless the contribution is payment to the family's child care provider. The cash contribution is not counted if it is made for common household expenses by an individual living in the home who is not in the family unit.
- ³¹ The income is averaged over the same time period used to calculate income. For lump sum payments of past due child support, there is a 30 percent disregard for the first child and a 20 percent disregard for the second child.
- ³² Rental assistance provided by an organization on a regular basis is counted; subsidized housing and housing allotments paid directly to the landlord, including military housing allotments, are not counted.
- ³³ Lump sum income is defined as non-recurring lump sum unearned payments including, but not limited to, retroactive lump sum social security, SSI or pension benefits; retroactive unemployment benefits; retroactive TANF; retroactive veteran's benefits; retroactive workforce safety and insurance; insurance settlements; and severance pay.
- ³⁴ Lump sum income is defined as money received in the form of a nonrecurring lump sum payment including, but not limited to, retroactive lump sum social security, SSI or pension benefits; retroactive lump sum insurance settlements; retroactive lump sum payment of child support; refunds of security deposits; or prevention, retention, and contingency payments not defined as cash assistance.
- ³⁵ Recipients of public assistance payments are predetermined eligible and assigned no copayment.
- ³⁶ Income received irregularly but in excess of \$30 per quarter is considered income unless it is from an excluded income source.
- ³⁷ The state does not currently fund general assistance. When general assistance is funded, the payments are counted as unearned income.
- ³⁸ Payments from Housing and Urban Development are excluded. Payments from the Youthbuild Program are counted as earned income.
- ³⁹ Lump sum payments received as assets in the sale of a house, in which the assets are to be reinvested in the purchase of a new home are not counted. Payments received as the result of an automobile accident insurance settlement that are being applied to the repair or replacement of an automobile are not counted.
- ⁴⁰ If a veteran is a student and receives a monthly housing allowance, this is counted as income.
- ⁴¹ The lump sum payment of a type of income normally not counted is not counted. Insurance settlements for destroyed exempt property are not counted. Funds released from crowdfunding accounts are counted in the month they are received.
- ⁴² Cash contributions from non-household members are counted. Irregular income such as donations, cash prizes, gifts, and awards are counted only if they can be reasonably anticipated in a month. Irregular income less than or equal to \$30 per household member per quarter year is not counted.
- ⁴³ Housing assistance is not counted if paid directly to the landlord. Housing assistance for military personnel is not counted if the individual is living on base and the entire assistance amount is deducted on the leave and earning statement.
- ⁴⁴ Energy assistance is not counted if the assistance is paid directly to the vendor.

⁴⁵ Monetary gifts for identifiable one-time occasions or normal annual occasions are disregarded.

⁴⁶ Corporate compensation such as rent and living expenses are considered countable income.

⁴⁷ This state does not currently fund a state EITC.

⁴⁸ Lump sum income is divided by 12 to get a monthly income figure and applied for the remainder of the current eligibility period.

⁴⁹ Monetary gifts received on an infrequent basis, such as those received on birthdays or holidays, are not counted.

⁵⁰ The financial eligibility test for foster care, subsidized guardianship, interim caretakers, and relatives with court-ordered placement who receive a Kinship Care payment is based on the child's biological or adoptive parent's income tested at 200 percent of the Federal Poverty Guidelines at the time the child was removed from the home. If the biological or adoptive parent's income exceeds 200 percent of the Federal Poverty Guidelines, the financial eligibility test is then based on the caregiver's household income and is tested at 185 percent of the Federal Poverty Guidelines.

⁵¹ Tax refunds are excluded for determining eligibility and copayment rates. All other non-recurring income is counted in the month it is received.

⁵² Money from friends or relatives as well as grants, scholarships, and loans are counted as long as they are not restricted or intended for educational purposes.

Table 13. Income Disregards When Determining Eligibility, 2016

State	Amount of Monthly Earned Income Disregard	Amount of Child Support Paid Outside of Household that is Deducted
Alabama	0	None
Alaska	0	All ¹
Arizona	0	All
Arkansas	0	None
California	0	All
Colorado	0	All
Connecticut	0	All
Delaware	0	None
DC	0	All
Florida	0	All ²
Georgia	0	None
Hawaii	0	None
Idaho	0	All
Illinois	0	All
Indiana	0	None
Iowa	0	None
Kansas	0	None
Kentucky	0	All ³
Louisiana	0	None
Maine	0	All
Maryland	0 ⁴	All
Massachusetts	0	All
Michigan	0	None
Minnesota	0	All
Mississippi	0	None
Missouri	0 ⁵	None
Montana	0	All
Nebraska	0 ⁶	None
Nevada	0	All
New Hampshire	0	None
New Jersey	0	None
New Mexico	0	None
New York	0	None
North Carolina	0	All
North Dakota	0 ⁷	All ⁸
Ohio	0	All
Oklahoma	0	All ⁹
Oregon	0	None
Pennsylvania	0	All
Rhode Island	0	None
South Carolina	0	None
South Dakota	4 percent ¹⁰	All

Table 13. Income Disregards When Determining Eligibility, 2016

State	Amount of Monthly Earned Income Disregard	Amount of Child Support Paid Outside of Household that is Deducted
Tennessee	0	All
Texas	0	None
Utah	\$100 ¹¹	All
Vermont	0	All
Virginia	0 ¹²	All
Washington	0	All
West Virginia	0	None
Wisconsin	0	None
Wyoming	\$200 ¹³	None
American Samoa	0	None
Guam	0	None
No Mariana Islands	0	None
Puerto Rico	0 ¹⁴	None
Virgin Islands	0 ¹⁵	None

Source: CCDF Policies Database October 1, 2016 Data

¹ Legally obligated child support payments are deducted from income. In order for the payments to be deducted, the family must verify the legal obligation and that the payments are being made.

² The applicant must have a court order and pay stubs showing the child support is being deducted from pay or copies of check or money orders showing child support is being paid out.

³ Only legally obligated child support paid out is deductible and only up to the maximum amount ordered.

⁴ A disregard of \$5,000 of a family's annual gross income per child is allowed if the minor parent is attending public school full time or if an adult with physical custody of the child is not the child's parent.

⁵ Any monthly medical insurance premium for physician, vision, dental, or cancer insurance, medical supplement policies, or nursing care is deducted from income.

⁶ Ten percent of earned income is disregarded for families who have been receiving subsidies for at least a year.

⁷ All income earned as a temporary employee of the U.S. Census Bureau is disregarded.

⁸ Child support and spousal support paid to someone outside the household is deducted.

⁹ The child support deducted must be court ordered.

¹⁰ Gross income is adjusted with a four percent income disregard. Families with children with advanced special needs can receive a 20 percent income disregard, along with consideration of income at a maximum of 85 percent of the state median income.

¹¹ If both parents in the household are working, the family would receive an additional \$100 income disregard for the second working parent and potentially qualify for lower copayment amounts. Families also automatically receive an additional \$100 disregard for medical expenses.

¹² Earnings of less than \$25 per month are disregarded.

¹³ There is a \$200 income disregard for each working adult whose income is used in determining eligibility.

¹⁴ There is a \$150 monthly discount for residents of Vieques and Culebra Municipalities.

¹⁵ There is an income disregard for families with children with special needs enrolled in Head Start or private centers equal to the amount of medical and rehabilitative services incurred.

Table 14. Initial Eligibility Thresholds By Family Size: Maximum Monthly Countable Income to Initially Qualify for CCDF Subsidies, 2016 ¹

State	Family Size				
	1	2	3	4	5
Alabama	NA	1,736	2,184	2,633	3,081
Alaska	NA	4,250	4,524	4,614	5,045
Arizona	1,634	2,203	2,772	3,342	3,911
Arkansas	NA	2,437	2,578	3,024	3,399
California	3,283	3,283	3,518	3,908	4,534
Colorado ²	NA	3,004	3,780	4,556	5,333
Connecticut	2,353	3,077	3,801	4,525	5,249
Delaware	1,980	2,670	3,360	4,050	4,740
DC	2,256	3,035	3,815	4,594	5,373
Florida ³	1,485	2,003	2,520	3,038	3,555
Georgia	1,520	1,987	2,455	2,922	3,390
Hawaii	2,431	3,179	3,927	4,675	5,423
Idaho	1,287	1,736	2,184	2,633	3,081
Illinois ⁴	NA	2,163	2,722	3,281	3,840
Indiana	1,257	1,695	2,134	2,572	3,010
Iowa ⁵	1,436	1,936	2,436	2,937	3,437
Kansas	NA	2,470	3,108	3,746	4,385
Kentucky	NA	2,136	2,688	3,240	3,792
Louisiana	NA	2,150	2,656	3,162	3,668
Maine	2,816	3,683	4,549	5,416	6,282
Maryland	1,547	2,023	2,499	2,975	3,451
Massachusetts	NA	3,088	3,814	4,541	5,267
Michigan	1,607	1,607	1,990	2,367	2,746
Minnesota	NA	2,453	3,030	3,608	4,185
Mississippi	NA	2,333	2,917	3,417	4,000
Missouri	1,366	1,842	2,318	2,795	3,271
Montana	NA	2,003	2,520	3,038	3,555
Nebraska	NA	1,736	2,184	2,633	3,081
Nevada	2,541	3,322	4,104	4,886	5,668
New Hampshire	2,475	3,338	4,200	5,063	5,925
New Jersey	1,980	2,670	3,360	4,050	4,740
New Mexico ⁶	NA	2,003	2,520	3,038	3,555
New York	1,980	2,670	3,360	4,050	4,740
North Carolina ⁷	1,962	2,655	3,348	4,042	4,735
North Dakota	2,307	3,017	3,727	4,436	5,146
Ohio	NA	1,736	2,184	2,633	3,081
Oklahoma ⁸	NA	2,425	2,925	3,625	3,625
Oregon	NA	2,470	3,108	3,747	4,385
Pennsylvania	1,980	2,670	3,360	4,050	4,740
Rhode Island	NA	2,403	3,024	3,645	4,266
South Carolina	1,485	2,003	2,520	3,038	3,555

Table 14. Initial Eligibility Thresholds By Family Size: Maximum Monthly Countable Income to Initially Qualify for CCDF Subsidies, 2016 ¹

State	Family Size				
	1	2	3	4	5
South Dakota	NA	2,336	2,940	3,544	4,148
Tennessee ⁹	NA	2,279	2,815	3,351	3,887
Texas ¹⁰	NA	2,670	3,360	4,050	4,740
Utah	NA	2,245	2,773	3,301	3,829
Vermont	5,040	5,040	5,040	6,075	7,110
Virginia ¹¹	1,832	2,470	3,108	3,747	4,385
Washington	1,962	2,656	3,348	4,042	4,736
West Virginia	1,459	1,966	2,474	2,981	3,489
Wisconsin ¹²	NA	2,470	3,108	3,746	4,385
Wyoming	1,733	2,336	2,940	3,544	4,148
American Samoa	2,431	3,179	3,927	4,675	5,423
Guam	1,343	1,813	2,283	2,753	3,222
No Mariana Islands	1,884	1,884	2,192	3,224	3,798
Puerto Rico	834	1,128	1,423	1,718	2,012
Virgin Islands	NA	2,530	2,752	2,974	3,197

Source: CCDF Policies Database October 1, 2016 Data

¹ Family size refers to the number of household members included in the unit for determining eligibility. States determine which household members are included in the unit. This table does not capture eligibility threshold differences between various eligibility groups, such as TANF recipients.

² Policy coded for Denver County. Counties may establish initial eligibility thresholds between 160 percent of the Federal Poverty Guidelines and 85 percent of the state median income.

³ Eligibility for families who are not TANF, transitional child care, or child protective services families is capped at 150 percent of the Federal Poverty Guidelines. Eligibility for TANF and transitional child care families is capped at 185 percent of the Federal Poverty Guidelines. There is no income requirement for eligibility for child protective services families.

⁴ New applications exceeding the initial eligibility thresholds by family size will not be approved unless that family receives TANF, has a special needs child, or is a teen parent enrolled in high school or GED courses full time. A family that submits a change of information or a redetermination form will be considered income eligible based on the continuing eligibility thresholds by family size.

⁵ Families requiring care for children with special needs use a different set of eligibility thresholds. If a family has children that meet the criteria for special needs and children that do not meet the criteria for special needs, the caseworker uses both sets of thresholds to determine eligibility.

⁶ If there are additional funds available, families may be admitted off of the waiting list if their income is at or below 200 percent of the Federal Poverty Guidelines.

⁷ The eligibility thresholds for non-school-age children (children through age five) and children of all ages with special needs are set at 200 percent of the Federal Poverty Guidelines. For school-age children (children ages six through twelve) without special needs, eligibility is set at 133 percent of the Federal Poverty Guidelines.

⁸ Eligibility thresholds vary based on both family size and the number of children in care. These thresholds assume a family size two has one child in care, a family size three has two children in care, and a family size four or more has three or more children in care. The threshold for any family size with one child in care is \$2,425 per month. The threshold for any family size with two children in care is \$2,925 per month. The threshold for any family size with three or more children in care is \$3,625 per month.

⁹ Income thresholds are set at 60 percent of state median income. However, applicants who are working or in post-secondary education and have children who are six weeks through five years of age may qualify for the state's Smart Steps Child Care program with income up to 85 percent of state median income.

¹⁰ Policy coded for the Gulf Coast Region. Local boards have the authority to establish eligibility thresholds as a percent of either the Federal Poverty Guidelines or the state median income, but not to exceed 85 percent of state median income.

¹¹ Policy coded for areas in Group III. Across Virginia, eligibility thresholds range from 150 to 250 percent of the Federal Poverty Guidelines. Group III's eligibility thresholds are set at 185 percent of the Federal Poverty Guidelines. If the subsidy applicant is an individual who is not financially responsible for the child under Virginia law, income eligibility is determined by measuring the family unit's countable gross monthly income and family size against 250 percent of the Federal Poverty Guidelines.

¹² Family income cannot exceed 185 percent of the Federal Poverty Guidelines, unless the family is providing foster care, subsidized guardianship, or court-ordered kinship care while receiving the kinship benefit, in which case the natural or adoptive family's gross family income cannot exceed 200 percent of the Federal Poverty Guidelines at the time of the child's placement.

Table 15. Continuing Eligibility Thresholds By Family Size: Maximum Monthly Countable Income to Continue Receiving CCDF Subsidies, 2016 ¹

State	If Thresholds Vary for Initial and Continuing Eligibility	<u>Family Size</u>				
		1	2	3	4	5
Alabama	Yes	NA	3,191	3,942	4,693	5,444
Alaska	No	NA	4,250	4,524	4,614	5,045
Arizona ²	Yes	2,479	3,242	4,004	4,766	5,529
Arkansas	No	NA	2,437	2,578	3,024	3,399
California	No	3,283	3,283	3,518	3,908	4,534
Colorado ³	No	NA	3,004	3,780	4,556	5,333
Connecticut ⁴	Yes	4,000	5,231	6,461	7,692	8,923
Delaware	No	1,980	2,670	3,360	4,050	4,740
DC	Yes	2,636	3,447	4,258	5,070	5,881
Florida	Yes	2,422	3,168	3,913	4,658	5,404
Georgia ⁵	Yes	2,583	3,378	4,173	4,968	5,763
Hawaii	No	2,431	3,179	3,927	4,675	5,423
Idaho ⁶	Yes	2,366	3,094	3,822	4,550	5,278
Illinois ⁷	Yes	NA	2,470	3,108	3,747	4,385
Indiana	Yes	2,664	3,483	4,302	5,122	5,941
Iowa ⁸	Yes	2,921	3,820	4,718	5,617	6,516
Kansas ⁹	Yes	NA	3,647	4,505	5,363	6,221
Kentucky	Yes	NA	2,203	2,772	3,341	3,911
Louisiana ¹⁰	Yes	NA	3,579	3,983	5,255	4,767
Maine	No	2,816	3,683	4,549	5,416	6,282
Maryland	No	1,547	2,023	2,499	2,975	3,451
Massachusetts	Yes	NA	5,249	6,484	7,719	8,954
Michigan	Yes	2,394	2,394	4,069	4,906	5,744
Minnesota	Yes	NA	3,497	4,320	5,143	5,966
Mississippi	No	NA	2,333	2,917	3,417	4,000
Missouri ¹¹	Yes	2,219	2,870	3,612	4,354	5,096
Montana ¹²	Yes	NA	2,470	3,108	3,746	4,385
Nebraska ¹³	Yes	NA	2,470	3,108	3,746	4,385
Nevada	No	2,541	3,322	4,104	4,886	5,668
New Hampshire	No	2,475	3,338	4,200	5,063	5,925
New Jersey	Yes	2,475	3,338	4,200	5,063	5,925
New Mexico	Yes	NA	2,670	3,360	4,050	4,740
New York	No	1,980	2,670	3,360	4,050	4,740
North Carolina ¹⁴	No	1,962	2,655	3,348	4,042	4,735
North Dakota	No	2,307	3,017	3,727	4,436	5,146
Ohio	Yes	NA	4,005	5,040	6,075	7,110
Oklahoma	No	NA	2,425	2,925	3,625	3,625
Oregon	Yes	NA	3,386	4,200	5,063	5,925
Pennsylvania	Yes	2,327	3,137	3,948	4,759	5,570
Rhode Island	Yes	NA	3,004	3,780	4,556	5,333

Table 15. Continuing Eligibility Thresholds By Family Size: Maximum Monthly Countable Income to Continue Receiving CCDF Subsidies, 2016 ¹

State	If Thresholds Vary for Initial and Continuing Eligibility	Family Size				
		1	2	3	4	5
South Carolina	Yes	2,451	3,205	3,959	4,713	5,468
South Dakota	No	NA	2,336	2,940	3,544	4,148
Tennessee	No	NA	2,279	2,815	3,351	3,887
Texas ¹⁵	Yes	NA	3,435	4,243	5,051	5,859
Utah	Yes	NA	2,806	3,466	4,127	4,787
Vermont	No	5,040	5,040	5,040	6,075	7,110
Virginia ¹⁶	No	1,832	2,470	3,108	3,747	4,385
Washington ¹⁷	Yes	3,131	4,094	5,058	6,021	6,985
West Virginia	Yes	1,799	2,425	3,051	3,677	4,303
Wisconsin ¹⁸	Yes	NA	2,670	3,360	4,050	4,740
Wyoming	Yes	2,228	3,004	3,780	4,556	5,333
American Samoa	No	2,431	3,179	3,927	4,675	5,423
Guam	No	1,343	1,813	2,283	2,753	3,222
No Mariana Islands	No	1,884	1,884	2,192	3,224	3,798
Puerto Rico ¹⁹	No	834	1,128	1,423	1,718	2,012
Virgin Islands	No	NA	2,530	2,752	2,974	3,197

Source: CCDF Policies Database October 1, 2016 Data

¹ Family size refers to the number of household members included in the unit for determining eligibility. States determine which household members are included in the unit. This table captures the continuing eligibility thresholds used during the family's eligibility period. If different continuing eligibility thresholds are used at the end of the eligibility period (i.e., at redetermination), they are noted. This table does not capture eligibility threshold differences between various eligibility groups, such as TANF recipients.

² Families can continue to receive child care subsidies with income up to 85 percent of the state median income during their eligibility period. At redetermination, continuing eligibility thresholds are set at 165 percent of the federal poverty guidelines. At redetermination, if the family's income exceeds 165 percent of the federal poverty guidelines, but is below 85 percent of the state median income, the family will receive a graduated phase out period of three months.

³ Policy coded for Denver County. Counties may establish higher continuing eligibility thresholds. Counties must set continuing eligibility thresholds between 185 percent of the Federal Poverty Guidelines and 85 percent of state median income.

⁴ Families can continue to receive child care subsidies with income up to 85 percent of the state median income during their eligibility period. At redetermination, continuing eligibility thresholds are set at 50 percent of the state median income.

⁵ If a family's gross income exceeds 50 percent of the state median income and is below 85 percent of state median income, families may receive services for up to twelve months as part of a graduated phase out.

⁶ Continuing eligibility thresholds are set at 85 percent of the state median income. If at the time of redetermination, a family's income exceeds 130 percent of the Federal Poverty Guidelines but is below 85 percent of the state median income, the family will continue to receive benefits for three months.

⁷ New applications exceeding the initial eligibility thresholds by family size will not be approved unless that family receives TANF, has a child with special needs, or is a teen parent enrolled in high school or GED courses full time. A family that submits a change of information or a redetermination form will be considered income eligible based on the continuing eligibility thresholds by family size.

⁸ Families requiring care for children with special needs use a different set of eligibility thresholds. If a family has children that meet the criteria for special needs and children that do not meet the criteria for special needs, the caseworker uses both sets of thresholds to determine eligibility.

⁹ At redetermination, families may be eligible for three additional months of child care assistance if their income exceeds 185 percent of the Federal Poverty Guidelines but is below 85 percent of the state median income.

¹⁰ Families can continue to receive child care subsidies with income up to 85 percent of the state median income during their eligibility period. At redetermination, continuing eligibility thresholds are set at 55 percent of the state median income.

¹¹ Families in the first income category are not assigned a daily copayment; they pay one dollar per year. If an applicant is already receiving child care and his or her income increases to between 139 percent and 165 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 1. The applicant will then receive 75 percent of the calculated benefit amount. If an applicant is already receiving child care and his or her income increases to between 166 percent and 190 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 2. The applicant will then receive 50 percent of the calculated benefit amount. If an applicant is already receiving child care and his or her income increases to between 191 percent and 215 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 3. The applicant will then receive 25 percent of the calculated benefit amount. As a result of the reduced reimbursement rate, the individual may be responsible for paying the provider more than the copayment amount required by the agency.

¹² Families with income between 150 and 185 percent of the Federal Poverty Guidelines are eligible for a six-month eligibility period.

¹³ A family whose income exceeds 130 percent of the Federal Poverty Guidelines may receive subsidies for up to 24 consecutive months or until the family's income exceeds 185 percent of the Federal Poverty Guidelines, whichever occurs first. If the family's income falls to or below 130 percent of the Federal Poverty Guidelines during that time, the child care agency will re-determine the family's eligibility and eligibility is no longer time-limited.

¹⁴ The eligibility thresholds for non-school-age children (children through age five) and children of all ages with special needs are set at 200 percent of the Federal Poverty Guidelines. For school-age children (children ages six through twelve) without special needs, eligibility is set at 133 percent of the Federal Poverty Guidelines.

¹⁵ Policy coded for the Gulf Coast Region. Local boards have the authority to establish eligibility thresholds as a percent of either the Federal Poverty Guidelines or the state median income, but not to exceed 85 percent of state median income.

¹⁶ Policy coded for areas in Group III. Across Virginia, eligibility thresholds range from 150 to 250 percent of the Federal Poverty Guidelines. Group III's eligibility thresholds are set at 185 percent of the Federal Poverty Guidelines. If the subsidy applicant is an individual who is not financially responsible for the child under Virginia law, income eligibility is determined by measuring the family unit's countable gross monthly income and family size against 250 percent of the Federal Poverty Guidelines.

¹⁷ If a family's income exceeds 85 percent of the state median income at any time during the eligibility period, that family is no longer eligible to receive child care subsidies. If a family's income is greater than 200 percent but below 220 percent of the Federal Poverty Guidelines, they may be eligible for three months of service.

¹⁸ The maximum gross income for a family to remain eligible for child care assistance is 200 percent of the Federal Poverty Guidelines. For non-court-ordered kinship care, if a family's income exceeds 200 percent of the Federal Poverty Guidelines for two consecutive months, the subsidy will be discontinued.

¹⁹ At redetermination, families may be eligible for three additional months if their income exceeds 85 percent of the state median income.

Table 16. Assets Test, 2016 ²

State	Maximum Countable Assets	Exempted Value of a Vehicle
Alabama	\$1,000,000	Entire value of all vehicles
Alaska	\$1,000,000	No exemption
Arizona	\$1,000,000	No exemption
Arkansas	No limit	NA
California	\$1,000,000	No exemption
Colorado	\$1,000,000 ³	No exemption
Connecticut	No limit	NA
Delaware	\$1,000,000	No exemption
DC	\$1,000,000	No exemption
Florida	\$1,000,000	No exemption
Georgia	\$1,000,000	No exemption
Hawaii	No limit	NA
Idaho	\$1,000,000	No exemption
Illinois	No limit	NA
Indiana	\$1,000,000 ⁴	No exemption
Iowa	\$1,000,000	No exemption
Kansas	\$10,000 ⁵	Entire value of one vehicle ⁶
Kentucky	\$1,000,000	No exemption
Louisiana	No limit	NA
Maine	\$1,000,000	No exemption
Maryland	No limit	NA
Massachusetts	No limit	NA
Michigan	\$1,000,000	No exemption
Minnesota	No limit	NA
Mississippi	\$1,000,000	--- ¹
Missouri	\$1,000,000	No exemption
Montana	\$1,000,000	No exemption
Nebraska	\$6,000	\$12,000 market value of one vehicle ⁷
Nevada	\$1,000,000	No exemption
New Hampshire	No limit	NA
New Jersey	\$1,000,000	No exemption
New Mexico	\$1,000,000	Entire value of all vehicles
New York	No limit	NA
North Carolina	\$1,000,000	No exemption
North Dakota	\$1,000,000	Entire value of all vehicles
Ohio	\$1,000,000 ⁸	Entire value of all vehicles
Oklahoma	\$1,000,000	Entire value of all vehicles
Oregon	\$1,000,000	Entire value of all vehicles
Pennsylvania	No limit	NA
Rhode Island	\$10,000	NA ⁹
South Carolina	\$1,000,000	Entire value of all vehicles
South Dakota	\$1,000,000	Entire value of all vehicles
Tennessee	No limit	NA

Table 16. Assets Test, 2016 ¹

State	Maximum Countable Assets	Exempted Value of a Vehicle
Texas	\$1,000,000	No exemption
Utah	\$1,000,000 ¹⁰	No exemption
Vermont	No limit	NA
Virginia	\$1,000,000	No exemption
Washington	\$1,000,000	Entire value of one vehicle ¹¹
West Virginia	\$1,000,000	No exemption
Wisconsin	No limit	NA
Wyoming	No limit	NA
American Samoa	No limit	NA
Guam	No limit	NA
No Mariana Islands	No limit	NA
Puerto Rico	\$1,000,000	No exemption
Virgin Islands	No limit	NA

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² States coded "No limit" do not have a limit on the amount of assets a family can hold. There is no assets test in these states.

³ Applicants must self-declare that their liquid and non-liquid assets do not exceed one million dollars.

⁴ The state considers a family's assets to be the value of all of the family's cash, retirement, investments, and real property.

⁵ The assets limit does not apply to cases in which the only children receiving child care assistance are also receiving TANF or SSI.

⁶ The entire value of one vehicle per adult in the household is exempt.

⁷ The limit applies to the family's first motor vehicle or the vehicle with the greatest fair-market value. The family's vehicle's market value in excess of \$12,000 is applied to the countable asset limit of \$6,000.

⁸ Families applying for child care subsidies cannot have more than one million dollars in cash, checking, or savings accounts.

⁹ Only liquid assets are counted for the assets test.

¹⁰ The family's assets are self-declared by the applicant and verification is not required.

¹¹ The value of one vehicle is exempt for a one-parent household. The value of two vehicles is exempt for a two-parent household.

III. Application, Waiting Lists, Redetermination, Terms of Authorization, and Priority Groups

Each CCDF program includes procedures governing how families apply for and retain subsidies, how the amount of child care (number of hours) is established, and how eligible applicants are prioritized for services when the number of eligible applicants exceeds the number of subsidies the program can provide.

Application, Waiting Lists, Redetermination, and Terms of Authorization

Families who wish to obtain CCDF-funded child care subsidies go through an application process as established by each program. Many States/Territories require applications to be completed during an in-person interview, whereas some States/Territories mainly use telephone communication or call centers to process applicants. The application process may include providing documents that verify certain items of information. When funds are limited, some States/Territories place eligible families on a waiting list.

Once a family is found eligible, the program establishes “terms of authorization” based on the parents’ activities. The terms of authorization include policies that place a maximum on total hours of child care, as well as policies that limit care for certain types of activities, such as travel time between the parent’s workplace and the child care facility.

For families receiving subsidies, eligibility must generally be redetermined at specified intervals. Within those intervals, many States/Territories require families to report significant changes that might affect their eligibility or copayment.

Application and Waiting List Procedures (Table 17)

Table 17 captures three aspects of each program’s application and wait listing process: the methods by which a family may apply for a child care subsidy, the timeframe within which an applicant is notified of his or her eligibility status and subsidy level, and whether a State/Territory has written waiting list policies for use when full funding is not available.

Findings from 2016 include:

- Almost all States/Territories give potential clients the option of applying for child care subsidies in-person, and seven States/Territories require that all applications be processed in-person. Applications can be submitted via e-mail or through an internet-based system in 39 States/Territories.
- States/Territories vary widely in how quickly they require applications to be processed, with Indiana, West Virginia, Puerto Rico, and the Virgin Islands notifying clients at the time of the application interview, and three States/Territories allowing up to 45 days for notification. Many States/Territories commit to notifying applicants within 30 days.
- Roughly two-thirds of the States/Territories have established waiting list policies.

The full Database covers other aspects of programs' application procedures, including the amount of time between a determination of eligibility and the point that coverage begins, and whether the subsidy may apply retroactively beginning on the date of application.

The full Database also covers other aspects of programs' waiting list procedures, including how the waiting list is maintained, whether the waiting list is maintained at a sub-state or local level, when the waiting list must be reviewed to see which families are still in need of care or are still eligible for care, and whether agency staff are required to periodically notify families of their status on the waiting list. Waiting list policies are also closely connected to priority policies (tables 23 and 24) in that groups who are guaranteed subsidies receive child care benefits regardless of funding constraints and are not subject to the waiting list. Additionally, some States/Territories place families with higher priority higher up on the waiting list so that they may receive subsidies sooner than families who are not in a priority group.

Information That Must Be Verified with Documentation When Applying for CCDF Subsidies (Table 18)

States/Territories take different approaches to determining the validity of the information provided by applicants. While some States/Territories require specific forms of documentation to verify certain eligibility criteria, others require only the applicant's signature attesting to the accuracy of the information. For example, many States/Territories do not require separate documentation of family composition; however, the applicant must sign a document stating, under penalty of law, that the list of household members he or she provided is complete. For purposes of the CCDF Policies Database, "verification" is defined as a requirement for an item of documentation beyond a form signed by the applicant.

Table 18 indicates whether any additional documentation is required for each of six items of information: the identity of the applicant, the applicant's household composition, the applicant's relationship to the child needing care, the employment status of the applicant, the applicant's household income, and the immunization records of the child needing care. Findings for 2016 include:

- Every State/Territory requires applicants to provide proof of income, and almost every State/Territory requires verification of employment. Some States/Territories do not require verification of income or employment for applicants receiving benefits from another program, such as TANF.
- A majority of States/Territories require verification of the applicant's identity as well as his or her relationship to the child in need of care.
- Fewer than half of the States/Territories require verification of household composition.
- Most States/Territories do not require verification of child immunization records at application because this information is often collected by child care providers.

The full Database captures additional details on the types of information that must be verified (self-employment earnings, proof of residency of the child, and so on). The Database does not attempt to capture all the types of documentation that are considered acceptable by each State/Territory due to the wide variation in policies and the use of many State-/Territory-specific documents.

Redetermination Requirements (Table 19)

Recipients of child care subsidies receive assistance for a set period of time, often called a redetermination period, an eligibility period, or a benefit period. After that period, the family's eligibility and subsidy level must generally be redetermined. Redetermination policies vary by State/Territory and sometimes vary according to a family's particular circumstances or eligibility group.

Table 19 displays four key redetermination requirement policies: the length of the redetermination (eligibility) period, if new documentation is required during redetermination (even if nothing has changed), the minimum length of time between the point that a family is notified of an adverse change in the subsidy and the point that the change is implemented, and the minimum number of days of notification that must be provided to the family before subsidies are terminated. Findings from 2016 include:

- Forty-nine States/Territories use a redetermination (eligibility) period of 12 months for most families. The remaining States/Territories have a redetermination period of six months for most families.

- All programs require some sort of new documentation during the redetermination process.
- There is wide variation across programs concerning the length of time prior to an adverse change that a family must be notified of the change, from 1 day in Utah to 30 days in Vermont and the Virgin Islands. A few States have no specific notification requirements.
- There is also wide variation across programs concerning how much advanced notice a family must be given before their subsidy is terminated, from 5 days in Louisiana and Maryland to 30 days in Maine, Montana, and Vermont. Other States have notification requirements based on other factors. For example, in Wyoming the subsidy is retroactively terminated to the date of the change in eligibility.

Under CCDBG reauthorization, all States/Territories are required to use a minimum 12-month redetermination period, meaning a family's CCDF eligibility will last for at least a year before it must be recertified. As of October 1, 2016, almost all the States/Territories used a 12-month redetermination period. As the remaining States/Territories implement the new requirement, the policies will be captured in the Database and future tables.

Policies regarding notification often differ depending on the type of change—whether it is an increase in benefits or a decrease or termination of benefits. For instance, a State/Territory may require that families be notified at least 10 days prior to an increase in the copayment, but not have any explicit requirement for notification prior to a decrease in the copayment.³⁶ Additional detail on the variation in notification requirements can be found in the table footnotes.

As in many other areas of child care subsidy policy, procedures may differ for different categories of families. For instance, redetermination policies may vary for students or for individuals whose hours of work are unpredictable. The table footnotes capture some of these policy details.

Additionally, some eligibility groups may be categorically exempt from the redetermination process. For example, in some States/Territories, families receiving TANF benefits may remain eligible for CCDF as long as they are participating in the TANF program. Additional detail on groups that are exempt from redetermination requirements can be found in the full detail of the CCDF Policies Database.

³⁶ The CCDF Final Rule published in September 2016 prohibits States/Territories from raising the copayment during the 12-month eligibility period. State/Territory policy changes resulting from this new requirement will be reflected in future years' tables.

Reporting Changes in Income, Employment, or Family Circumstances (Table 20)

In addition to requiring eligibility and subsidy amounts to be redetermined at regular intervals, most State/Territory CCDF programs require participants to report certain changes, such as changes in hours of work or hourly wage, as they occur.³⁷ Participants failing to report changes as required may suffer sanctions or interruptions in child care subsidy benefits. Table 20 shows the number of days within which a subsidized family is expected to report key changes to the program agency. The table also shows the requirements for reporting specific types of changes, including changes in employment, income, and household composition. Findings for 2016 include:

- Most States/Territories require families to report key changes within 10 days.
- All but three States/Territories (Hawaii, Michigan, and North Dakota) require changes in employment to be reported.
- All but four States/Territories (Indiana, New Mexico, Pennsylvania, and West Virginia) require families to report changes in income in at least some circumstances. Twenty-seven States/Territories require all changes in income to be reported, while some States/Territories only require changes over a certain amount to be reported.
- All but three States/Territories (Colorado, Pennsylvania, and South Dakota) requires families to report changes in household composition.

Additional information related to these policies, including additional types of changes that must be reported, and whether a full redetermination is required when certain changes are reported, is available in the full Database.

Neither CCDBG reauthorization nor previous regulations explicitly discuss interim reporting.³⁸ While the new legislation does not focus on interim reporting requirements, it does outline requirements for States/Territories to describe in their CCDF Plans their policies for simplifying the redetermination process and explain how they will ensure parents' employment and other activities are not disrupted as a result of the process.

Maximum Hours Approved for Child Care Subsidies (Table 21)

Families that are determined eligible to receive child care benefits are authorized to use child care for approved activities for a certain number of hours. Some States/Territories have general maximum hours of

³⁷ Reporting requirements are not part of the federal rule, but States/Territories may establish their own reporting requirements.

³⁸ The CCDF Final Rule published in September 2016 does address reducing reporting requirements. State/Territory policy changes that result from the Final Rule will be reflected in future years' tables.

care policies that limit the amount of care an individual can receive in a given period of time. Additionally, States/Territories may establish policies that allow care for travel, rest, or other related activities within certain limitations. For example, some States/Territories take into consideration the travel time between the parent's workplace and the child care facility, and in some States/Territories, parents who work an overnight shift (a shift crossing over midnight) may be eligible to receive subsidies during the day to allow for rest or sleep time. Table 21 captures the policies for maximum hours of care, variations for parents working part time, policies for travel time, and policies for rest hours. Findings from 2016 include:

- Twenty-two States/Territories have policies for maximum hours of care that can be paid through the subsidy program.
- Of the States/Territories that utilize a maximum hours of care policy, only two States (Arizona and Iowa) have a different policy for part-time workers.
- Fifty-one States/Territories allow care to be authorized for travel time. Of these, about half have policies for an explicit maximum number of hours, while the allowed hours for the other half can vary at the caseworker's discretion.
- Forty-two States/Territories allow care for rest hours in at least some circumstances. Twenty-three specify a maximum number of hours, ranging from four to nine hours daily; nineteen allow the number of rest hours to be authorized at the caseworker's discretion.

Care During Breaks in Activities (Table 22)

In addition to establishing the amount of care authorized for approved activities, States/Territories may continue subsidies during temporary breaks in employment, such as school breaks or maternity leave.³⁹ These policies may vary depending on whether the parent is expected to return to the approved activity (e.g., work or school) or whether the family will lose its child care slot if care is temporarily suspended. Table 22 captures the policies for authorizing care during school breaks for parents who are students and during maternity leave.

Key findings from 2016 include:

- Thirty-six States/Territories allow care to be continued during school breaks for parents who are students. Among the States/Territories that approve care during school breaks, some approve care for a specified amount of time, and others vary the policy according to certain circumstances.

³⁹ The new CCDF Final Rule, published September 30, 2016, provides additional requirements for care during breaks in activities. As States/Territories implement the new requirements, these changes will be captured in the full CCDF Policies Database and future years' tables.

- Forty-three States/Territories allow care to be continued during maternity leave, usually for a certain length of time ranging from 21 days to 13 weeks. Of these, eight States have policies specifying that the parent's job must be available upon return in order to authorize care during the leave.

Under CCDBG reauthorization, States/Territories must continue to provide assistance during the minimum 12-month eligibility period for families who experience temporary changes in work, training, or education activities.⁴⁰ As the remaining States/Territories implement the new requirements, the policy changes will be reflected in the Database and future tables.

The full Database captures additional information on how States/Territories determine the allowable hours of child care, such as care for full-time versus part-time education activities and care for study hours for parents who are students.

Breaks in employment due to job loss are not included in this section, as job search activities fall under the list of activities that confer eligibility. State/Territory policies for job search activities are outlined in table 2.

Changes in Application, Verification, and Authorization Policies from 2015 to 2016

Between 2015 and 2016, five States/Territories made changes to the allowable methods for submitting an application. Florida moved solely to online applications, while Maine, Missouri, New Mexico, and Wyoming added additional options to their existing methods. Four States/Territories (Florida, Michigan, Tennessee, and Puerto Rico) changed their notification requirements to notify applicants of eligibility sooner.

Four States made changes to their verification requirements. California no longer allowed for exceptions to verifying the child's immunization record, and West Virginia began requiring applicants to verify the child's immunization record. Kansas began requiring verification of household composition, and Virginia added a requirement to verify applicant identify.

⁴⁰ Under the new CCDF Final Rule, "temporary" changes are defined "to include, at a minimum: (1) Any time-limited absence from work for employed parents due to reasons such as need to care for a family member or an illness; (2) any interruption in work for a seasonal worker who is not working between regular industry work seasons; (3) any student holiday or break for a parent participating in training or education; (4) any reduction in work, training or education hours, as long as the parent is still working or attending training or education; and (5) any cessation of work or attendance at a training or education program that does not exceed three months or a longer period of time established by the Lead Agency." As State/Territory policies are changed to reflect this definition, changes will be captured in the full CCDF Policies Database and future years' tables. The Final Rule is available from the Federal Register at <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>.

Fourteen States/Territories changed their redetermination period from 6 to 12 months. This change aligns with new 12-month eligibility requirement outlined under CCDBG reauthorization. Additionally, four States/Territories increased the number of days families are given to notify the agency of any changes. Two States (Pennsylvania and South Dakota) stopped requiring families to report changes in household composition. Six States/Territories changed their requirements for reporting changes in income, in most cases now only requiring families to report changes that would cause their income to exceed 85 percent of the state median income.⁴¹ This change also aligns with new guidelines under reauthorization, as States/Territories must continue providing subsidies during the 12-month eligibility period to families whose income exceeds the initial income limit as long as income remains below 85 percent of state median income.

Almost half of the States/Territories made changes to policies regarding child care during school breaks and maternity leave. As with several previously discussed policy changes, these new policies are consistent with new requirements under CCDBG reauthorization. The policy changes were either to allow for continued care for three months or through the end of the eligibility period. This aligns with new federal guidelines to either allow families whose activity ends to receive care through the end of the eligibility period or provide a three-month phase-out period.

Priority Groups

CCDF subsidies are not a guaranteed benefit. It is possible that more families will apply for and be found eligible for the CCDF-funded subsidy program in a particular State/Territory than can be subsidized with the State's/Territory's available funds. States/Territories may establish priority groups among eligible families, and as described above may use waiting lists for families who cannot be served immediately.

Priority Policies for Different Groups (Tables 23 and 24)

Tables 23 and 24 describe if and how States/Territories give priority to certain groups of applicants. The categories of applicants covered in table 23 are families with children with special needs, families with very low income, families who receive TANF, families who are transitioning off TANF benefits, families who are at risk of becoming dependent on TANF, and families with children under child protective services. Table 23 also provides the States'/Territories' definition of families with very low income. The categories of applicants covered in table 24 are families with foster care children, families with children in Head Start,

⁴¹ The new CCDF Final Rule outlines new income reporting requirements, only requiring families to report changes that would cause their income to exceed 85 percent of the state median income. As State/Territory policies are updated to reflect the new requirements, this information will be captured in the full CCDF Policies Database and future years' tables.

families with children in publicly-funded pre-k, homeless families, families with teen parents not in school, families with teen parents in school, and military families. For each group of families, the tables indicate whether that group is treated the same as all other families, whether that group has priority (but without a guarantee of a subsidy when funds are limited), or whether that group of families is guaranteed a subsidy.

Findings from 2016 include:

- Six States guarantee subsidies for children with special needs, with an additional 24 States/Territories giving these families priority over some other families or priority in certain circumstances.
- Twenty-one States guarantee subsidies for all families enrolled in TANF under their CCDF-funded program. Additional States guarantee subsidies for TANF families if they are participating in the State's TANF work program. (As mentioned earlier, States/Territories may serve TANF families through a child care program other than the CCDF-funded program covered in this Book of Tables.)
- Families transitioning off TANF are guaranteed subsidies in 18 States. There is almost always a time limit associated with this type of transitional child care.
- No State/Territory guarantees subsidies for families at risk of becoming dependent on TANF, but five give priority to these families.
- Children in Head Start are given priority over some other groups of families in South Carolina and Washington. Oregon guarantees subsidies for Head Start participants in contracted slots. Only Georgia gives priority for children enrolled in publicly-funded pre-kindergarten.
- Four States (Alaska, Delaware, the District of Columbia, and Illinois) guarantee subsidies for all teen parents in school; no States/Territories guarantee subsidies for teen parents not in school.

The overall Database provides more detail about priority policies, including information on how States/Territories rank their priority groups.

Changes in Priority Policies from 2015 to 2016

From 2015 to 2016, several States/Territories made changes to their priority policies. The most common change was to begin to prioritize care for children in homeless families; ten States/Territories made that change, which aligns with the new federal guidelines that place a greater emphasis on providing child care services for these families.

A handful of States/Territories began prioritizing care for additional groups: D.C. added children in families with very low income as a priority group, Georgia added children in families with very low income

and children with teen parents who are attending school, Louisiana added children in foster care, Tennessee added children with special needs and children in military families, and Washington added children in Head Start and children with teen parents who are not attending school. Mississippi began guaranteeing subsidies for children under protective services and children in foster care; these two groups previously received priority but were not guaranteed assistance. Finally, two States/Territories removed some groups from their priority lists: Virginia removed children in Head Start as a priority group, and Puerto Rico removed children with teen parents.

Table 17. Application and Waiting List Procedures, 2016 ¹

State	Method for Submitting Application	Within How Many Days Applicant Must Be Notified of Eligibility After Submitting the Application	If the State Uses a Waiting List When Needed ²
Alabama	In-person ³	30	Yes
Alaska	In-person, mail, fax	30	Yes ⁴
Arizona	In-person, mail, fax, email ⁵	30	Yes
Arkansas	In-person, mail, fax, email, online	10 ⁶	Yes
California	In-person ⁷	30	Yes ⁸
Colorado	In-person, mail, fax, email, online	15	Yes
Connecticut	In-person, mail, fax ⁹	30	Yes
Delaware	In-person, mail, fax, online	30	Yes ¹⁰
DC	In-person	30	Yes
Florida	Online ¹¹	20	Yes
Georgia	In-person, mail, fax, email, online	30 ¹²	No
Hawaii	In-person, mail, fax ¹³	30 ¹⁴	No
Idaho	In-person, mail, fax, email	30	No
Illinois	In-person, mail, fax	30 ¹⁵	No
Indiana	In-person, mail, fax	Other ¹⁶	Yes
Iowa	In-person, mail, online	30 ¹⁷	Yes
Kansas	In-person, mail, fax, online	30 ¹⁸	Yes
Kentucky	In-person ¹⁹	30	No
Louisiana	In-person, mail, fax, email, online	30	Yes
Maine	In-person, mail, fax, email, phone	30	Yes
Maryland	In-person, mail, fax, online	30	Yes
Massachusetts	In-person, mail, fax, email, phone	Other ²⁰	Yes
Michigan	In-person, mail, fax, online	30	No
Minnesota	In-person, mail, fax, online	30 ²¹	Yes
Mississippi	Online ²²	10	Yes
Missouri	In-person, mail, fax, online ²³	15	Yes
Montana	In-person, mail, fax, online	30	Yes
Nebraska	In-person, mail, fax, email, online, phone	30 ²⁴	No
Nevada	In-person, mail, fax, email	30	Yes
New Hampshire	In-person, mail, fax, email, online, phone	30	Yes
New Jersey	In-person, mail	45	Yes
New Mexico	In-person, mail, fax, email	14 ²⁵	Yes
New York	In-person, mail	45 ²⁶	Yes ²⁷
North Carolina	In-person, mail	30	Yes
North Dakota	In-person, mail, fax, email, online	30 ²⁸	No
Ohio	In-person, mail, fax, email ²⁹	30	No

Table 17. Application and Waiting List Procedures, 2016 ¹

State	Method for Submitting Application	Within How Many Days Applicant Must Be Notified of Eligibility After Submitting the Application	If the State Uses a Waiting List When Needed ²
Oklahoma	In-person, mail, fax, email, online	Other ³⁰	No
Oregon	In-person, mail, online ³¹	45	Yes
Pennsylvania	In-person, mail, fax, online	30	Yes
Rhode Island	In-person	Other ³²	No
South Carolina	In-person, mail, fax, email	15 ³³	No
South Dakota	In-person, mail, fax, email, online	10 ³⁴	No
Tennessee	In-person, mail, fax	15 ³⁵	No
Texas	In-person, mail, fax, email, online	20	Yes
Utah	In-person, mail, fax, online	30	No
Vermont	In-person, mail, fax, online	30	No
Virginia	In-person, mail, fax, online	30	Yes
Washington	In-person, mail, fax, online, phone ³⁶	30	Yes
West Virginia	In-person, online	Other ³⁷	No
Wisconsin	In-person, mail, fax, online, phone	30 ³⁸	No
Wyoming	In-person, mail, fax, email	30	No
American Samoa	In-person, online	10 ³⁹	Yes
Guam	In-person	10 ⁴⁰	Yes
No Mariana Islands	In-person	15	No
Puerto Rico	In-person ⁴¹	Other ⁴²	Yes
Virgin Islands	In-person, mail, fax, email, phone ⁴³	Other ⁴⁴	Yes

Source: CCDF Policies Database October 1, 2016 Data

¹ Policies for initial application procedures are captured. Policies for submitting information during the redetermination process are not included.

² Written policies for whether or not States/Territories use a waiting list when funds are not available to serve all families are captured. A State/Territory may appear on this list as having waiting list policies, even if no family is currently on the waiting list. Exemptions to the waiting list requirements are not shown in this table.

³ Families enrolled in TANF work programs, families with members in protective services, and families with members in foster care may use a written referral from the appropriate department.

⁴ If available funding is not sufficient to provide full program benefits for participating families, or to add new families, one or more of the following actions may be taken: terminate program benefits for participating families; limit the eligible activities required for program benefits; establish a wait list; reduce program benefits for all participating families by a percentage based on any shortfall in available funding; establish an alternative plan for the necessary or required actions.

⁵ No face-to-face interview is required if the information needed for verifying identity and citizenship or legal residency status is already on file with the department or if the required information can be obtained through another method.

⁶ Once all required information has been received, the state has 10 days to deny the application, approve the family for benefits, or place the application on the pending list.

⁷ Policy coded for Non-CalWORKs Alternative Payment Program.

- ⁸ Policy coded for Non-CalWORKs Alternative Payment Program. Child care agencies are required to maintain a waiting list. This requirement may be satisfied by participating in a county child care centralized eligibility list, where available.
- ⁹ Applicants can submit their applications in person to a drop box.
- ¹⁰ Families are placed on a waiting list either because funds are not available or because the agency cannot match the child's need with an available provider at that time.
- ¹¹ Applications may be submitted in person if assistance is required.
- ¹² The caseworker has 30 calendar days to determine eligibility, beginning the next business day after receipt of the application.
- ¹³ The initial application must be submitted in writing.
- ¹⁴ The application interview to establish eligibility must be arranged by staff as soon as possible but no later than 30 days after receipt of the signed and dated application and supporting documentation. When the application is denied, the agency must give timely notice of 10 days prior to the effective date of the denial action.
- ¹⁵ Applicants are generally notified of eligibility within 30 days. When the eligibility determination requires additional clarifying information, applicants are notified of eligibility within 45 days from the date the initial application was received.
- ¹⁶ The applicant is notified at the time of the appointment.
- ¹⁷ If the application is denied for failure to provide requested information, the applicant is entitled to a 14-day grace period to supply the missing information and have eligibility determined without having to file a new application.
- ¹⁸ Families participating in the Kansas Early Head Start/Child Care Partnerships must have their applications processed within seven calendar days of the application date.
- ¹⁹ The applicant may submit the form indicating he or she intends to apply for child care services by mail, but the applicant must meet with the caseworker in order to complete the application.
- ²⁰ Applicants must be notified within 14 calendar days if the application is denied, but there is no requirement for when applicants must be notified if the application is approved.
- ²¹ The response time can be extended 15 days with the applicant's consent.
- ²² All required documentation can be returned by mail or email.
- ²³ The state online application began rolling out to counties in 2016.
- ²⁴ The caseworker must take action on the application within 30 days of receipt of the application, and a notice of action must be sent to the applicant.
- ²⁵ The applicant is notified immediately if he or she submits all required documentation at the time of application. Otherwise, the applicant is given 14 days to submit documentation and then notified of eligibility.
- ²⁶ Eligibility decisions must be made within 30 calendar days from the date of application, and a written notice must be sent to the family within 15 calendar days of the eligibility decision.
- ²⁷ Districts may maintain waiting lists when funds are not available for all eligible families.
- ²⁸ The application must be acted upon within 30 days unless there are extenuating circumstances, such as an applicant waiting for a provider to become licensed. If there are extenuating circumstances, the agency may respond within 45 days.
- ²⁹ Applicants may apply at locations, other than the department office, that are convenient and accessible for families.
- ³⁰ The worker must determine eligibility within two working days of completing an interview and receiving all verification.
- ³¹ If the family is applying for SNAP and employment-related day care together, the online SNAP application may be used.
- ³² Applicants receive timely notice, and the application must be completed within 30 days.
- ³³ The caseworker must make every effort to enter the application into the child care database within 15 calendar days of receiving the complete application. Once the applicant is in the database, an eligibility letter is sent to the client.
- ³⁴ Eligibility is determined within 10 days and then a written notice is sent to the family.
- ³⁵ Child care for TANF families is approved during the TANF application processing period, which is limited to 45 days.
- ³⁶ Applicants may apply by telephone through the state's call center.

³⁷ Applicants receive an eligibility decision during the in-person application if they have provided all requested information. If additional information is needed, it must be provided to the caseworker and eligibility must be determined within 13 days.

³⁸ The agency must determine eligibility when the individual's verification requirements are complete. If the applicant requests more time to provide verification, the agency may extend the verification due date to not more than 30 calendar days from the application filing date.

³⁹ Eligibility determination must be made within 10 days and the applicant must be given notice, either hand delivered or mailed.

⁴⁰ Eligibility is determined within 10 work days.

⁴¹ Families may apply to be on the waiting list by phone.

⁴² Applicants will be notified of their eligibility during the in-person application process if they have provided all of the requested information.

⁴³ Applicants are required to have an appointment with a subsidy counselor at the agency.

⁴⁴ Applicants make an appointment to submit paperwork and complete the application process. Applicants are notified of their eligibility during that appointment.

Table 18. Information That Must Be Verified with Documentation When Applying for CCDF Subsidies, 2016 ²

State	Applicant Identity	Household Composition	Applicant's Relationship to Child	Employment ³	Income	Child's Immunization Record ⁴
Alabama	Yes	Yes	Yes	Yes	Yes	No
Alaska	Yes	No ⁵	No ⁵	Yes	Yes	No
Arizona	Yes ⁶	No	Varies ⁷	Yes	Yes ⁸	No
Arkansas	Yes	Yes ⁹	Yes	Yes	Yes ¹⁰	No
California	No ¹¹	Yes	Yes	Yes	Yes ¹²	Yes
Colorado	Yes	No	Yes	Yes	Yes ¹³	Varies ¹⁴
Connecticut	Yes ¹⁵	No ⁵	No	Yes ¹⁵	Yes ¹⁵	No ¹⁶
Delaware	No	No	No	Yes	Yes	No
DC	Yes	Yes	Yes	Yes	Yes	Yes ¹⁷
Florida	Yes ¹⁸	No ⁵	Yes ¹⁹	Yes	Yes	No
Georgia	Yes	No	No	Yes	Yes	Varies ²⁰
Hawaii	Yes	Yes	Yes	No ²¹	Yes	No
Idaho	No	No	No	Yes	Yes ²²	Varies ²³
Illinois	Yes	Yes	Yes	Yes	Yes	No
Indiana	Yes	Yes ²⁴	No ²⁵	Yes	Yes	No
Iowa	No ⁵	No ⁵	No ⁵	Yes	Yes ²⁶	No
Kansas	Yes	No ²⁷	No	Yes	Yes	No
Kentucky	Yes	Yes	Yes	Yes	Yes	Varies ²⁸
Louisiana	Yes	Yes	No	Yes	Yes	Yes
Maine	Yes	No	No	Yes	Yes	No
Maryland	Yes	No	No	Yes	Yes	Yes ²⁹
Massachusetts	Yes	Yes	Yes	Yes	Yes	No
Michigan	Yes	No ⁵	No ⁵	Yes ³⁰	Yes	No
Minnesota	Yes	No ³¹	Yes	Yes	Yes	No
Mississippi	Yes	No	Yes	Yes	Yes	No
Missouri	No	Yes	Yes ³²	Yes	Yes	No
Montana	Yes	Yes	Yes	Yes	Yes	No
Nebraska	No ⁵	No ⁵	No ⁵	Yes	Yes ³³	No
Nevada	Yes	No ⁵	Yes	Yes	Yes ³⁴	No
New Hampshire	Yes	Yes	Yes	Yes	Yes	No

Table 18. Information That Must Be Verified with Documentation When Applying for CCDF Subsidies, 2016 ²

State	Applicant Identity	Household Composition	Applicant's Relationship to Child	Employment ³	Income	Child's Immunization Record ⁴
New Jersey	Yes	Yes	Yes	Yes	Yes	No
New Mexico	Yes	Yes	Yes	Yes	Yes	No
New York	Yes	Yes	Yes	Yes	Yes	No
North Carolina	No ³⁵	No ³⁵	No ³⁵	No ³⁵	Yes	No ³⁵
North Dakota	Yes	Yes	Yes	Yes ³⁶	Yes	No
Ohio	No	No	No	Yes	Yes	No
Oklahoma	Yes	No ⁵	No	Yes	Yes ³⁷	No
Oregon	No ³⁸	No ³⁸	No ³⁸	Yes ³⁹	Yes ⁴⁰	No ³⁸
Pennsylvania	Yes	Yes	Yes	Yes	Yes	No
Rhode Island	--- ¹	--- ¹	Yes	Yes	Yes	--- ¹
South Carolina	No	No	No	Yes	Yes	No
South Dakota	Yes	No	Yes	Yes	Yes	No
Tennessee	Yes	Yes	Yes	Yes	Yes	Varies ⁴¹
Texas	Yes	No ⁵	Yes	Yes	Yes ⁴²	No
Utah	Yes	No ⁴³	No ⁴³	Yes	Yes	No
Vermont	No	No	Varies ⁴⁴	Yes	Yes	No
Virginia	Yes	No	No	Yes	Yes ⁴⁵	Varies ⁴⁶
Washington	Yes	No	Yes	Yes	Yes	No
West Virginia	Yes	No ⁵	No	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	Yes	No ⁴⁷
Wyoming	Yes	No	Yes	Yes	Yes	No
American Samoa	Yes	Yes	Yes	Yes	Yes	Yes
Guam	Yes	Yes	Yes	Yes	Yes	Yes
No Mariana Islands	Yes	Yes	Yes	Yes	Yes	No
Puerto Rico	Yes	Yes	Yes	Yes	Yes	Yes
Virgin Islands	Yes	Yes	Yes	Yes	Yes	Yes

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

- ² When the applicant is required to submit documentation, it is counted as verification. If the applicant is only required to make a verbal or written statement, it is not counted as verification for the purposes of the CCDF Policies Database.
- ³ This variable captures whether the family must verify employment, and may include documentation of the parent's work schedule or hours of employment.
- ⁴ This variable captures whether information must be verified with the lead agency at the time of application. In many cases, the provider is required to maintain immunization records. While not captured here, this information can be found in the full database detail.
- ⁵ The agency may require verification if the caseworker has reason to believe the client provided incorrect information.
- ⁶ Applicants with current or prior cash assistance cases or SNAP cases are exempt from identification verification since their information is already in the system.
- ⁷ Verification is not required for natural, step, or adoptive parents.
- ⁸ Applicants who have an open cash assistance, SNAP, or medical assistance case in the system are not required to provide documentation of income, if the income amount displayed in the system is within \$50 of the stated income amount on the child care application.
- ⁹ While not required for eligibility, the agency attempts to verify a valid Social Security Number for every household member for identification purposes.
- ¹⁰ If the family has an open TANF or SNAP case, the state has the option of using income information available from the state information system, unless it is over 30 days old, or re-verifying income information.
- ¹¹ Policy coded for Non-CalWORKs Alternative Payment Program.
- ¹² Income is not verified for cases where eligibility is not based on income.
- ¹³ Applicants must submit written verification of all earned and unearned income. Verbal attestation can be provided at the time of application, but written verification must be submitted within 30 days.
- ¹⁴ Verification must be provided to either the child care provider or the county, as required by the county policy.
- ¹⁵ A condition is considered verified when the available evidence indicates that it is more likely to be true than not. The department should not deny assistance, discontinue a family's benefits, or reduce a family's benefits if the parent can establish good cause for not providing the requested verification.
- ¹⁶ The agency may require verification if the child is in unregulated care and the caseworker has reason to believe the client provided incorrect information.
- ¹⁷ Families experiencing homelessness are granted a 60 day grace period.
- ¹⁸ Acceptable forms of ID come from a third party source and include a photo.
- ¹⁹ To establish the relationship with the child, the parent or guardian must present acceptable forms of documentation establishing each of their identities.
- ²⁰ Documentation is not required if the child attends a regulated child care program, attends public school, or receives TANF benefits. Documentation is required for non-school-age children in informal child care settings.
- ²¹ The client must submit a calendar of employment hours and sign the calendar.
- ²² Foster parents do not have to verify their income when applying for a subsidy for their foster child.
- ²³ Immunization does not have to be verified for children attending school.
- ²⁴ Documentation to verify the identity of other children and adult members in the unit is required.
- ²⁵ The relationship to the child does not have to be verified, except for foster parents applying for care for a foster child.
- ²⁶ Applicants receiving protective child care services, participating in the TANF work program, or receiving TANF are not required to verify income.
- ²⁷ Documentation is required to verify the identity of all adults in the household.

- ²⁸ Documentation is not required if the child is currently attending a licensed child care center, certified child care home, public school, Head Start, or other type of care that requires proof of immunization for enrollment.
- ²⁹ Immunization records do not have to be verified if the child has a medical condition that contraindicates immunization, or the parent has an objection to immunization based on religious grounds. Parents that object to immunization or medical examination, or both, on religious grounds must provide a written health history of the child and sign a statement indicating that the child is in good health and free from any communicable diseases to the best of their knowledge and belief.
- ³⁰ The state employment information system must be checked for approved hours of participation at application.
- ³¹ With the exception of parental relationship, household composition does not need to be verified unless questionable.
- ³² Parents must complete a specific form to verify their relationship to the child and provide documentation (birth certificates, marriage licenses, etc.) upon request.
- ³³ A declaration from the client is acceptable regarding unearned income, unless the client has a history of program abuse.
- ³⁴ TANF cash assistance case referrals from the department do not have to verify income. The income statement on the referral form is accepted.
- ³⁵ When documentation is not available, a client statement may be used as verification.
- ³⁶ Job search hours must also be verified.
- ³⁷ Income is not verified for caretakers who are not legally and financially responsible for the child. Adopted families do not have to verify income when the child was adopted through the state's department of human services or a federally recognized Indian tribe, the parent has an adoption assistance agreement, both the adoptive parent and child reside in the state, and the child is age five or younger.
- ³⁸ Anything questionable that affects eligibility or benefit level must be verified.
- ³⁹ The verification for the number of work hours provided must match the time period of the provided verification of income.
- ⁴⁰ The documentation of income must be for at least the past month, unless the employment is new.
- ⁴¹ Documentation is not required for children placed in regulated care since licensed providers are required to document child immunizations.
- ⁴² Families who qualify as homeless are considered to be income eligible without verification of actual income.
- ⁴³ The agency may require verification if the caseworker has reason to believe the client provided incorrect information. Verification is required for specified relatives and legal guardian caretakers.
- ⁴⁴ If the applicant is not the biological, adoptive, or foster parent of the child for whom he or she is requesting a child care subsidy, it must be verified through court documentation that the primary caretaker is the legal guardian.
- ⁴⁵ The local agency should accept a parent's written statement that he or she has no income unless there is reason to doubt the statement.
- ⁴⁶ If the child is already enrolled in another program that requires immunization records, the documentation does not have to be verified. If the family is homeless, the child may be conditionally approved for care for up to 90 days.
- ⁴⁷ In addition to the required verification, caseworkers may require verification if the applicant submits questionable or contradictory information.

Table 19. Redetermination Requirements, 2016

State	Redetermination Period (in months) ²	If New Documentation is Required During Redetermination	Minimum Number of Days of Advance Notice Regarding an Adverse Subsidy Change ³	Minimum Number of Days of Advance Notice Regarding a Subsidy Termination
Alabama	12 ⁴	Yes	10 ⁵	10 ⁶
Alaska	6	Yes ⁷	10 ⁸	10 ⁸
Arizona	12	Yes	NA ⁹	10
Arkansas	6 ¹⁰	Yes	10	10 ¹¹
California	12 ¹²	Yes	14 ¹³	14 ¹³
Colorado	12	Yes ¹⁴	15	15
Connecticut	12	Yes	10	10 ¹⁵
Delaware	12 ¹⁶	Yes	10	10
DC	12	Yes	15	15
Florida	12 ¹⁷	Yes	10 ¹⁸	10 ¹⁹
Georgia	12	Yes	12 ²⁰	12 ²¹
Hawaii	6	Yes	10 ²²	10 ²³
Idaho	12	Yes	NA ²⁴	NA ²⁴
Illinois	6 ²⁵	Yes	10 ²⁶	10 ²⁶
Indiana	12 ²⁷	Yes	10 ²⁸	10 ²⁸
Iowa	12 ²⁹	Yes	10	10
Kansas	12	Yes	10 ³⁰	10 ³¹
Kentucky	12	Yes	10 ³²	10
Louisiana	12	Yes	5 ³³	5 ³⁴
Maine	12 ³⁵	Yes	12	30
Maryland	12	Yes	5 ³⁶	5 ³⁶
Massachusetts	12 ³⁷	Yes	14	14 ³⁸
Michigan	12	Yes ³⁹	11 ⁴⁰	11 ⁴⁰
Minnesota	6 ⁴¹	Yes	15	15
Mississippi	12	Yes	14	14 ⁴²
Missouri	12	Yes	Other ⁴³	10
Montana	12	Yes ⁴⁴	15 ⁴⁵	30 ⁴⁶
Nebraska	12	Yes ⁴⁷	10 ⁴⁸	10 ⁴⁸
Nevada	12 ⁴⁹	Yes	10 ⁵⁰	10
New Hampshire	12	Yes	10 ⁵¹	10 ⁵²
New Jersey	12	Yes	10	10
New Mexico	12	Yes	14	14
New York	12	Yes	10 ⁵³	10
North Carolina	12	Yes ⁵⁴	10	10 ⁵⁵
North Dakota	12	Yes	NA ²⁴	Other ⁵⁶
Ohio	12 ⁵⁷	Yes	15 ⁵⁸	15 ⁵⁸
Oklahoma	12	Yes	10 ⁵⁹	10 ⁶⁰
Oregon	12	Yes	10	10
Pennsylvania	12	Yes	10	10
Rhode Island	12 ⁶¹	Yes	10 ⁶²	10 ⁶²

Table 19. Redetermination Requirements, 2016

State	Redetermination Period (in months) ²	If New Documentation is Required During Redetermination	Minimum Number of Days of Advance Notice Regarding an Adverse Subsidy Change ³	Minimum Number of Days of Advance Notice Regarding a Subsidy Termination
South Carolina	12	Yes	10	10 ⁶³
South Dakota	12	Yes	10	10
Tennessee	12	Yes	10	10
Texas	12 ⁶⁴	Yes	15	15
Utah	12	Yes	1 ⁶⁵	Other ⁶⁶
Vermont	12	Yes ⁶⁷	30	30 ⁶⁸
Virginia	12	Yes ⁶⁹	10	10 ⁷⁰
Washington	12	Yes	10	10
West Virginia	6	Yes	13 ⁷¹	13 ⁷²
Wisconsin	12	Yes ⁷³	Other ⁷⁴	Other ⁷⁵
Wyoming	12	Yes	Other ⁷⁶	Retroactive to date of change in eligibility status
American Samoa	6	Yes ⁷⁷	NA ²⁴	--- ¹
Guam	12	Yes ⁷⁸	15	15
No Mariana Islands	12	Yes	10	10
Puerto Rico	12	Yes	NA ²⁴	NA ⁷⁹
Virgin Islands	12	Yes	30 ⁸⁰	Other ⁸¹

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² The redetermination period is how often the family's eligibility must be reviewed in order to continue receiving care.

³ An adverse subsidy change is a reduction that does not result in a loss of the family's subsidy.

⁴ The redetermination period may be shorter than 12 months if the parent's authorized activity will last fewer than 12 months or if the parent fails to comply with program requirements.

⁵ Individuals will be notified within 10 days unless advance notification requirements do not apply or a parent signs a written statement waiving the right to an advance notice.

⁶ Advanced notice is required prior to terminating services. Services can be terminated immediately if the advance notice requirement is waived or does not apply.

⁷ Families seeking to continue participation past their initial child care authorization period must provide verification of any changes in their income or other eligibility factors for the next six-month authorization period. Families complete a new application and an interview, either in person or by telephone, at least annually.

⁸ The agency must give a written notice to a family at least 10 days before taking any action that would adversely affect their benefit.

⁹ The benefit cannot be reduced during the 12-month eligibility period. Changes take place at the beginning of each 12-month eligibility period. Copayment increases or unit decreases resulting from redetermination are not considered negative actions and do not require a 10-day advance notice.

¹⁰ Students must complete the redetermination process before the start of each new school semester.

¹¹ A family found ineligible to continue receiving services during redetermination will be given 10 day advance notice that assistance will be discontinued at the end of the 10-day period.

- ¹² If employment hours are unpredictable, redetermination must take place at least every four months. If a child is receiving care due to risk of abuse, neglect, or exploitation, eligibility is limited to six months, at which point the family must be redetermined eligible under a different need criteria.
- ¹³ If notification is mailed, the number of days is extended to 19 days.
- ¹⁴ Employed parents must submit written proof of employment, scheduled hours that child care is needed, and wage information. Self-employed parents must show a net profit from their self-employment.
- ¹⁵ Eligibility ends on the last day of the month in which the notice of adverse action expires.
- ¹⁶ Parents must complete an interim form every six months.
- ¹⁷ Redetermination for families in TANF must be completed every six months.
- ¹⁸ Individuals are given 10 days notice prior to a decrease in benefits or other adverse action. If a family is removed from the program due to lack of funds, a notice is sent at least two weeks prior to disenrollment.
- ¹⁹ The grace period is 10 working days from the date the client receives the notice.
- ²⁰ Clients must be given timely notice of 12 days prior to fee increases, changes in eligible children, or sanctions. Adequate notice is required when fees are reduced or changes in rates were not previously reflected on the certificate for child care.
- ²¹ When timely notice is not required, termination is effective the Monday following the 12-day adverse action period or the Monday following the completion of the action.
- ²² Families are given timely notice of 10 days prior to an adverse action. Changes that result in higher benefits will take effect the first of the month following the month in which the change is reported. Timely notice is not required when the family requests that services end or when funds are not available.
- ²³ Families are given timely notice of 10 days prior to an adverse action.
- ²⁴ There is no requirement for notification.
- ²⁵ Families must be redetermined every six months except when parents are enrolled in an education or training program that lasts less than six months or the family has a service plan that indicates the activity lasts less than six months. Families must be redetermined every 12 months when the children are in a collaborative child care arrangement between child care and early education providers. If the participant has not worked two full pay periods at the time of application or redetermination, redetermination is required in three months.
- ²⁶ Individuals are given 10 calendar days notice when benefits are cancelled. Changes to copayments are implemented on the first of the month following notification of the change.
- ²⁷ Redetermination is required at least every 53 weeks.
- ²⁸ The rule applies to adverse actions, including a denial or termination of services, increased fees, or reduction of services.
- ²⁹ Families are certified for a period of 12 months, except when the applicant meets one of three criteria at the time of application. If the applicant is conducting a job search, then the family is certified for a period of 30 days. If the child who will be receiving care will turn 13 within 6 months after the end of a 12 month certification period, then the family is certified for a period of up to 18 months. For families attending post-secondary education, if the 24-month funding limit will be reached within 6 months after the end of a 12 month period, then the family is certified for a period of up to 18 months.
- ³⁰ Notification of a reduction in benefits must be mailed at least 10 days before the effective date of the action. Notices must be mailed no later than the 21st of the month in 31-day months or the 20th of the month in 30-day months as these actions take effect on the first day of a month.
- ³¹ Notification of termination of benefits must be mailed at least 10 days before the effective date of the action. Closure notices must be mailed no later than the 20th of the month in 31-day months or the 19th of the month in 30-day months to be considered timely since the effective date of action for closures is always the last day of the month.
- ³² Changes that increase benefits do not require advance notice. Changes that decrease benefits require 10 days notice.
- ³³ Notification is required within five work days.
- ³⁴ A grace period of five working days is given.
- ³⁵ Full redetermination is done at 12 months. At six months, the family must indicate that the information on file is still correct.
- ³⁶ The family is entitled to five working-days notice, which does not include state holidays.

- ³⁷ Families are reassessed for eligibility every 12 months, unless the activity is scheduled to last fewer than 12 months (end of the semester for school activities), the activity is only authorized for 12 weeks (job search, maternal leave), or if the parent is newly employed (reassessed after eight weeks and then every 12 months). Families authorized by the TANF or child welfare agencies may be authorized for less than 12 months, depending on their needs. Families can request extensions for redetermination due to extraordinary circumstances such as the death or illness of a family member, a natural disaster, etc.
- ³⁸ The last date of service will be the proposed end date listed on the notification. If the family is being terminated for failure to pay fees, excessive absences, or failure to submit documentation for redetermination, the action will take effect 14 days after the notice is given to the parent.
- ³⁹ Income must be verified at redetermination. The state employment information system must be checked for approved hours of participation at redetermination.
- ⁴⁰ A timely notice is mailed at least 11 days before an intended negative action takes effect. For an increase in benefits, notice is sent to the client at the same time an action takes effect.
- ⁴¹ Redetermination of eligibility for some high school students under the age of 21 is deferred beyond 6 months, not to exceed 12 months, to the end of the student's school year.
- ⁴² A two week notice is provided if the family becomes income ineligible or fails to submit required materials.
- ⁴³ An increase in the copayment takes effect the month after notice is sent. A decrease in the copayment takes effect in the month notice is sent.
- ⁴⁴ Parents must verify their employment or training program if the participant has changed jobs or it is a new semester. If the participant has not changed jobs, he or she must submit consecutive pay stubs for the previous 60 days of employment. Verification of child support must also be included.
- ⁴⁵ Parents who are subject to an adverse action (denial, suspension, reduction, or termination of the subsidy, or a repayment demand from the state) are entitled to mailed written notification 15 calendar days prior to the adverse action.
- ⁴⁶ A parent may apply for a grace period if the parent reports the employment reduction or job loss to the agency within 10 calendar days.
- ⁴⁷ The parent must complete a new application reflecting his or her current situation.
- ⁴⁸ For termination or reduction of services, the client must be given 10 days notice. If fraud has been verified, notice of termination or reduction of services must be provided no later than the effective date of the action. No notice is required if the client did not complete the redetermination process at the end of the service period.
- ⁴⁹ Redetermination for minor students is required every school period (i.e. semester or quarter).
- ⁵⁰ This 10-day grace period is not required if the only eligible child leaves the household, the household moves out of state, or the household requests a deduction or termination.
- ⁵¹ Notification varies. If the benefits will be decreased, the family is given notice 10 calendar days prior to the action. If the family moves from a lower income eligibility level to a higher income eligibility level or if there is a change in the expected copayment, the family is notified, but a 10-day notice is not required.
- ⁵² If during redetermination, it is determined that the client is no longer eligible for the subsidy, the action will take effect 10 calendar days after the notice of the decision. If the client's eligibility period ended, the termination will take effect immediately.
- ⁵³ Ten days notice is required if benefits will be reduced or the change will force the family to find different child care arrangements. Timely notice of 10 days is not required when benefits will increase. Local districts must provide written notice 30 days in advance if changes in funding to reduce district caseloads result in adverse action for families.
- ⁵⁴ Participants in the SNAP program do not have to provide new income documentation at redetermination.
- ⁵⁵ Notice must be provided at least 10 working days prior to the effective date of the termination of services when services end during the 12-month eligibility period. If there are less than 10 days left in the eligibility period, the notice is only until the end of the current eligibility period.
- ⁵⁶ The case will close at the end of the month when redetermination was scheduled.
- ⁵⁷ The eligibility period extends to the Saturday after the last day of the 12th month of eligibility.

⁵⁸ When the department is proposing to reduce or terminate benefits, notice is sent no less than 15 days prior to the date of the proposed action.

⁵⁹ If there is an increase in benefits, advance notice is not required. If there is a decrease in benefits, advance notice of 10 days is generally required.

⁶⁰ The client is given 10 days notice unless the client gives written permission agreeing to end the benefit on an earlier date.

⁶¹ Certification periods cannot exceed 12 months. Income eligible families are subject to redetermination every 6 to 12 months depending on employment circumstances. For those with a 12-month certification period, a 6-month interim report is required.

⁶² Families must be notified at least 10 days prior to the effective date of a change that results in a reduction, suspension, or discontinuance of the subsidy.

⁶³ The change will take effect the first Monday following the 10th working day after the change is reported or after the decision is made to terminate service.

⁶⁴ Policy coded for the Gulf Coast Region.

⁶⁵ The department must provide at least one day advance notice on most negative actions.

⁶⁶ If there is adequate time to take action on a reported change and provide adequate notice, the change will become effective on the first day of the month following the change. If there is not adequate time, the change will become effective on the first day of the second month following the change.

⁶⁷ Participants are required to provide current documentation of income, service need, residence, citizenship or legal alien status, and any change in family relationships prior to the authorization end date.

⁶⁸ Families must be notified no later than one month before eligibility ends.

⁶⁹ Redetermination is conducted in the same manner as initial determination, except the parent does not have to submit new documentation to verify a child's citizenship.

⁷⁰ When terminating child care subsidies for transitional child care families, notification must be sent 60 to 90 days in advance of the termination date.

⁷¹ The family must be notified at least 13 days prior to termination of services or any other negative action. Copayment increases resulting from redetermination are not considered negative actions and do not require a 13-day notice.

⁷² Most negative actions cannot take place until 13 days after the client has been notified.

⁷³ Documentation verifying approved activities and income for all parents and guardians in the household and school schedules is required for redetermination.

⁷⁴ For counties participating in the state's Electronic Benefit Transfer card pilot program, subsidy changes will take effect at the end of the month in which the change was reported. For all other counties, the current authorization for child care ends the Saturday following the date the family reported a change in circumstances, with the adverse subsidy changes taking effect the Sunday following the date the family reported a change. Notices are generated once per week and mailed the Monday following the date the change was entered in the system.

⁷⁵ The current authorization for child care ends the Saturday following the date the family reported a change in circumstances. Notices are generated once per week and mailed the Monday following the date the change was entered in the system.

⁷⁶ For adverse actions, adequate notice must be received by the family no later than the date the benefits would have been received. Notice is not required when benefits are increased.

⁷⁷ Participants must provide documentation to verify income, identity, and household composition during redetermination.

⁷⁸ Verification of employment, child support statements, school schedule, and immunization records must be submitted for redetermination as applicable.

⁷⁹ There is no requirement for advanced notification.

⁸⁰ If adjustments are made to the amount paid to the provider, both the parent and provider are notified at least one month in advance.

⁸¹ All enrolled applicants who are found to be ineligible are notified by mail with a letter of warning, a second letter of suspension, and a third and final letter of discharge.

Table 20. Reporting Changes in Income, Employment, or Family Circumstances, 2016

State	Within How Many Days the Individual Must Notify the Agency of Changes	If Changes in Employment Must Be Reported	If Changes in Income Must Be Reported	If Changes in Household Composition Must Be Reported
Alabama	10	Yes	Yes, all changes	Yes
Alaska	10	Yes ¹	Yes, changes of \$200 or more monthly ¹	Yes ¹
Arizona	5	Yes	Yes, all changes	Yes
Arkansas	10	Yes	Yes, all changes	Yes
California	5 ²	Yes	Yes, all changes	Yes
Colorado	Other ³	Yes ⁴	Other ⁵	No
Connecticut	10	Yes ⁶	Other ⁷	Yes ⁸
Delaware	10	Yes	Yes, changes of \$75 or more monthly	Yes
DC	10	Yes	Other ⁹	Yes
Florida	10	Yes	Yes, all changes	Yes
Georgia	10	Yes	Yes, all changes	Yes
Hawaii	10	No	Other ¹⁰	Yes
Idaho	Other ¹¹	Yes	Other ⁷	Yes
Illinois	10	Yes	Yes, all changes	Yes
Indiana	10	Yes ¹²	No ¹³	Yes ¹⁴
Iowa	10	Yes	Yes, all changes	Yes
Kansas	10	Yes ¹⁵	Yes, changes of \$101 or more monthly ¹⁶	Yes
Kentucky	10	Yes	Yes, all changes	Yes
Louisiana	10	Yes	Other ¹⁷	Yes
Maine	10	Yes	Yes, changes of \$100 or more monthly	Yes
Maryland	10	Yes	Yes, all changes	Yes
Massachusetts	14	Yes	Other ¹⁸	Yes
Michigan	10	No	Other ¹⁹	Yes ²⁰
Minnesota	10	Yes ²¹	Yes, changes of \$100 or more monthly ²²	Yes
Mississippi	10	Yes	Yes, all changes	Yes
Missouri	10	Yes	Yes, all changes	Yes
Montana	10 ²³	Yes	Yes, all changes	Yes
Nebraska	10	Yes	Yes, all changes	Yes
Nevada	10	Yes	Yes, all changes ²⁴	Yes
New Hampshire	10	Yes	Yes, all changes	Yes
New Jersey	10	Yes	Yes, all changes	Yes
New Mexico	5	Yes ²⁵	No	Yes
New York	Other ²⁶	Yes	Yes, all changes	Yes
North Carolina	5	Yes	Yes, all changes	Yes
North Dakota	10	No	Other ²⁷	Yes
Ohio	10	Yes ²⁸	Other ²⁸	Yes ²⁸
Oklahoma	10	Yes	Yes, all changes	Yes

Table 20. Reporting Changes in Income, Employment, or Family Circumstances, 2016

State	Within How Many Days the Individual Must Notify the Agency of Changes	If Changes in Employment Must Be Reported	If Changes in Income Must Be Reported	If Changes in Household Composition Must Be Reported
Oregon	10	Yes ²⁹	Other ³⁰	Yes
Pennsylvania	10	Yes ³¹	No	No
Rhode Island	10	Yes	Yes, changes of \$100 or more monthly	Yes
South Carolina	10	Yes	Yes, all changes	Yes
South Dakota	10	Yes ³²	Other ⁷	No
Tennessee	10	Yes	Yes, all changes	Yes
Texas	14	Yes ³³	Other ³⁴	Yes
Utah	10	Yes ³⁵	Other ³⁶	Yes ³⁷
Vermont	10	Yes	Yes, all changes	Yes
Virginia	10	Yes	Other ³⁸	Yes
Washington	10 ³⁹	Yes	Other ⁷	Yes
West Virginia	5	Yes	No ⁴⁰	Yes
Wisconsin	10	Yes	Other ⁴¹	Yes
Wyoming	10	Yes	Yes, all changes	Yes
American Samoa	10	Yes	Yes, changes of \$25 or more	Yes
Guam	10	Yes ⁴²	Yes, changes of \$25 or more	Yes
No Mariana Islands	10	Yes	Yes, all changes	Yes
Puerto Rico	10	Yes	Yes, all changes	Yes
Virgin Islands	10 ⁴³	Yes	Yes, all changes	Yes

Source: CCDF Policies Database October 1, 2016 Data

¹ The client must report any change that may affect eligibility.

² Families must report changes in income, family size, and need within five days, unless they receive care based on child protective services; risk of abuse, neglect, or exploitation; homelessness; or receipt of cash assistance.

³ Participants must report and verify changes in income that exceed 85 percent of the state median income within 10 calendar days of the change. If the parent or caretaker is no longer in his or her qualifying activity, the change must be reported in writing within four calendar weeks.

⁴ If the parent or caretaker is no longer in his or her qualifying activity, the change must be reported in writing within four calendar weeks.

⁵ Participants must report and verify changes in income that exceed 85 percent of the state median income within 10 calendar days of the change.

⁶ Families must report non-temporary changes in an approved work, education, or training activity.

⁷ Changes in income must be reported only if the change would cause countable income to exceed the maximum eligibility limit.

⁸ Changes in household composition must be reported if the changes affect the family's eligibility. For example, the provider must be notified when a child who receives assistance is removed from the home by the Department of Children and Families or is placed in foster care.

⁹ Changes in income have to be reported when gross income exceeds 300 percent of the federal poverty guidelines or 85 percent of the state median income.

- ¹⁰ Changes in income only need to be reported when monthly gross income and the source of household income is in excess of 85 percent of the state median income.
- ¹¹ Parents must report changes by the 10th day of the month following the month in which the change occurred.
- ¹² Only loss of employment must be reported.
- ¹³ When adding a household member with income, proof of current income for all CCDF household members must be provided.
- ¹⁴ When adding an adult family member, the applicant must provide proof of identity and proof of service need. When adding an adult family member with income, income must be verified for all members. When adding a family member who is a child, the applicant must provide proof of identity and date of birth.
- ¹⁵ Participants must verify a change in employer or termination of employment.
- ¹⁶ Changes must be reported when earned income increases or decreases by more than \$100 per month or when unearned income increases or decreases by more than \$50 per month. Families that do not qualify for aid based on income are not required to report changes in income until redetermination.
- ¹⁷ Changes in income must be reported only if the change would cause countable income to exceed 85 percent of the state median income.
- ¹⁸ A significant change, defined as a 20 percent increase in total household income, must be reported.
- ¹⁹ Increases in income must be reported if the change will result in income exceeding 85 percent of the state median income. Changes in income must be reported if the change would positively affect the department payment or authorized hours.
- ²⁰ A telephone interview may be required to determine any needed verification when a person is added to the household.
- ²¹ When reporting changes in employment status, clients must include the last date of employment and the date the last paycheck was received.
- ²² Families must report a change in unearned income of \$50 per month or greater.
- ²³ Parents must report a change in provider within one business day.
- ²⁴ All earned income changes must be reported. Unearned income changes under \$50 within the last 30 days do not need to be reported.
- ²⁵ Clients must notify the department of changes that affect the need for care, which include but are not limited to any non-temporary change in activity.
- ²⁶ The client must report changes immediately.
- ²⁷ The applicant must report a change in income if it causes the household's monthly gross income, minus court-ordered child and spousal support, to exceed the highest income level for the household size.
- ²⁸ Changes must be reported if they affect eligibility.
- ²⁹ Participants must report a loss of employment and the return to employment during a period of job search.
- ³⁰ Increases in income above the continuing eligibility threshold must be reported.
- ³¹ Only a permanent loss of employment must be reported.
- ³² Only permanent changes in employment must be reported.
- ³³ Employment changes that are non-temporary must be reported.
- ³⁴ Non-temporary changes in income that cause the family's income to exceed 85 percent of the State Median Income must be reported.
- ³⁵ Parents are required to report if they are no longer meeting the minimum work requirement. This includes job termination or changes in employment hours or training when care is no longer needed for the approved hours.
- ³⁶ Changes in income have to be reported when gross income exceeds 85 percent of the state median income.
- ³⁷ Household changes must be reported if a member is added to the household, including a parent, step-parent, spouse, or former spouse. Changes also have to be reported when marriages occur and when a child receiving care moves outside of the home.

³⁸ Changes to the family's gross monthly income that cause the total amount to exceed the income eligibility threshold must be reported. Families must also report if they no longer have income.

³⁹ A change in providers must be reported within five days.

⁴⁰ Income changes reported prior to redetermination will not affect eligibility unless the parent asks for a redetermination in order to reduce parent fees when income decreases.

⁴¹ Changes must be reported if monthly income increases by at least \$250, decreases by \$100 or more, or if the increase in income will raise gross income above 200 percent of the Federal Poverty Guidelines.

⁴² Clients must report a change in their source of income.

⁴³ The parent must notify the department of any change in family circumstances immediately but not later than 10 days from the occurrence.

Table 21. Maximum Hours Approved for Child Care Subsidies, 2016 ²

State	Maximum Hours of Care Paid for By Subsidy	If Maximum Hours of Care Policy Differs for Part-Time Workers ³	If Travel Hours are Paid By the Subsidy	If Rest Hours are Paid By the Subsidy ⁴
Alabama	No maximum	NA	Yes, 8 hours weekly ⁵	No
Alaska	255 per month	No difference	Yes, 1 hour daily ⁶	Yes, 8 hours daily ⁷
Arizona	Varies ⁸	137 per month ⁹	Yes, no explicit maximum/at caseworker's discretion	Yes, no explicit maximum/at caseworker's discretion
Arkansas	No maximum	NA	Yes, 2 hours daily	Yes, no explicit maximum/at caseworker's discretion
California	No maximum	NA	Yes, 4 hours daily ¹⁰	Yes, 8 hours daily ¹¹
Colorado	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ¹²	Varies ¹³
Connecticut	280 per month ¹⁴	No difference	Yes, 1 hour daily ¹⁵	Yes, 4 hours daily ¹⁶
Delaware	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ¹⁷	Yes, 8 hours daily, if the subsidy is not needed during work hours
DC	No maximum	NA	Yes, 3 hours daily ¹⁸	Yes, 8 hours daily
Florida	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion	Yes, no explicit maximum/at caseworker's discretion
Georgia	No maximum	NA	No	Yes, no explicit maximum/at caseworker's discretion, if the subsidy is not needed during work hours
Hawaii	No maximum	NA	Yes, other amount ¹⁹	Yes, no explicit maximum/at caseworker's discretion ²⁰
Idaho	No maximum	NA	Yes, 12 hours monthly ²¹	No
Illinois	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ²²	Yes, 8 hours daily ²³
Indiana	No maximum	NA	Yes, 10 hours weekly ²⁴	Yes, no explicit maximum/at caseworker's discretion, if the subsidy is not needed during work hours ²⁵
Iowa	Varies ²⁶	No difference	Yes, no explicit maximum/at caseworker's discretion ²⁷	Yes, other amount ²⁸
Kansas	215 per month ²⁹	No difference	Yes, 1 hour daily ³⁰	Yes, 6 hours daily ³¹
Kentucky	18 per day	No difference	Yes, no explicit maximum/at caseworker's discretion ³²	Yes, no explicit maximum/at caseworker's discretion, if the subsidy is not needed during work hours ³³
Louisiana	No maximum	NA	Yes, 1 hour daily	Yes, no explicit maximum/at caseworker's discretion, if the subsidy is not needed during work hours ³⁴

Table 21. Maximum Hours Approved for Child Care Subsidies, 2016 ²

State	Maximum Hours of Care Paid for By Subsidy	If Maximum Hours of Care Policy Differs for Part-Time Workers ³	If Travel Hours are Paid By the Subsidy	If Rest Hours are Paid By the Subsidy ⁴
Maine	50 per week ³⁵	No difference	Yes, no explicit maximum/at caseworker's discretion	Yes, 8 hours daily ³⁶
Maryland	No maximum	NA	Yes, 1 hour daily ³⁷	Yes, no explicit maximum/at caseworker's discretion
Massachusetts	50 per week ³⁸	30 per week	Yes, 5 hours weekly ³⁹	Yes, other amount ⁴⁰
Michigan	45 per week ⁴¹	No difference	Yes, 5 hours weekly ⁴²	Yes, 8 hours daily
Minnesota	60 per week ⁴³	No difference	Yes, 2 hours daily	Yes, no explicit maximum/at caseworker's discretion ⁴⁴
Mississippi	84 per week ⁴⁵	No difference	Yes, 1 hour daily ⁴⁶	No
Missouri	No maximum	NA	Yes, 2 hours daily ⁴⁷	Yes, 8 hours daily ⁴⁸
Montana	20 per day ⁴⁹	No difference	Yes, no explicit maximum/at caseworker's discretion ¹⁷	No
Nebraska	60 per week ⁵⁰	No difference	Yes, no explicit maximum/at caseworker's discretion ¹⁷	Yes, 8 hours daily
Nevada	14 per day ⁵¹	No difference	Yes, 2 hours daily	Yes, 8 hours daily ⁵²
New Hampshire	No maximum	NA	Yes, 1 hour daily	Yes, 8 hours daily ⁵³
New Jersey	No maximum	NA	No ⁵⁴	Yes, no explicit maximum/at caseworker's discretion ⁵⁵
New Mexico	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ⁵⁶	No
New York	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ⁵⁷	No ⁵⁸
North Carolina	23 per day	No difference	Yes, no explicit maximum/at caseworker's discretion ⁵⁹	Yes, no explicit maximum/at caseworker's discretion ⁶⁰
North Dakota	No maximum	NA	Yes, other amount ⁶¹	Yes, 6 hours daily
Ohio	No maximum	NA	Yes, 4 hours daily ⁶²	Yes, 8 hours daily
Oklahoma	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ⁶³	Yes, 8 hours daily, if the subsidy is not needed during work hours ⁶⁴
Oregon	323 per month	No difference	Yes, other amount ⁶⁵	Yes, 5 hours daily ⁶⁶
Pennsylvania	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion	Yes, no explicit maximum/at caseworker's discretion ⁶⁷
Rhode Island	No maximum	NA	Yes, 1 hour daily ⁶⁸	--- ¹
South Carolina	No maximum	NA	Yes, 1 hour daily ⁶⁸	Yes, no explicit maximum/at caseworker's discretion ⁶⁹
South Dakota	210 per month	No difference	Yes, no explicit maximum/at caseworker's discretion ⁷⁰	Yes, 8 hours daily ⁷¹
Tennessee	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion	Yes, 8 hours daily

Table 21. Maximum Hours Approved for Child Care Subsidies, 2016 ²

State	Maximum Hours of Care Paid for By Subsidy	If Maximum Hours of Care Policy Differs for Part-Time Workers ³	If Travel Hours are Paid By the Subsidy	If Rest Hours are Paid By the Subsidy ⁴
Texas	18 per day	No difference	Yes, no explicit maximum/at caseworker's discretion	No ⁷²
Utah	172 per month	No difference	No	Yes, no explicit maximum/at caseworker's discretion, if the subsidy is not needed during work hours ⁷³
Vermont	No maximum	NA	Yes, 2 hours daily	Yes, 8 hours daily
Virginia	60 per week ⁷⁴	No difference	Yes, no explicit maximum/at caseworker's discretion	Yes, no explicit maximum/at caseworker's discretion ⁷⁵
Washington	16 per day	No difference	Yes, no explicit maximum/at caseworker's discretion	Yes, 8 hours daily
West Virginia	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion ¹⁷	Yes, 8 hours daily ⁷⁶
Wisconsin	75 per week ⁷⁷	No difference	Yes, no explicit maximum/at caseworker's discretion	Yes, other amount ⁷⁸
Wyoming	16 per day ⁷⁹	No difference	Yes, 1 hour daily	No
American Samoa	No maximum	NA	No	--- ¹
Guam	No maximum	NA	Yes, 1 hour daily	No
No Mariana Islands	9 per day	No difference	Yes, 1 hour daily	Yes, 9 hours daily, if the subsidy is not needed during work hours
Puerto Rico	No maximum	NA	Yes, no explicit maximum/at caseworker's discretion	No
Virgin Islands	No maximum	NA	No	No

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.² This table captures policies for the maximum amount of care that may be approved, and states may approve families at lower amounts of time.³ The column captures the maximum amount of care that may be authorized for parents working part time. It does not capture the general definition of part-time care.⁴ Rest hours apply for individuals with work shifts that cross over midnight. In this case, states may choose to pay for subsidized care while the parent rests during the day.⁵ Reasonable travel time cannot exceed eight hours per week or the applicant's actual travel time.⁶ Travel time is allowed for up to a half-hour before and a half-hour after the eligible activity. However, if the parent uses public transportation, or travels more than 30 miles from the provider, he or she may seek authorization to increase the allowed travel time up to one hour before and one hour after the activity.⁷ Sleep time is limited to eight hours before or after the parent works a night shift that requires a minimum of six work and travel hours between 8 pm and 6 am.⁸ Families are authorized for a maximum of 23 full-day units of care per month.

- ⁹ If a parent is participating in fewer than 20 hours of authorized activities per week, he or she can be authorized for a maximum of 11 full-day or 23 part-day units of care per month. A part-day unit is defined as less than 6 hours per day.
- ¹⁰ For services based on employment, travel hours cannot exceed half of the daily hours authorized for approved activities, up to a maximum of four hours per day. For services based on training towards a vocational goal, travel cannot exceed half of the weekly hours authorized for training, up to a maximum of 4 hours per day.
- ¹¹ If the parent is employed any time between 10 pm and 6 am, maximum rest hours cannot exceed the number of hours authorized for employment and travel between those hours.
- ¹² Child care for eligible activities includes reasonable transportation time to and from the child care location and the eligible activity. Counties may opt to set a specific policy regarding the amount of travel time allowed.
- ¹³ The policy is determined at the county level.
- ¹⁴ There is also a maximum of 12 hours per day and of 65 hours per week.
- ¹⁵ Travel time is limited to a maximum of one hour per day unless the parent verifies that additional time is needed.
- ¹⁶ Care is not authorized between 11 pm and 7 am if the child care provider is a person who resides in the same home as the child, unless the child is less than three years of age or has special needs.
- ¹⁷ The amount of travel time is determined on a case-by-case basis.
- ¹⁸ Travel time may be approved for 1.5 hours each way.
- ¹⁹ Travel time is authorized in accordance with the amount of care or child care rate payments the family qualifies for: full-time, two-thirds care, one-third care, or casual care.
- ²⁰ Rest hours are approved on a case-by-case basis.
- ²¹ Care is authorized for 12 hours per month, or 3 hours per week.
- ²² The amount of travel time must be reasonable based on the parent's situation and is determined on a case-by-case basis.
- ²³ If a parent works five hours or more during the third shift (defined as the hours from 11 pm to 7 am), care may be authorized during daytime hours in order for the parent to sleep if all other income and eligibility requirements are met and if the child for whom care is requested is age six or under, or during days when a school-age child is not attending school. Care can be authorized only on days that follow an overnight work schedule.
- ²⁴ Care is paid for as needed to cover actual travel time to and from an activity that confers need for child care. Authorized travel time per week may not exceed 10 hours for full-time care and 5 hours for part-time care.
- ²⁵ The amount of rest hours authorized must correspond with the family's documented service need.
- ²⁶ Families may be approved for two half-day units of service, up to five hours each, in a 24-hour period. With supervisory approval, up to four half-day units of service, up to five hours each, may be approved in a 24-hour period.
- ²⁷ Care is authorized for travel time between the child care provider's location and the parent's place of employment or school. There is no limit on travel time.
- ²⁸ Care for sleep during daytime hours may be authorized if the parent works at least six hours between 8 pm and 6 am and there is no other parent in the home or the other parent meets the need for service during the daytime hours. If the parent requests care for both work time and sleep time, one half-day unit may be approved. If the parent requests care only for the sleep time, two half-day units may be approved.
- ²⁹ A maximum of 215 hours per month is the suggested guideline, but additional hours may be approved on a case-by-case basis with approval from the caseworker's supervisor.
- ³⁰ Child care authorization must accommodate commuting time. The state suggests a maximum of 30 minutes of travel time each way. More time may be approved on a case-by-case basis.
- ³¹ Sleep time may be approved when the majority of hours are worked between 9 pm and 7 am. The state recommends a maximum of 6 hours of sleep time per day be approved.
- ³² Child care authorization must accommodate commuting time.
- ³³ Care is authorized for non-work hours as long as the amount of child care assistance does not exceed the amount of assistance that would be granted during employment. There is no maximum for the number of rest hours, but care is generally not approved for more than eight hours per day.

- ³⁴ If the parent works nights and does not receive child care paid for by the subsidy program while working, payments can be made for sleep time.
- ³⁵ Exceptions can be approved on a case-by-case basis by the department supervisor.
- ³⁶ Children cannot remain in care longer than 18 hours within a 24-hour period.
- ³⁷ More time can be allowed if the client produces documentation of need for more travel time.
- ³⁸ Applicants who participate in approved activities for at least 30 hours each week are eligible to receive up to 50 hours of care each week at any one placement.
- ³⁹ Up to five hours each week may be authorized for travel time. Before travel time may be added to an applicant's service need, the applicant must establish a minimum of at least 20 hours in an approved activity. For the purposes of establishing the minimum 20 hours of service need, the travel time is not an approved activity.
- ⁴⁰ Parents working at least 30 hours per week will be authorized for full-time care and parents working between 20 and 30 hours per week will be authorized for part-time care. Care for rest hours can count towards the amount of authorized care.
- ⁴¹ The maximum number of hours of care that can be authorized is 90 hours biweekly per child.
- ⁴² Ten hours can be approved per biweekly pay period for each approved activity. Clients who require over ten hours per pay period for each approved activity must provide documentation supporting the need and the local office must approve the additional hours.
- ⁴³ The maximum number of hours of care allowed is 120 per child every two weeks. The maximum payment to an individual unlicensed provider is 50 hours per week. The maximum payment to an individual licensed provider or license exempt center is the maximum weekly rate.
- ⁴⁴ Care is authorized for non-work hours as long as the amount of child care assistance does not exceed the amount of assistance that would be granted during employment.
- ⁴⁵ Care in excess of 24 hours must be due to the nature of the parents' work, education, or training.
- ⁴⁶ Travel time is covered for a maximum of 30 minutes each way.
- ⁴⁷ Travel time is authorized based on the reasonable need of the parent, but cannot exceed one hour each way, from the child care provider to work, job training, or other activity, and from work, job training, or other activity to the child care provider. More than 2 hours may be approved for parents traveling to more than one eligible activity in a day.
- ⁴⁸ Care may be authorized if the parent works any part of a shift that is between 10 pm and 6 am.
- ⁴⁹ Twenty-four-hour care is paid as two full-time days.
- ⁵⁰ The state has both a weekly limit and a daily limit. The daily limit is 18 hours of care and it must comply with the 60-hour weekly limit. Additional hours may be approved on a case-by-case basis.
- ⁵¹ A child in care for more than 14 hours in a 24-hour period may be referred to child protective services.
- ⁵² Care is authorized for clients who work midnight shifts when there is no other parent or caretaker available during that period. Rest hours are only allowed for parents of non-school-age children unless they are on summer or track break.
- ⁵³ Rest hours may be covered if the individual worked any four hours of the previous day between 10 pm and 6 am and the child would otherwise be without supervision.
- ⁵⁴ Travel time to and from the provider is covered for TANF recipients, up to 90 minutes each way between the provider and the parent's work activity.
- ⁵⁵ Full-time care is approved for families that meet the minimum work hour requirement. The amount of care approved may be used to cover work activities and sleep time as needed.
- ⁵⁶ Clients and caseworkers shall negotiate a reasonable amount of study and travel time during the application or redetermination process.
- ⁵⁷ A reasonable amount of time is allowed for travel between the child care site and the work or activity site. A maximum of three hours of travel time is allowed for training activities.
- ⁵⁸ Policy coded for New York City. Districts have the option to authorize up to eight hours of child care to enable a parent or caretaker who works a second or third shift to sleep.

- ⁵⁹ Travel time is factored in when determining hours of care needed. The amount of travel time approved is determined on a case-by-case basis.
- ⁶⁰ If a parent who works third shifts needs to sleep during the day, care may be approved during the day to help support the family.
- ⁶¹ For all activities except searching for a job, an additional 25 percent of the caretakers' allowable weekly activity hours can be added to their hours to allow for travel time and lunch breaks.
- ⁶² Travel time is paid for up to four hours round trip.
- ⁶³ The amount of travel time that is authorized depends on what is reasonable for the client.
- ⁶⁴ Night work hours are defined as the hours between 11 pm and 7 am. Care may be authorized for a maximum of eight hours plus reasonable travel time.
- ⁶⁵ The system adds 25 percent to work hours to account for travel and meal time.
- ⁶⁶ Care is authorized if the caretaker works an overnight shift and care is necessary for both work and sleep hours. This would ordinarily not apply during the school year for school-age children. Sleep hours cannot be authorized for two-parent households.
- ⁶⁷ Care is authorized for sleep time when the work shift ends between 12 am and 9 am. The caseworker determines the amount of time approved based on the amount of time needed. There is no maximum for the number of rest hours that may be approved, but care is generally approved for either a full-time or part-time unit.
- ⁶⁸ Additional travel time may be authorized if there is a documented need.
- ⁶⁹ The state may approve up to full-time care if needed.
- ⁷⁰ Supplemental hours are generally calculated at 25 percent of the time spent working or in school (an additional 10 supplemental hours are added for time between classes for parents who are students). For school-age children, supplemental hours are calculated at 30 percent. Supplemental hours include travel time. When needed, more or less travel time may be approved depending on the location of the provider and the applicant's place of employment.
- ⁷¹ Child care for sleep time is limited to eight hours per day if the applicant works at least six hours between the hours of 6 pm and 8 am.
- ⁷² Policy coded for the Gulf Coast Region. The rest hours policy is determined by each local area.
- ⁷³ Hours approved for sleep time cannot exceed actual work hours.
- ⁷⁴ If a client's employment requires him or her to work more than 60 hours some weeks, but the total amount of care for the month does not exceed 60 hours a week, payment will be made.
- ⁷⁵ Care can be authorized in situations where the parent works non-traditional hours and must sleep for some of the hours while the children are awake. The total number of hours covered cannot exceed that which would have been needed for work only.
- ⁷⁶ Parents who work at night may be approved for a maximum of eight additional hours of sleep time. However, children cannot remain in care longer than 18 hours within a 24-hour period.
- ⁷⁷ Parents authorized for self-employment may not exceed 50 hours per week for related self-employment work. Child care assistance is authorized for the number of hours the parent is involved in self-employment activities for the first six months of participation. Following the first six months of participation, the number of hours authorized for self-employment is calculated by the weekly self-employment income divided by the state minimum wage. Foster Care, court-order kinship care, and subsidize guardianship families are exempt from the limits on self-employment authorization. Instead they must submit an activity schedule to determine the authorized hours for self-employment activities.
- ⁷⁸ When parents need care during rest time, care may be authorized for a maximum of 75 hours per week. This includes both rest and non-rest hours.
- ⁷⁹ Child care may be authorized for more than 16 hours if overnight travel is required for the parent to maintain or accept employment.

Table 22. Care During Breaks in Activities, 2016

State	If Care May be Approved for School Breaks for	
	Parents who are Students ²	If Care May be Approved for Maternity Leave ³
Alabama	Yes, 90 days	Yes, 90 days
Alaska	No ⁴	No
Arizona	Yes, 3 months ⁵	Yes, 3 months ⁵
Arkansas	Varies ⁶	Yes, 6 weeks
California	No	No ⁷
Colorado	Yes, 3 months	Yes, 12 weeks
Connecticut	Yes, 3 months	Yes, 3 months, if job will be available upon return
Delaware	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
DC	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
Florida	Yes, 3 months	Yes, 3 months
Georgia	Yes, through the end of the eligibility period ⁸	Yes, through the end of the eligibility period ⁹
Hawaii	Varies ¹⁰	Yes, 6 weeks, if job will be available upon return
Idaho	Yes, 3 months	Yes, 3 months
Illinois	Yes, 30 days	Yes, 12 weeks, if job will be available upon return ¹¹
Indiana	No ¹²	Yes, 13 weeks, if job will be available upon return ¹³
Iowa	Yes, 3 months	Yes, 3 months
Kansas	No ¹⁴	No
Kentucky	Yes, 90 days ¹⁵	Yes, through the end of the eligibility period ¹⁶
Louisiana	No ¹⁷	No ¹⁷
Maine	Yes, paid for entire break ¹⁸	Yes, 12 weeks ¹⁹
Maryland	Yes, 30 days	Yes, 30 days
Massachusetts	Yes, 6 weeks ²⁰	Yes, 12 weeks
Michigan	Yes, through the end of the eligibility period ²¹	Yes, through the end of the eligibility period ²¹
Minnesota	Varies ²²	No
Mississippi	No	Yes, 6 weeks
Missouri	Yes, 30 days ²³	Yes, 30 days, if job will be available upon return ²³
Montana	Varies ²⁴	No ²⁵
Nebraska	Yes, 3 months	Yes, 3 months
Nevada	No	No
New Hampshire	Varies ²⁶	Yes, 6 weeks
New Jersey	Varies ²⁷	No ²⁸
New Mexico	Yes, 3 months	Yes, 3 months
New York	No ²⁹	No ³⁰
North Carolina	Varies ³¹	Yes, 30 days, if job will be available upon return ³²
North Dakota	Yes, 31 days ³³	Yes, 3 months
Ohio	Varies ³⁴	Yes, other amount ³⁵
Oklahoma	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
Oregon	Yes, paid for entire break, if child will lose slot in child care program	Yes, 3 months ³⁶
Pennsylvania	Yes, 30 days	Yes, 12 weeks

Table 22. Care During Breaks in Activities, 2016

State	If Care May be Approved for School Breaks for Parents who are Students ²	If Care May be Approved for Maternity Leave ³
Rhode Island	--- ¹	Yes, 21 days, if job will be available upon return ³⁷
South Carolina	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
South Dakota	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
Tennessee	Yes, 90 days ³⁸	Yes, 90 days
Texas	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
Utah	Yes, 3 months	Yes, 3 months
Vermont	Yes, 3 months	Yes, 12 weeks ³⁹
Virginia	Yes, 1 month if child will lose slot in child care program ⁴⁰	No
Washington	Yes, 14 days	No
West Virginia	Yes, 15 days ⁴¹	No ⁴²
Wisconsin	No	Yes, 6 weeks, if job will be available upon return ⁴³
Wyoming	Yes, through the end of the eligibility period	Yes, through the end of the eligibility period
American Samoa	--- ¹	--- ¹
Guam	Yes, 90 days	Yes, 90 days
No Mariana Islands	No	Yes, 45 days
Puerto Rico	Yes, 2 months	Yes, 3 months ⁴⁴
Virgin Islands	Yes, 60 days	Yes, 60 days ⁴⁵

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² School breaks include summer, holidays, or other periods of time when classes are not in session for parents who are students. This variable does not capture school breaks for the family's children. This variable also does not capture grace periods when a family is determined no longer eligible for a subsidy (see Table 19).

³ Maternity leave applies to working parents or guardians who are temporarily not working due to the birth of a child. This table does not capture policies for parents who are physically incapacitated. This variable also does not capture grace periods when a family is determined no longer eligible for a subsidy (see Table 19).

⁴ Care is only approved when parents are participating in eligible activities.

⁵ For temporary breaks in eligible activities, care is approved for three months or until the end of the eligibility period, whichever is sooner.

⁶ Full-time students are eligible for care during all school breaks, except summer if the student is not attending school.

⁷ Child care contractors may, but are not required to, allow up to 16 weeks of limited term service leave during which time subsidies are not authorized, but the family is not disenrolled from the subsidy program.

⁸ Parents are not required to report a change in activity requirement that is temporary. Parents also have the option to request that care be suspended for up to 12 weeks during school breaks.

⁹ Parents are not required to report a change in activity requirement that is temporary. Parents also have the option to request that care be suspended for up to 12 weeks during maternity leave.

¹⁰ Care during school breaks may or may not be authorized depending on the amount of care the family qualifies for (full-time, two-thirds care, one-third care, or casual care).

¹¹ Child care services are approved for the length of the maternity leave or 12 weeks, whichever is less. Additional time may be approved if the mother qualifies for medical leave based on complications prior to or after child birth that require leave beyond the 12 weeks approved for maternity leave.

¹² Care may be classified as approved leave during breaks in school for up to 16 weeks, provided the applicant plans to return to school at the end of the break. If the parent is a junior or senior high school parent, approved leave is possible for up to 16 weeks. Services are not paid for periods of approved leave.

¹³ A parent may also choose to have child care suspended for a maximum of 16 weeks and remain eligible.

¹⁴ Care is authorized for school breaks for a teen parent if he or she is employed and plans to return to school after the break.

¹⁵ Care may be approved during school breaks for teen parents.

¹⁶ A recipient who is less than 90 days from the start of maternity leave is authorized for care.

¹⁷ If the parent is temporarily unemployed or not enrolled in a job training or education program, the household remains eligible, but no payments are made for up to six weeks, if the individual is scheduled to return to the same employment, educational, or job training program.

¹⁸ A student must be enrolled for benefits to continue. During summer breaks, teen parents may continue to receive benefits if they are taking summer classes or are engaged in an approved employment activity.

¹⁹ Participants are eligible for 12 weeks of child care during the 12-month eligibility period while a parent is on maternity or paternity leave. Leave begins from the time of the birth of the new sibling. Two weeks prior to the end of the leave period, the parent must provide verification that he or she will return to work at the end of the 12th week. The subsidy will not continue beyond the 12th week if verification is not submitted, or if the parent does not return to work at that point. Families are eligible for care during one of three breaks in eligibility (maternal or paternal leave, short-term medical leave, or job search) within a six-month period.

²⁰ Care can be approved for a maximum of six weeks when the parent attended the previous semester of school and is enrolled for the next semester.

²¹ Care may continue through school breaks or maternity leave if it occurs during the 12 month eligibility period.

²² Care during breaks is intended for full-time students attending a full-time education or training program. The student must be expected to return to school full time after breaks. If education is the only authorized activity, then care will be suspended for breaks lasting longer than 15 days. However, if the break lasts longer than 15 days and there is another authorized activity, the number of hours authorized for care will be reduced.

²³ Thirty-day child care extensions during breaks in eligible activities are limited to two per calendar year.

²⁴ Temporary breaks that occur while parents attend school during the semester are covered for child care. These include but are not limited to winter break, spring break, and federal holidays. Care is not approved for summer breaks when the parent is not in school or an approved activity.

²⁵ Care may be authorized if one of the following policies applies: certified enrollment, hold-the-slot, medical emergency, or suspending a case.

²⁶ Payments are only made if the child would lose his or her slot in the child care program, and payments cannot exceed 30 days in a 12-month period. Care is not authorized during summer break.

²⁷ Care is approved for breaks during the semester, but summer breaks and breaks between semesters are not covered.

²⁸ A child care slot can be held for 60 to 90 days during a leave of absence, but subsidy payments will not be made during that time.

²⁹ Policy coded for New York City. Districts have the option to provide child care services during a break in approved activities for a period not to exceed two weeks, or one month if child care arrangements would otherwise be lost. For TANF families, this policy is not optional. There is no maximum number of breaks per year.

³⁰ Districts may elect to pay for child care services if a parent or caretaker is physically or mentally incapacitated. A district may choose to include a mother who is physically incapacitated after the birth of her child under the definition of incapacitated.

³¹ Temporary breaks are generally covered if the parent will return to an approved activity. Extended breaks, such as summer breaks, are generally not covered, but the local purchasing agency may choose to pay for child care for an extended period of time or discontinue payment during the extended period and reinstate payment when the parent returns to the activity.

- ³² In order to extend services for a parent on maternity leave who will be out for more than 30 days before returning to work, the information must be documented in the client's case record.
- ³³ Care is paid for a caretaker who has a school break of less than a full calendar month if the provider charges for time during the break.
- ³⁴ When an approved activity ends, child care can be authorized for up to 13 weeks. These 13 weeks may not extend beyond the eligibility period, and only one extension is permitted per year. Scheduled school breaks, with the exception of summer breaks, are covered if no classes are offered.
- ³⁵ When an approved activity ends, child care can be authorized for up to 13 weeks. These 13 weeks may not extend beyond the eligibility period and only one extension is permitted per year.
- ³⁶ Medical verification is required to extend maternity leave beyond three months.
- ³⁷ Care may be authorized during approved leave from work for a maximum of 21 days. Absences beyond 21 days must be reported and may affect eligibility.
- ³⁸ Parents may receive 90 days of coverage to bridge gaps in eligible activities. Additionally, for teen parents, care continues during all official school breaks with no work requirements.
- ³⁹ Reasonable time off is allowed to care for dependent children in instances such as death, illness, birth, or adoption. The parent must have received full-time child care services for at least a year.
- ⁴⁰ Care can be authorized for up to one month during a break in employment or training if a subsequent activity is scheduled to begin within that period and if child care arrangements would otherwise be lost. Child care payments may be suspended for up to three months if a temporary interruption in child care is necessary and the interruption can be resolved within three months.
- ⁴¹ If a school break exceeds 45 days, the client must select another activity in order to continue receiving child care assistance. The agency will only pay for care for 15 days of the school break period.
- ⁴² Care is not authorized for maternal or paternal leave, but it can be authorized for physician-ordered bed rest.
- ⁴³ Authorization for care is based on enrollment with a particular provider. Care is not authorized for attendance-based care.
- ⁴⁴ Care is authorized for maternal leave that is in accordance with the employer's policies, for a maximum of three months.
- ⁴⁵ Care may be authorized for 60 days.

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Alabama	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Varies ²	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed
Alaska	Subsidy guaranteed	Priority over other children, subsidy not guaranteed ³	The state defines very low income as income equal to or less than 55 percent of the state median income standard.	Same priority as other CCDF-eligible children	Subsidy guaranteed ⁴	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Arizona	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ⁵	The state defines very low income as income at or below 100 percent of the Federal Poverty Guidelines.	Subsidy guaranteed	Subsidy guaranteed	Same priority as other CCDF-eligible children	Subsidy guaranteed
Arkansas	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed ⁶	The state defines very low income as income at or below 40 percent of the 2007 state median income scale.	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed
California	Varies ⁷	Priority over other children, subsidy not guaranteed ⁷	The state does not have a definition for very low income. ⁷	Same priority as other CCDF-eligible children ⁸	Same priority as other CCDF-eligible children ⁸	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ⁹
Colorado	Priority over other children, subsidy not guaranteed	Varies ¹⁰	The state defines very low income as income below 130 percent of the Federal Poverty Guidelines.	Varies ¹⁰	Varies ¹⁰	Varies ¹⁰	NA ¹¹

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Connecticut	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	The state defines very low income as income below 50 percent of the state median income.	Priority over other children, subsidy not guaranteed ¹²	Priority over other children, subsidy not guaranteed ¹³	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Delaware	Subsidy guaranteed	Subsidy guaranteed	The state defines very low income as income below 40 percent of the Federal Poverty Guidelines prior to or after allowable deductions.	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed
DC	Subsidy guaranteed	Subsidy guaranteed	The district defines very low income as income at or below 130 percent of the federal poverty guidelines.	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed
Florida	Same priority as other CCDF-eligible children ¹⁴	Same priority as other CCDF-eligible children	NA	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed ¹⁵	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ¹⁶
Georgia	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Very low income families are families whose total gross incomes falls below 50 percent of the current Federal Poverty Level.	Varies ¹⁷	Priority over other children, subsidy not guaranteed	Varies ¹⁸	Priority over other children, subsidy not guaranteed

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Hawaii	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ¹⁹	The state defines very low income as income below 100 percent of the Federal Poverty Guidelines.	Varies ²⁰	Priority over other children, subsidy not guaranteed ¹⁹	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ¹⁹
Idaho	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
Illinois	Subsidy guaranteed	Subsidy guaranteed	Families who are very low income are working families whose monthly incomes are at or below 162 percent of the most current Federal Poverty Guidelines for their family size.	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA ²²
Indiana	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as the lowest income level where the family is at risk of becoming dependent on public assistance.	Varies ²³	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Iowa	Varies ²⁴	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 100 percent of the Federal Poverty Guidelines when the parent is working or participating in an education or training program in aggregate of 28 hours per week, under age 21 participating in an education program that will lead to a high school diploma or its equivalent, or under age 21 and participating in an approved training or education program.	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed
Kansas	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Varies ²⁵	Subsidy guaranteed	Same priority as other CCDF-eligible children	Subsidy guaranteed
Kentucky	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA	Priority over other children, subsidy not guaranteed ²⁶	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Louisiana	Subsidy guaranteed	Same priority as other CCDF-eligible children	NA	Subsidy guaranteed	Subsidy guaranteed ²⁷	Same priority as other CCDF-eligible children	Subsidy guaranteed ²⁸
Maine	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as gross income at or below 100 percent of the Federal Poverty Guidelines.	Subsidy guaranteed	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Maryland	Varies ²⁹	Priority over other children, subsidy not guaranteed	The state defines very low income as income less than or equal to the minimum amount listed for the applicant's family size in the state's fee schedule.	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA ²²
Massachusetts	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Subsidy guaranteed ³⁰	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Subsidy guaranteed ³¹
Michigan	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
Minnesota	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Subsidy guaranteed ³²	Subsidy guaranteed	Same priority as other CCDF-eligible children	NA ²²
Mississippi	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 50 percent of the state median income.	Subsidy guaranteed	Subsidy guaranteed	Priority over other children, subsidy not guaranteed	Subsidy guaranteed

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Missouri	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 15 percent of the state median income.	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed
Montana	Subsidy guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as lower income, relative to family size.	Subsidy guaranteed	Priority over other children, subsidy not guaranteed ³³	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Nebraska	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
Nevada	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 130 percent of the Federal Poverty Guidelines where the family is considered at-risk.	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed
New Hampshire	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 100 percent of the Federal Poverty Guidelines.	Subsidy guaranteed	Subsidy guaranteed ³⁴	Same priority as other CCDF-eligible children	Subsidy guaranteed
New Jersey	Priority over other children, subsidy not guaranteed ³⁵	Priority over other children, subsidy not guaranteed ³⁵	The state defines very low income as income at or below 150 percent of the Federal Poverty Guidelines.	Subsidy guaranteed	Subsidy guaranteed	Priority over other children, subsidy not guaranteed ³⁵	Subsidy guaranteed

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
New Mexico	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 100 percent of the Federal Poverty Guidelines.	Subsidy guaranteed	Subsidy guaranteed ³⁶	Same priority as other CCDF-eligible children	Subsidy guaranteed
New York	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Districts set an income level at or below 200 percent of the state income standard which defines the upper income level for families with very low income.	Subsidy guaranteed ³⁷	Subsidy guaranteed ³⁷	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed ³⁸
North Carolina	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed
North Dakota	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²²
Ohio	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Subsidy guaranteed	Subsidy guaranteed	Same priority as other CCDF-eligible children	Subsidy guaranteed
Oklahoma	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
Oregon	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Same priority as other CCDF-eligible children	Subsidy guaranteed ³⁹	Same priority as other CCDF-eligible children	Subsidy guaranteed ⁴⁰
Pennsylvania	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA	Varies ⁴¹	Subsidy guaranteed ⁴²	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Rhode Island	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
South Carolina	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	The state defines very low income as income below 150 percent of the Federal Poverty Guidelines.	Subsidy guaranteed	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
South Dakota	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 100 percent of the Federal Poverty Guidelines.	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed ⁴³
Tennessee	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA	Subsidy guaranteed	Subsidy guaranteed	Same priority as other CCDF-eligible children	Subsidy guaranteed
Texas	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA	Varies ⁴⁴	Subsidy guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed
Utah	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
Vermont	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹
Virginia	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA	Subsidy guaranteed	Subsidy guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ⁴⁵
Washington	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	NA	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children ⁴⁶
West Virginia	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Wisconsin	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²¹	NA ²²
Wyoming	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below 150 percent of the Federal Poverty Guidelines.	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	NA ²²
American Samoa	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed ⁴⁷	The state defines very low income as income at or below 50 percent of the state median income.	NA ⁴⁸	NA ⁴⁸	NA ⁴⁸	Priority over other children, subsidy not guaranteed
Guam	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Very low income families have income at or below 100 percent of the Federal Poverty Guidelines.	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed
No Mariana Islands	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income at or below the 85 percent of the state median income guideline.	NA ⁴⁸	NA ⁴⁸	NA ⁴⁸	Same priority as other CCDF-eligible children

Table 23. Priority Policies for Different Groups, 2016 ¹

State	Children with Special Needs	Families with Very Low Income	Definition of Very Low Income if Families are Given Priority	TANF Recipients	Families Transitioning Off TANF	Families At Risk of Becoming Dependent on TANF	Children Under CPS
Puerto Rico	Priority over other children, subsidy not guaranteed ⁴⁹	Priority over other children, subsidy not guaranteed	The state defines very low income as income below 50 percent of the state median income.	Priority over other children, subsidy not guaranteed ⁵⁰	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed
Virgin Islands	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	The state defines very low income as income below 85 percent of the state median income.	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed

Source: CCDF Policies Database October 1, 2016 Data

¹ Written policies for prioritizing groups when funds are limited are captured. All groups may be served when funds are not limited. These policies are often used when a waiting list is in place. An entry of "Priority over other children, subsidy not guaranteed" indicates priority is given for the group of children, but when funds are limited the children may not be guaranteed a subsidy.

² The subsidy is guaranteed if the family is enrolled in the TANF work program and a referral is sent by the family's caseworker.

³ Parents who are working or attending school (if subsidies have been paid for full-time student status for less than five years) receive first priority and parents who are looking for work or attending school (if subsidies have been paid for full-time student status for five years or more) receive second priority. Within the priority groups, families are admitted to the program based on income ranking, with priority going in order from the lowest ranking to the highest ranking.

⁴ A child whose parents left TANF within the last 12 months because of employment is exempt from a wait list, if established.

⁵ There are varying priority levels depending on income.

⁶ Low-income families who qualify for copayment exemptions are given higher priority.

⁷ Policy coded for Non-CalWORKs Alternative Payment Program. Among families who are eligible for child care subsidies based on income, families are admitted to the program according to income ranking, with priority going in order from the lowest ranking to the highest ranking. If two or more families have the same income rank, families with children with exceptional needs are admitted first.

⁸ Policy coded for Non-CalWORKs Alternative Payment Program.

⁹ Policy coded for Non-CalWORKs Alternative Payment Program. First priority is given to children receiving child protective services and then to children at risk of abuse, neglect, or exploitation.

- ¹⁰ Whether or not the subsidy is guaranteed may vary depending on whether enrollment at the county level is suspended or partially suspended. If a county chooses to partially suspend enrollment, the county must develop policies for which groups of applicants are given priority. Statewide, priority is given to very low-income applicants with income below 130 percent of the Federal Poverty Guidelines, homeless families, and children of teen parents. The county may assign additional priority groups.
- ¹¹ Child welfare child care is not funded through the state's CCDF program.
- ¹² The policy applies to parents receiving TANF who are employed and/or in an approved activity.
- ¹³ Children are given priority if TANF benefits were discontinued within five years of the family's application for a child care subsidy.
- ¹⁴ A child who has special needs, has been determined eligible as a student with a disability, has a current individual education plan with a school district, and is not younger than three years of age but not yet eligible for admission to kindergarten is given priority.
- ¹⁵ This priority is given to children who have not yet started kindergarten and are not enrolled concurrently in Pre-K and Head Start.
- ¹⁶ This priority is given to children under the age of nine who are not enrolled concurrently in Pre-K and Head Start.
- ¹⁷ Applicants participating in TANF job search or work activities are given priority.
- ¹⁸ Families are considered at risk of becoming dependent on TANF if they have submitted a TANF application. Families may receive TANF-related services while the application is pending. Priority for child care assistance is given to families with pending applications if they are participating in TANF job search or work activities.
- ¹⁹ Families with the least amount of monthly income are given first priority within the priority group.
- ²⁰ If the family receives TANF and is considered very low-income with income below 100 percent of the Federal Poverty Guidelines, the family falls into priority group three and is given priority over other families.
- ²¹ All CCDF-eligible children receive the same priority.
- ²² Child protective services child care is not provided under the state's primary child care subsidy program.
- ²³ The subsidy is guaranteed for families in the TANF work program. Families receiving TANF but not in the work program are prioritized but not guaranteed a subsidy. If CCDF program funding is not available to serve an eligible TANF work program family, other families must be terminated to release funding. Families with higher incomes who have received CCDF assistance for a longer period of time are the first to be terminated when funds are unavailable for families with higher priority.
- ²⁴ Children with special needs are given priority if the family's income is below 200 percent of the Federal Poverty Guidelines and the parents are working at least 28 hours per week.
- ²⁵ Families participating in the TANF work program and receiving TANF or SNAP benefits are provided child care benefits without being placed on a waiting list.
- ²⁶ Applicants are given priority if they are working or participating in work preparation activities.
- ²⁷ Families who lose TANF eligibility due to increased income are given priority.
- ²⁸ Children are guaranteed subsidized child care if it is part of the approved family services plan.
- ²⁹ Primary consideration within each priority group is given to children with special needs or those displaying evidence of homelessness.
- ³⁰ If families have an authorization with the department that administers TANF, they are given immediate access to child care without having to be placed on a waiting list.
- ³¹ The state's department for children and families may authorize care on a case-by-case basis for families with active protective needs documented in a supported report of abuse or neglect within the previous 12 months or when there is a determination of need to begin or continue supportive child care at a supervisory progress review.

- ³² In addition to TANF cash assistance, families in the four-month TANF work program can receive care for those four months.
- ³³ When a family transitions from TANF cash assistance and receives a TANF work support payment, it is still considered a TANF family until the end of the month in which the work support payment was received.
- ³⁴ Children are given priority if TANF assistance ended within the last 90 days.
- ³⁵ Priority for subsidies is ranked according to three income-based tiers, A, B, and C. Tier A is given first priority and consists of families with income at or below 150 percent of the Federal Poverty Guidelines, followed by Tier B for families with income from 151 to 175 percent of the Federal Poverty Guidelines, and finally, Tier C for families with income from 176 to 200 percent of the Federal Poverty Guidelines. Priority is given according to tier and then to each of the priority categories within each tier.
- ³⁶ Families must have received TANF benefits for at least one month in the last 12 months and have their TANF cases closed at least in part due to increased earnings or a loss of earned income disregards.
- ³⁷ State policy guarantees subsidized care for TANF families participating in work activities, families who are eligible for public assistance and choose to receive child care assistance in lieu of public assistance, and families transitioning off of TANF.
- ³⁸ Policy coded for New York City. Districts have the option to prioritize this group in their service plans.
- ³⁹ Families must have received TANF benefits for at least one month within the last three months.
- ⁴⁰ Families working with a protective services caseworker may be eligible for child care assistance if it prevents the child from being removed from his or her home, allows the child to be returned home, or allows the child to be placed with a relative or adult with whom the child or family has an established relationship.
- ⁴¹ Families participating in TANF employment and training activities are guaranteed subsidies.
- ⁴² The subsidy is guaranteed if the family is applying within 183 days of transitioning off of TANF.
- ⁴³ The child must be under court supervision.
- ⁴⁴ Families enrolled in the TANF work program are automatically eligible.
- ⁴⁵ The priority for children in protective services also includes children in foster care prevention.
- ⁴⁶ Child protective services and foster children can receive child care services through the child care program administered by the children's administration. If these families receive child care through the state's primary child care subsidy program, they receive the same priority as other families.
- ⁴⁷ Within the very low-income priority group, single-parent households are given first priority and two-parent households are given second priority.
- ⁴⁸ This territory or outlying area does not have a TANF program.
- ⁴⁹ Children with special needs as certified by the health department or department of education are given priority regardless of whether they meet the income requirements.
- ⁵⁰ The policy applies to parents receiving TANF who are employed.

Table 24. Priority Policies for Different Groups (continued), 2016 ¹

State	Children in Foster Care	Children in Head Start	Children in Pre-K	Homeless Families	Teen Parents Not in School	Teen Parents in School	Military Families
Alabama	Priority over other children, subsidy not guaranteed ²	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Alaska	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed	Same priority as other CCDF-eligible children
Arizona	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ³	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Arkansas	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
California	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Colorado	NA ⁴	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Varies ⁵	Varies ⁵	Varies ⁵	Same priority as other CCDF-eligible children
Connecticut	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ⁶	Same priority as other CCDF-eligible children
Delaware	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed ⁷	Same priority as other CCDF-eligible children	Subsidy guaranteed ⁸	Same priority as other CCDF-eligible children
DC	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed	Same priority as other CCDF-eligible children	Subsidy guaranteed ⁹	Same priority as other CCDF-eligible children
Florida	Priority over other children, subsidy not guaranteed ¹⁰	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ¹¹	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children

Table 24. Priority Policies for Different Groups (continued), 2016 ¹

State	Children in Foster Care	Children in Head Start	Children in Pre-K	Homeless Families	Teen Parents Not in School	Teen Parents in School	Military Families
Georgia	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ¹²	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Hawaii	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Varies ¹³	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Idaho	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Illinois	NA ¹⁵	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed ¹⁶	Same priority as other CCDF-eligible children
Indiana	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Iowa	Same priority as other CCDF-eligible children ¹⁷	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children ¹⁸	Priority over other children, subsidy not guaranteed ¹⁸	Same priority as other CCDF-eligible children
Kansas	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Kentucky	NA ¹⁵	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Varies ¹⁹	Varies ¹⁹	Same priority as other CCDF-eligible children
Louisiana	Priority over other children, subsidy not	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Maine	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Maryland	NA ¹⁵	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children

Table 24. Priority Policies for Different Groups (continued), 2016 ¹

State	Children in Foster Care	Children in Head Start	Children in Pre-K	Homeless Families	Teen Parents Not in School	Teen Parents in School	Military Families
Massachusetts	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Michigan	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Minnesota	NA ¹⁵	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ²⁰	Priority over other children, subsidy not guaranteed ²¹
Mississippi	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed	Varies ²²	Varies ²²	Priority over other children, subsidy not guaranteed ²³
Missouri	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Montana	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Nebraska	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Nevada	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
New Hampshire	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Varies ²⁴
New Jersey	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ²⁵	Priority over other children, subsidy not guaranteed ²⁵	Priority over other children, subsidy not guaranteed ²⁵	Same priority as other CCDF-eligible children
New Mexico	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children

Table 24. Priority Policies for Different Groups (continued), 2016 ¹

State	Children in Foster Care	Children in Head Start	Children in Pre-K	Homeless Families	Teen Parents Not in School	Teen Parents in School	Military Families
New York	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed ²⁶	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
North Carolina	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children ²⁷	Same priority as other CCDF-eligible children ²⁸	Same priority as other CCDF-eligible children ²⁸	Priority over other children, subsidy not guaranteed ²⁸	Same priority as other CCDF-eligible children ²⁸
North Dakota	NA ¹⁵	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Ohio	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Subsidy guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Oklahoma	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Oregon	Subsidy guaranteed ²⁹	Varies ³⁰	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Pennsylvania	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Rhode Island	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
South Carolina	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
South Dakota	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Tennessee	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed

Table 24. Priority Policies for Different Groups (continued), 2016 ¹

State	Children in Foster Care	Children in Head Start	Children in Pre-K	Homeless Families	Teen Parents Not in School	Teen Parents in School	Military Families
Texas	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed ³¹
Utah	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Vermont	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Virginia	Same priority as other CCDF-eligible children ³²	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children
Washington	Same priority as other CCDF-eligible children ³³	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Varies ³⁴	Same priority as other CCDF-eligible children
West Virginia	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Wisconsin	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴	NA ¹⁴
Wyoming	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
American Samoa	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Varies ³⁵	Priority over other children, subsidy not guaranteed ³⁶	Priority over other children, subsidy not guaranteed ³⁶	Priority over other children, subsidy not guaranteed ³⁷
Guam	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
No Mariana Islands	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children

Table 24. Priority Policies for Different Groups (continued), 2016 ¹

State	Children in Foster Care	Children in Head Start	Children in Pre-K	Homeless Families	Teen Parents Not in School	Teen Parents in School	Military Families
Puerto Rico	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children
Virgin Islands	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Same priority as other CCDF-eligible children	Priority over other children, subsidy not guaranteed	Priority over other children, subsidy not guaranteed	Same priority as other CCDF-eligible children

Source: CCDF Policies Database October 1, 2016 Data

¹ Written policies for prioritizing groups when funds are limited are captured. All groups may be served when funds are not limited. These policies are often used when a waiting list is in place. An entry of "Priority over other children, subsidy not guaranteed" indicates priority is given for the group of children, but when funds are limited the children may not be guaranteed a subsidy.

² If the department has legal custody of the child or the parent has signed a boarding home agreement, and the department provides a written referral, the foster care child is automatically eligible. Counties have local options for how to prioritize these families when they have a waiting list in place.

³ In order to receive priority, the family must be residing in a homeless shelter.

⁴ Child welfare child care is not funded through the state's CCDF program.

⁵ Whether or not the subsidy is guaranteed may vary depending on whether enrollment at the county level is suspended or partially suspended. If a county chooses to partially suspend enrollment, the county must develop policies for which groups of applicants are given priority. Statewide, priority is given to very low-income applicants with income below 130 percent of the Federal Poverty Guidelines, homeless families, and children of teen parents. The county may assign additional priority groups.

⁶ Priority applies to parents under the age of 20 who attend high school. All parents receiving cash assistance, including teen parents, are in the highest priority group.

⁷ Homeless families are provided care for up to three months or until they find suitable living arrangements.

⁸ Participants may be attending middle school, high school, adult basic education classes, GED classes, or a similar program approved by the state department of education.

⁹ All parents under age 26 living with a parent, guardian, or relative and in high school or GED activities are included in this category.

¹⁰ This priority is given to children under the age of nine who are not enrolled concurrently in Pre-K and Head Start.

¹¹ Families must have a documented referral from a certified homeless shelter or domestic violence shelter. This priority is given to children under the age of nine who are not enrolled concurrently in Pre-K and Head Start.

¹² Children in state-funded Pre-K programs are given priority for before-and-after care. Children enrolled in privately funded Pre-K programs are not given priority and are treated the same as other CCDF-eligible children.

- ¹³ If the family is employed, homeless, and has income less than 100 percent of the Federal Poverty Guidelines, the family is given priority over other families.
- ¹⁴ All CCDF-eligible children receive the same priority.
- ¹⁵ Foster child care is not provided under the state's primary child care subsidy program.
- ¹⁶ In order to be eligible for a priority service group, teen parents must be enrolled full time in elementary, high school, or GED classes to obtain a high school degree or its equivalent. Teen parents who are in school retain priority through age 19.
- ¹⁷ Only non-licensed relative foster families receive child care through the CCDF program.
- ¹⁸ First priority is given to minor parents working towards a high school diploma or its equivalent. Second priority is given to minor parents who are participating in an approved training program if the family's income is below 100 percent of the Federal Poverty Guidelines.
- ¹⁹ If the teen parent is a TANF recipient, he or she is given priority over others and placed in priority group two.
- ²⁰ Parents under age 18 are given priority over parents age 18 to 20 within this group. This group is eligible for child care assistance under the TANF program if the teen parent in school is under 21 years old, pursuing a high school or general equivalency diploma, not a TANF participant, and lives in a county that has a waiting list. The teen parent is placed in the first priority group for the waiting list.
- ²¹ Priority is given to families in which at least one parent in the assistance unit is a veteran.
- ²² Priority varies based on the income level of the teen parent. Teen parents currently enrolled in high school full time with income less than 50 percent of the state median income receive a priority number of five. Parents working the required 25 hours per week or enrolled in an approved education program and with income between 50 percent and 85 percent of the state median income receive a priority number of seven.
- ²³ Children of parents deployed in the Mississippi National Guard or Reserve qualify for this priority status at up to 85 percent of the state median income.
- ²⁴ A child receiving child care subsidies with a single parent who is placed on orders or deployed for military service and will be out of the state for more than 30 days is exempt from the wait list if the child's legal guardian is determined eligible.
- ²⁵ Priority for subsidies is ranked according to three income-based tiers, A, B, and C. Tier A is given first priority and consists of families with income at or below 150 percent of the Federal Poverty Guidelines, followed by Tier B for families with income from 151 to 175 percent of the Federal Poverty Guidelines, and finally, Tier C for families with income from 176 to 200 percent of the Federal Poverty Guidelines. Priority is given according to tier and then to each of the priority categories within each tier.
- ²⁶ Policy coded for New York City. Districts have the option to prioritize this group in their service plans.
- ²⁷ Children in Pre-K are only eligible for wraparound care. Counties have local options for how to prioritize these families when they have a waiting list in place.
- ²⁸ Counties have local options for how to prioritize these families when they have a waiting list in place.
- ²⁹ A child involved with protective services may be eligible for child care assistance if it allows the child to be placed with a relative or adult with whom the child or family has an established relationship.
- ³⁰ The subsidy is guaranteed if the child is in a Head Start contracted slot. If the child is not in a contracted slot, the subsidy is not guaranteed.
- ³¹ Families with parents currently deployed are placed in this priority group just after military veteran families.
- ³² Child care for foster children is not provided under the state's primary child care subsidy program. A foster child may receive CCDF funding if a local department maintains custody of the child, but the child is in the physical custody of his or her parents and the parents need child care in order to maintain employment or to attend an approved education or training program.

³³ Child protective services and foster children can receive child care services through the child care program administered by the children's administration. If these families receive child care through the state's primary child care subsidy program, they receive the same priority as other families.

³⁴ Teen parents who are not living with a parent or guardian and who are full-time students in a high school with a school-sponsored on-site child care center are given priority.

³⁵ If the family is classified as child protective services due to homelessness resulting from a natural disaster, the family is given priority as long as funds are available.

³⁶ Families with a minor parent are considered to have special needs and given priority over other families.

³⁷ To receive priority, the child's biological parent must require child care assistance in order to serve in the military. For two-parent households, the second parent must also be engaged in a qualifying activity.

IV. Family Copayments

Each State/Territory sets its own policies for family payments, often termed “copayments,” within the broader federal guidelines on sliding fee scales.⁴² Copayment amounts often vary by family size, income, number of children in care, and a variety of other factors.

Under the federal guidelines, States/Territories may choose to waive copayments in some cases.⁴³ Across the States/Territories, copayment exemptions vary based on the family’s income, participation in another assistance program, or other characteristics, such as the special needs of a child.

States/Territories also establish different policies for how copayments are administered. Copayment administration policies outline who the family must pay as well as what the family must pay, including policies concerning payments for days the child is absent from care.

States/Territories use a number of different methods to calculate copayments, including a flat dollar amount, percent of income, and percent of the cost of care or maximum rate. Some States/Territories use even more complicated measures, such as using a flat dollar amount for lower-income families while using a percentage, capped at a predetermined amount, for higher-income families. Additionally, States/Territories may set a minimum copayment for all families and may adjust copayments based on the number of children in care or the amount or type of care needed.

Copayment Exemptions (Tables 25 and 26)

Many programs exempt at least some families from paying any copayment. (In other words, these families receive child care for free.) One commonly-used exemption is to exempt all families living in poverty from having to pay a copayment; States/Territories that use this exemption may use the current poverty guidelines or an earlier year’s guidelines. States/Territories may also choose to exempt families receiving benefits or services from certain other programs. Table 25 shows whether each State/Territory exempts families from paying copayments when the family has income below the poverty guidelines or when the family is associated with one of several benefits or services.

⁴² Under federal CCDF guidelines, States/Territories must establish and periodically revise a sliding fee scale based on income and family size; other factors may also be considered. Federal policy does not establish maximum copayments, but HHS/ACF documents have suggested that copayments of no more than 10 percent of family income would generally be considered affordable.

⁴³ Federal guidelines allow States/Territories to waive copayments for families with income at or below the Federal Poverty Guidelines or on a case-by-case basis for families in need of protective services. How States/Territories define families in need of protective services varies and may include such groups as families with teen parents or foster children. As stated earlier, when State/Territory policies appear to conflict with federal guidelines, it is assumed that State/Territory dollars are used to fund those aspects of the program.

Highlights for 2016 include:

- Ten States/Territories exempt all families with income below 100 percent of the Federal Poverty Guidelines from paying copayments, with the year of the poverty guidelines used by these States/Territories ranging from 2004 to 2016 (the current guidelines). American Samoa also implicitly exempts families with income below the poverty guidelines from paying copayments, as the Territory serves families with income below the poverty guidelines and waives the copayment for all eligible families.
- Three States (Maryland, Michigan, and Oklahoma) exempt SSI recipients from paying copayments.
- Two States (Pennsylvania and Texas) fully exempt participants in the SNAP Employment and Training program from paying copayments, while two more States (Kansas and Virginia) allow exemptions for SNAP Employment and Training program participants in some situations.
- Seven States have some type of copayment exemption for families with teen parents. In some of these cases, the teen parent must be attending school.
- One State (Missouri) has established copayment exemptions for families with children with special needs.
- More than half (34) of the States/Territories allow copayment exemptions for families with protective services cases in some or all circumstances, while half (28) of the States/Territories have a copayment exemption for families with foster children. In the case of foster care and child protective services cases, it is common for States/Territories to allow for a copayment exemption on a case-by-case basis, as determined by the family's caseworker in the CPS or foster care program.

Table 26 focuses on the extent to which families associated in some way with the TANF program are exempt from paying copayments. Subsets of TANF families examined in the table include families receiving TANF who have versus do not have earned income, "child-only" TANF families (cases when the parents/guardians are not considered part of the TANF assistance unit), families transitioning out of the TANF program, families applying for TANF benefits, and families at risk of becoming dependent on TANF.⁴⁴

⁴⁴ The TANF program excludes parents/guardians from the assistance unit for five reasons: when the child is living with non-parent relative caretakers (usually grandparents) and they are either not allowed to be in the assistance unit or they choose not to be included; when the parents are ineligible due to immigrant status (for instance, the parents are undocumented immigrants but the children are citizens); when the parents receive SSI; when the parents have been excluded from the unit due to a sanction; and, in a small number of States, when the parents have been excluded from the unit after reaching a time limit.

Key findings from 2016 include:

- Eighteen States have a blanket policy exempting all families currently receiving TANF from paying copayments.
- Seven States have some type of copayment exemption for families transitioning off TANF, while 15 States/Territories have established copayment exemptions for families in the process of applying for TANF benefits.
- Two States (North Dakota and Vermont) have established copayment exemptions for families at risk of becoming dependent on TANF.

Copayment Administration (Table 27)

Copayment policies regarding how and what families are expected to pay also vary across the States/Territories. Table 27 provides policies for who collects the copayment, whether families are expected to pay providers for any charges that exceed the maximum reimbursement rate paid by the State/Territory, and what families are required to pay for absences, including days the child is out sick, days the family is on vacation, and days the provider is not open due to approved closings, such as national holidays. Highlights from 2016 include:

- All but three States/Territories (California, American Samoa, and the Northern Mariana Islands) require all copayments to be paid to the provider. American Samoa does not require families to make copayments.
- Eleven States/Territories never require families to pay the difference if the amount charged by the provider is higher than the maximum reimbursement rate. In some States/Territories, the parents may be asked to pay the difference only under certain circumstances or only for certain types of providers. (Tables 34 through 37 give State/Territory maximum rates for different types of providers.)
- In a majority of States/Territories, the family continues to pay the same copayment when the child is ill or on vacation. In two States/Territories (Oklahoma and West Virginia), parents are not required to pay any copayment for days the child is absent due to the child being ill or on family vacation, while New Hampshire requires families to pay the entire cost of care for absences due to illness or vacation. New York and North Dakota require parents to pay the entire cost of care for absences due to vacation but not illness.
- A majority of the States/Territories require the parent to pay the regular copayment for days when the child care provider is closed. Five States/Territories (Nebraska, Ohio, Oklahoma, West Virginia,

and Guam) do not require parents to pay a copayment for days the provider is closed, while three States (Georgia, New Hampshire, and South Dakota) require parents to pay the entire cost of care.

Copayment Calculation (Table 28)

States/Territories use a variety of methods to compute the copayment (when families are not exempt from copayments). In determining the amount of the copayment, States/Territories generally establish copayment charts or fee schedules. In most cases, the fee schedules are broken down by family size and income level. Typically, for a particular family size and income range, the copayment is given as a dollar amount, a percentage of income, or a percentage of the cost of child care. Dollar amount copayments may be hourly, daily, weekly, or monthly amounts. When the copayment is a dollar amount, it may remain constant even if the family's income changes slightly, as long as the family's income remains within the specified range. If the copayment is a percentage of income, it will change with every change in family income.

Table 28 shows each State's/Territory's basic computation method and indicates if each State/Territory uses a different income definition for computing copayments or has a minimum copayment policy. Key findings from 2016 include:

- In 37 States/Territories, copayments are specific dollar amounts based on set income ranges; in nine States, copayments are specific percentages of family income based on set income ranges; in six States/Territories, copayments are a percentage of the cost of child care or of the maximum reimbursement rate. In three States, the copayment is calculated using a more complex formula, such as using a combination of dollar amounts and percentages.
- Only New York uses different income definitions for establishing eligibility versus copayments. New York's copayment calculation uses only the portion of income that exceeds the poverty guideline.
- Nine States have explicitly defined minimum copayment amounts for all families, which may supersede the minimum copayment produced by the established fee schedule. Minimum copayments are expressed as monthly dollar amounts (ranging from \$5 per month in Colorado to \$27 per month in Oregon), weekly dollar amounts (ranging from \$1 per week in New York to \$5 per week in Pennsylvania), or a percentage of the cost of care (five percent of the cost of care in Nevada). In these States/Territories, if the standard formula (such as a percentage of income) would result in a copayment lower than the State/Territory statutory minimum, the family instead pays the State/Territory statutory minimum copayment.

Copayment Adjustments (Table 29)

Three issues that may affect copayments are the number of children receiving subsidized care, whether care is full time or part time, and whether care is being provided for a child with special needs. If a State/Territory computes copayments using dollar amounts that vary with family income level or as a percentage of family income, the State/Territory must determine whether to vary the copayments based on the number of children, the hours of child care, or the need for special-needs care. Table 29 describes these policies.

Highlights from 2016 concerning copayments for families with more than one child in care include:

- In 22 States/Territories, the copayment is a dollar amount or percentage of income and is family-level; it does not vary depending on the number of children in the family who are receiving subsidized child care.
- In ten States/Territories, the copayment is a dollar amount or percentage of income and is per-child; the family's copayment equals the per-child copayment multiplied by the number of children receiving subsidized child care.
- In other programs with a copayment equal to a dollar amount or percentage of income, the copayment is adjusted when more than one child is in care. Rather than paying the same amount for each child, the family pays a lower fee for the additional children in care. In these States/Territories, the copayment for the second child ranges from 50 percent of the one-child copayment in Florida, Massachusetts, New Mexico, and Puerto Rico, to 75 percent of the one-child copayment in the District of Columbia and New Jersey. Copayment adjustments for the third child in care range from 25 percent of the one-child copayment in Massachusetts and New Mexico to 50 percent of the one-child copayment in Florida.
- Six States/Territories set copayments as a percent of the maximum reimbursement rate or cost of care. These States/Territories do not establish separate policies for copayment adjustments based on the number of children in care; in general, the higher cost of care for more children will result in a higher copayment.

Highlights from 2016 concerning part-time care and care for children with special needs include:

- Among the States/Territories that compute copayments as a dollar amount or a percentage of family income, more than half make no adjustment to the copayment when the child is in care part time.

- Among the States/Territories that do adjust the copayment for part-time care, the adjustments range from 50 percent of the full-time copayment in 12 States/Territories to 75 percent of the full-time copayment in New Mexico and North Carolina.
- Three States/Territories make some type of adjustment to the copayment for children with special needs. For example, Missouri does not require any copayment for special-needs care, and Mississippi asks families with children with special needs to pay only \$10 per month.

Copayment Amounts (Tables 30, 31, and 32)

After determining income level and family size, each family in need of care (and not exempt from copayments) is assigned a copayment amount. The amounts vary greatly across States/Territories. In some States, copayments also vary across counties or regions. Tables 30, 31, and 32 provide copayments for select family sizes and income levels. For the States in which copayments vary in different areas of the State (Colorado, Florida, Maryland, New York, Texas, and Virginia), the copayments shown in the tables are for the most populous area of the State.

The three tables each focus on a different family situation. Table 30 shows copayments for a single-parent family with a two-year-old child, table 31 looks at a single-parent family with a two-year-old and a four-year-old, and table 32 gives copayments for a two-parent family with a two-year-old and a four-year-old. For each family makeup, the table shows the monthly copayment in each program for several different annual earnings levels. The copayments in the tables are the result of applying each State's/Territory's detailed copayment policies to each hypothetical family situation; copayments that are expressed by the State/Territory in hourly, daily, or weekly terms are all converted to monthly terms for cross-State/Territory comparability. The tables all assume that the children are in center-based child care for eight hours per day, five days per week; none of the children have special needs; all income is earned income; the earnings are received evenly over the year; and that the parents receive applicable State/Territory earned income disregards. In States/Territories that base the copayment on a percentage of the cost of care, the maximum reimbursement rate is used to calculate the copayment amount. Finally, for purposes of noting when a family at a particular earnings level is no longer eligible for the subsidy, the table assumes the family is just beginning to receive subsidies. (In other words, the initial eligibility thresholds are used rather than the continuing eligibility thresholds.) Further assumptions made for each table are noted below.

Table 30 provides monthly copayments for a two-person family. In addition to the assumptions noted above, the table also assumes the family consists of one parent and one child, and the child is 24 months old. (The age of the child most commonly affects copayments that are based on a percentage of the cost of care or maximum reimbursement rate.)

Key findings from 2016 include:

- Copayments for a two-person family with \$15,000 in annual earnings range from \$0 per month in 15 States/Territories to \$419 per month in Hawaii. The median copayment across the States/Territories is \$50. A two-person family at this income level does not qualify for subsidized care in Puerto Rico.
- Copayments for a two-person family with \$20,000 in annual earnings range from \$0 per month in four States/Territories to \$698 per month in Hawaii. The median copayment across the States/Territories is \$111. In Michigan and Puerto Rico, a two-person family at this income level does not qualify for subsidized care.
- Copayments for a two-person family with \$25,000 in annual earnings range from \$0 per month in American Samoa to \$977 per month in Hawaii. The median copayment across the States/Territories is \$168.50. In 18 States/Territories, a two-person family at this income level does not qualify for subsidized care.
- Copayments for a two-person family with \$30,000 in annual earnings range from \$0 per month in American Samoa to \$1,256 per month in Hawaii. Across the States/Territories, the median copayment is \$243. In 34 States/Territories, a two-person family at this income level does not qualify for subsidized care.

Table 31 provides monthly copayments for a three-person family. In addition to the assumptions used for all of the copayment amount tables, the table assumes the family consists of one parent and two children, ages 24 months and 48 months. Key findings from 2016 include:

- Copayments for a three-person family with \$15,000 in annual earnings range from \$0 per month in 17 States/Territories to \$414 per month in Hawaii. The median copayment across the States/Territories is \$53.50.
- Copayments for a three-person family with \$20,000 in annual earnings range from \$0 per month in 15 States/Territories to \$828 per month in Hawaii. The median copayment is \$75. A three-person family at this income level does not qualify for subsidized care in Puerto Rico.
- Copayments for a three-person family with \$25,000 in annual earnings range from \$0 per month in American Samoa and the Virgin Islands to \$1,035 per month in Hawaii. The median copayment across the States/Territories is \$158.50. A three-person family at this income level does not qualify for subsidized care in Michigan and Puerto Rico.

- Copayments for a three-person family with \$30,000 in annual earnings range from \$0 per month in American Samoa to \$1,449 per month in Hawaii. Across the States/Territories, the median copayment is \$207. In 14 States/Territories, a three-person family at this income level does not qualify for subsidized care.

Table 32 provides monthly copayments for a four-person family. This table uses the same basic assumptions as the other copayment amount tables, and it also assumes the family consists of two parents and two children, ages 24 months and 48 months. Highlights from 2016 include:

- Copayments for a four-person family with \$25,000 in annual earnings range from \$0 per month in California, South Dakota, Utah, Wyoming, American Samoa, and the Virgin Islands to \$828 per month in Hawaii. The median copayment is \$104. A four-person family at this income level does not qualify for subsidized care in Puerto Rico.
- Copayments for a four-person family with \$30,000 in annual earnings range from \$0 per month in American Samoa to \$1,035 per month in Hawaii. Across the States/Territories, the median copayment is \$176.50. A four-person family at this income level does not qualify for subsidized care in Michigan and Puerto Rico.
- Copayments for a four-person family with \$35,000 in annual earnings range from \$0 per month in American Samoa to \$1,449 per month in Hawaii. The median copayment is \$227. In nine States/Territories, a four-person family at this income level does not qualify for subsidized care.
- Copayments for a four-person family with \$40,000 in annual earnings range from \$0 per month in American Samoa to \$1,656 per month in Hawaii. The median copayment is \$315.50. In 24 States/Territories, a four-person family at this income level does not qualify for subsidized care.

The CCDF Policies Database provides a much greater level of detail concerning copayment policies, including copayment amounts for additional family sizes and income levels.

Changes in Copayment Policies from 2015 to 2016

From 2015 to 2016, a handful of States/Territories made changes to policies related to copayment administration. Utah implemented a copayment exemption for families with income below the poverty guidelines, and North Dakota and Wyoming changed their policies for what families are required to pay for days the child is not in care. Louisiana and Michigan began basing their copayments on fee schedules that provided set dollar amounts for different income levels, rather than basing copayments on a percentage of the cost of care or maximum reimbursement rate. Texas no longer adjusted copayments for part-time care, and Utah and Puerto Rico no longer adjusted copayments for children with special needs.

Although there were relatively few changes in copayment administration, there were many changes in copayment amounts. From 2015 to 2016, there were changes in copayment amounts in 32 States/Territories. For the example families shown in this report, a majority of the copayment changes made by the States/Territories resulted in lower copayments. Copayment amounts for a two-person family with \$15,000 in annual earnings increased in one State/Territory and decreased in two. In Illinois, two-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayment amounts for a two-person family with \$20,000 in annual earnings changed in 17 States/Territories, increasing in 1 and decreasing in 16. In Illinois and Missouri, two-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayment amounts for a two-person family with \$25,000 in annual earnings increased in three States/Territories and decreased in six. In Illinois, Kentucky, and Louisiana, two-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayment amounts for a two-person family with \$30,000 in annual earnings changed in five States/Territories from 2015 to 2016, increasing in two and decreasing in three.

From 2015 to 2016, copayment amounts for a three-person family with \$15,000 in annual earnings changed in seven States/Territories, increasing in three and decreasing in four. Copayments for a three-person family with \$20,000 in annual earnings increased in three States/Territories and decreased in nine. In Illinois, three-person families earning \$15,000 and \$20,000 annually were not eligible in 2015, but they were eligible in 2016. Copayment amounts for a three-person family with \$25,000 in annual earnings changed in 12 States/Territories from 2015 to 2016, increasing in 1 and decreasing in 11. In Illinois and Missouri, three-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayments for a three-person family with \$30,000 in annual earnings changed in nine States/Territories, increasing in three and decreasing in six. In Arkansas, Illinois, and Kentucky three-person families at this income level were not eligible in 2015, but they were eligible in 2016.

From 2015 to 2016, copayments for a four-person family with \$25,000 in annual earnings changed in nine States/Territories, increasing in three and decreasing in six. In Illinois, four-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayments for a four-person family with \$30,000 in annual earnings increased in 2 States/Territories and decreased in 10. In Illinois and Missouri, four-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayments for a four-person family with \$35,000 in annual earnings changed in nine States/Territories, increasing in one and decreasing in eight. In Arkansas, Georgia, Illinois, and Kentucky, four-person families at this income level were not eligible in 2015, but they were eligible in 2016. Copayments for a four-person family with \$40,000 in annual earnings changed in seven States/Territories, increasing in two and decreasing in five. In Tennessee, four-person families at this income level were not eligible in 2015, but they were eligible in 2016.

Table 25. Copayment Exemptions, 2016 ¹

State	<u>Poverty Exemption ²</u>		<u>If Different Groups are Exempt from Paying Copayments</u>					
	Income Under 100 Percent of the Federal Poverty Guidelines are Exempt	Year of Poverty Guidelines Used for Exemption	SSI Recipients	Families with a Foster Child	SNAP E&T Participants	Teen Parents	Families with a Child with Special Needs	Families with CPS Cases
Alabama	No ³	NA	No	No	No	No	No	Varies ⁴
Alaska	No	NA	No	No	No	No	No	No
Arizona	No	NA	No	Yes	No	No	No	Yes
Arkansas	No	NA	No	Yes	No	Varies ⁵	No	Yes
California	No ⁶	NA	No	No ⁷	NA ⁸	No	No	Varies ⁹
Colorado	No ¹⁰	NA	No	NA ¹¹	NA ⁸	Varies ¹²	No	NA ¹¹
Connecticut	No	NA	No	Varies ¹³	No	No	No	No
Delaware	No	NA	No	No	No ¹⁴	Varies ¹⁵	No	Yes
DC	No ¹⁶	NA	No	Yes	No	Yes	No	Yes
Florida	No ¹⁷	NA	No	Varies ¹⁷	NA ⁸	No	No	Varies ¹⁷
Georgia	No	NA	No	Yes	No	Varies ¹⁸	No	Varies ¹⁹
Hawaii	Yes	2004	No	Yes	No	No	No	Yes
Idaho	No	NA	No	Yes	No	No	No	No
Illinois	No	NA	No	NA ²⁰	No	No	No	NA ²¹
Indiana	Yes	2016	No	No	No	No	No	No
Iowa	Yes	2015	No	No ²²	No	No	No	Yes
Kansas	No ²³	NA	No ²⁴	No ²⁵	Varies ²⁶	No	No	Yes ²⁷
Kentucky	No ²⁸	NA	No	NA ²⁰	No	No	No	Varies ²⁹
Louisiana	No	NA	No	Yes	No	No	No	Yes ³⁰
Maine	No	NA	No	No	No	No	No	No
Maryland	No	NA	Yes	NA ²⁰	No	No	No	NA ²¹
Massachusetts	No	NA	No	Yes	No	No	No	Yes
Michigan	No	NA	Yes	Yes	No	No	No	Yes
Minnesota	No ³¹	NA	No	NA ²⁰	No	No	No	NA ²¹
Mississippi	No	NA	No	No	No	No	No	No
Missouri	No ³²	NA	No	Yes	NA ⁸	No	Yes	Yes
Montana	No	NA	No	No	No	No	No	Yes
Nebraska	No ³³	NA	No	Varies ³⁴	No	No	No	Varies ³⁴

Table 25. Copayment Exemptions, 2016 ¹

State	<u>Poverty Exemption ²</u>		<u>If Different Groups are Exempt from Paying Copayments</u>					
	Income Under 100 Percent of the Federal Poverty Guidelines are Exempt	Year of Poverty Guidelines Used for Exemption	SSI Recipients	Families with a Foster Child	SNAP E&T Participants	Teen Parents	Families with a Child with Special Needs	Families with CPS Cases
Nevada	No	NA	No	Yes	No	No	No	Yes
New Hampshire	No	NA	No	Varies ³⁵	No	No	No	Varies ³⁵
New Jersey	Yes	2013	No	Yes ³⁶	NA ⁸	No	No	Varies ³⁷
New Mexico	No	NA	No	Yes	No	No	No	Yes
New York	No	NA	No	No ³⁸	No	No	No	Yes ³⁹
North Carolina	No	NA	No	Yes	No	No	No	Yes
North Dakota	No ⁴⁰	NA	No	NA ²⁰	No	Varies ⁴¹	No	NA ²¹
Ohio	Yes	2016	No	No	No	No	No	Yes
Oklahoma	No	NA	Yes ⁴²	Yes	No	No	No	Varies ⁴³
Oregon	No	NA	No	No	No	No	No	No
Pennsylvania	No	NA	No	No	Yes	No	No	No
Rhode Island	Yes	2009	No	No	No	No	No	No
South Carolina	No	NA	No	Yes ⁴⁴	No	No	No	Varies ⁴⁵
South Dakota	Yes	2016	No	Yes	No	No	No	No
Tennessee	No	NA	No	No	No	No	No	Yes
Texas	No	NA	No	Yes	Yes	No	No	Yes ⁴⁶
Utah	Yes	2016	No	NA ⁴⁷	No	No	No	No
Vermont	No	NA	No	Yes	No	No	No	Varies ⁴⁸
Virginia	No	NA	No	No ⁴⁹	Varies ⁵⁰	No	No	No
Washington	No	NA	No	No ⁵¹	No	No	No	No ⁵¹
West Virginia	No	NA	No	Yes	No	No	No	Varies ⁵²
Wisconsin	No	NA	No	Yes	No	Varies ⁵³	No	NA ²¹
Wyoming	Yes	2014	No	No	No	No	No	NA ²¹
American Samoa	NA ⁵⁴	NA ⁵⁴	NA ⁵⁵	NA ⁵⁴	NA ⁵⁶	NA ⁵⁴	NA ⁵⁴	NA ⁵⁴
Guam	Yes	2013	No ⁵⁷	Yes	NA ⁵⁸	No	No	Yes
No Mariana Islands	No	NA	No	No	NA ⁵⁶	No	No	No
Puerto Rico	No ⁵⁹	NA	No ⁵⁷	Yes	NA ⁵⁶	No	No	Yes
Virgin Islands	No	NA	No ⁵⁷	Varies ⁶⁰	No	No	No	Varies ⁶¹

Source: CCDF Policies Database October 1, 2016 Data

- ¹ Federal CCDF policies allow for copayments to be waived for all or a subset of families whose incomes are at or below the Federal Poverty Guidelines or for children who are in need of protective services. States may choose to use state funds to waive copayments for families who do not meet the federal guidelines.
- ² The poverty exemption is an explicit exemption, specifically stated in the state's policies. In states with a poverty exemption, families with income below 100 percent of the Federal Poverty Guidelines are exempt. Exemptions below 100 percent of the Federal Poverty Guidelines are footnoted.
- ³ Families with income below 30 percent of the Federal Poverty Guidelines pay no copayment.
- ⁴ The parental fee is not required unless the referral from the child protective services department specifically indicates that the parental fee requirement applies.
- ⁵ Parents attending high school full time are exempt from copayments.
- ⁶ Families with income below 40 percent of state median income are not assessed a copayment.
- ⁷ For income eligibility and family fee purposes, only the foster child and related siblings are included in the family size, and only their income is counted.
- ⁸ Child care for SNAP E&T participants is not provided under the state's primary child care subsidy program.
- ⁹ Families may be exempt from paying fees for up to 12 months if the referral prepared by the child welfare services worker specifies it is necessary to exempt the family from paying the fee.
- ¹⁰ In some cases, due to financial hardship, the family may find it difficult to pay the parental fee. In these cases, the parental fee can be reduced to the hardship fee of \$5. Counties determine what constitutes a hardship and when a parental fee can be reduced. To reduce a client's fee, the hardship reason must be documented in the case file and written approval must be obtained from the county director. A reduction of a parental fee is a temporary reduction for up to six months, although hardship awards may be extended if conditions causing hardship persist.
- ¹¹ Child welfare child care is not funded through the state's CCDF program.
- ¹² Teen households where all parents are in junior high, high school, or obtaining their GED and for whom payment of the parental fee would produce a hardship do not have to pay a parental fee.
- ¹³ If the family is applying only for the foster child, there is no copayment, as the foster child is considered a family of one with no income.
- ¹⁴ Exemptions are limited to caretakers who are SNAP recipients (not SNAP E&T participants) caring for a child who receives TANF or general assistance, where the adult requesting the child care is not the child's natural or adoptive parent.
- ¹⁵ Exemptions are limited to teen parents age 18 and younger attending high school or its equivalent.
- ¹⁶ Families with income equal to or below 50 percent of the Federal Poverty Guidelines are exempt from copayments.
- ¹⁷ Reduced fees or copayment exemptions are decided on a case-by-case basis.
- ¹⁸ Minor parents, under 18 years old, who are attending middle or high school are exempt.
- ¹⁹ Families with open child protective services cases are not exempt from copayments. Children in state custody, not including foster homes, are exempt from the copayment.
- ²⁰ Foster child care is not provided under the state's primary child care subsidy program.
- ²¹ Child protective services child care is not provided under the state's primary child care subsidy program.
- ²² Only non-licensed relative foster families receive child care through the CCDF program.
- ²³ Employed families with income below 70 percent of the Federal Poverty Guidelines are not assigned a copayment.

- ²⁴ If the only child who needs child care assistance is an SSI recipient, only the child's non-exempt income is counted.
- ²⁵ Children in licensed foster care are provided care through a different program. Care may be approved for juvenile offenders when the foster parent is employed and needs child care or for children in foster care when they have been placed with a relative who is not licensed for foster care. In these cases, recipients are not exempt from copayments.
- ²⁶ SNAP E&T clients are exempt from copayments if the household consists of a single parent who is unemployed or two parents with only one parent employed.
- ²⁷ Children in child protective services generally are provided care through a different program. If a family is receiving services through family preservation or child protective services though, they may be eligible for the state's primary child care subsidy program, and they are exempt from copayments.
- ²⁸ Families whose monthly income is below \$900, regardless of family size, pay no copayment.
- ²⁹ The department may choose to waive the copayment for child protective services cases, but not all child protective services cases are exempt from copayments. If the court orders the family to pay a specified copayment, that amount is paid in place of the standard copayment.
- ³⁰ Children under protective services are eligible regardless of income when the child care services are necessary in order to maintain the children in their own home and when the need for care meets the eligibility policy for the protective services program.
- ³¹ Families with income below 75 percent of the Federal Poverty Guidelines are exempt from copayments.
- ³² Families whose income is below 25 percent of the state median income pay only \$1 annually.
- ³³ For families size two through eight, it is implicit in the state's fee schedule that the copayment is zero if income is below 100 percent of the Federal Poverty Guidelines. This does not apply for families size nine and above, who use the same income thresholds as families size eight.
- ³⁴ The family pays no copayment if the service is supportive of the family case plan and the caseworker determines it is in the best interest of the family to pay no copayment.
- ³⁵ Exemption from copayments for foster care and child protective services cases is determined on a case-by-case basis.
- ³⁶ There is no copayment for a child under department child protective services supervision who is in a paid foster placement. Families who provide foster care are exempt from copayments for foster children. If there are other children in the household receiving child care subsidies, the household income and size is calculated excluding foster children.
- ³⁷ Case managers may waive or reduce copayments on a case-by-case basis if the determined copayment amount will cause undue hardship to a child protective services family.
- ³⁸ Foster care cases are charged the minimum fee of \$1 for child care.
- ³⁹ Policy coded for New York City. For New York State, failure to pay a fee or family share cannot be a basis for denial or discontinuance of services for protective services.
- ⁴⁰ The state may choose to waive the copayment requirement for families with very low income.
- ⁴¹ Teen parents are exempt from copayments if they are participating in the Crossroads program, a program to assist with child care costs for parents through age 20 who have primary responsibility for the care of their children and who are in high school or working on their GED.
- ⁴² There is no copayment for the child receiving SSI, but the SSI income is considered when determining the copayment assigned for other children in the household.
- ⁴³ Child protective services cases may or may not be exempt from the copayment depending on the family's circumstances.

- ⁴⁴ The family is exempt from the copayment requirement, but may be asked to pay the difference between what the provider charges and the maximum reimbursement rate.
- ⁴⁵ If a child is part of an open CPS case and is living outside the home with a relative or other designated caretaker, the caretaker is exempt from copayments.
- ⁴⁶ Families are exempt unless the child protective services agency assigns a copayment.
- ⁴⁷ Foster child care is not provided under the state's primary child care subsidy program. This includes the child of a teen parent in foster care.
- ⁴⁸ When a child is in transition to reunification with his or her biological parents, the family is exempt from copayments for six months. Child protective services children living with foster parents are exempt.
- ⁴⁹ There is a separate program for foster child care subsidies. A foster child may receive CCDF funding if a local department maintains custody of a child, but the child is in the physical custody of his or her parents and the parents need child care in order to maintain employment or to attend an approved education or training program.
- ⁵⁰ For SNAP E&T participants, if income falls at or below 100 percent of the Federal Poverty Guidelines, the family is exempt from copayments.
- ⁵¹ Child protective services and foster children can receive child care services through the child care program administered by the children's administration. If these families receive child care through the state's primary child care subsidy program, they are not exempt.
- ⁵² Families are not exempt unless the child protective services worker waives the fee as part of an approved safety or treatment plan.
- ⁵³ Teen parents who participate in the state's program to assist school-age children in TANF families with attending and completing school are exempt from the copayment. All other teen parents have their copayment set at the lowest copayment level based on the number of children in care.
- ⁵⁴ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.
- ⁵⁵ This territory or outlying area does not have SSI or a similar program.
- ⁵⁶ The nutrition assistance program does not have an employment and training program.
- ⁵⁷ Recipients of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled are not exempt.
- ⁵⁸ Child care for SNAP E&T participants is not provided under this territory or outlying area's primary child care subsidy program.
- ⁵⁹ Families with income below 50 percent of the state median income are exempt from copayments.
- ⁶⁰ For the purposes of CCDF funding, foster children are considered in protective services, and the agency may waive copayments on a case-by-case basis.
- ⁶¹ The agency may waive the copayment for children in protective services on a case-by-case basis.

Table 26. Copayment Exemptions for TANF Families, 2016 ¹

State	All Current TANF Families ²	TANF Families with No Earned Income	TANF Families with Earned Income	Child-Only TANF Families	Families Transitioning Off TANF ³	TANF Applicants	Families at Risk of Becoming Dependent on TANF ³
Alabama	No	No	No	No	No	No	No
Alaska	Yes	Yes	Yes	Yes	No	Yes	No
Arizona	Yes	Yes	Yes	Yes	Varies ⁴	No	No
Arkansas	No	Varies ⁵	Varies ⁶	NA ⁷	No	No	No
California	Yes	Yes	Yes	Yes	No	No	No
Colorado	No	Yes	No	NA ⁷	No	No	No
Connecticut	No	Yes	No	Yes	No	No	No
Delaware	Yes	Yes	Yes	Yes	No	Varies ⁸	No
DC	No	Yes	No	Yes	No	No	No
Florida	No	No	No	Varies ⁹	No	No	No
Georgia	No ¹⁰	Yes ¹⁰	Yes	Yes	No	Yes ¹¹	No
Hawaii	No	No	No	No	No	No	No
Idaho	Yes ¹²	Yes ¹²	Yes ¹²	Yes ¹²	Yes ¹²	Yes ¹²	No
Illinois	No	No	No	Varies ¹³	No	No	No
Indiana	No	No	No	No	No	No	No
Iowa	Yes	Yes	Yes	Yes	No	No	No
Kansas	Yes	Yes	Yes	Yes	Yes	Yes	No
Kentucky	No	No	No	No	No	No	No
Louisiana	Yes ¹⁴	Yes ¹⁴	Yes ¹⁴	Yes ¹⁴	No	Yes	No
Maine	No	No	No	No	No	No	No
Maryland	No	Yes	Yes	No	No	Yes	No
Massachusetts	No ¹⁵	Yes ¹⁵	Yes ¹⁵	No	No	No	No
Michigan	Yes	Yes	Yes	Yes	Yes	Yes ¹⁶	No
Minnesota	No	No	No	No	No	No	No
Mississippi	Yes	Yes	Yes	Yes	No	No	No
Missouri	No ¹⁷	No ¹⁷	No	No	No	No	No
Montana	No	No	No	No	No	No	No
Nebraska	Yes	Yes	Yes	Yes	No	Yes	No

Table 26. Copayment Exemptions for TANF Families, 2016 ¹

State	All Current TANF Families ²	TANF Families with No Earned Income	TANF Families with Earned Income	Child-Only TANF Families	Families Transitioning Off TANF ³		Families at Risk of Becoming Dependent on TANF ³
					TANF ³	TANF Applicants	
Nevada	No	Yes	Yes	No	No	Yes	No
New Hampshire	No	No	No	No	No	No	No
New Jersey	No	Yes	No	Yes	No	No	No
New Mexico	No	No	No	No	No	No	No
New York	Yes ¹⁸	Yes	Yes	Yes	No	Yes ¹⁹	No
North Carolina	No	No	No	Yes ²⁰	No	No	No
North Dakota	No ²¹	Yes ²¹	Yes ²¹	Varies ²²	Varies ²³	No	Yes ²¹
Ohio	No	No	No	No	No	No	No
Oklahoma	Yes	Yes	Yes	Yes	No	Yes	No
Oregon	No	No	No	No	Varies ²⁴	No	No
Pennsylvania	No	Yes ²⁵	No	NA ⁷	No	No	No
Rhode Island	Yes	Yes	Yes	Yes	No	No	No
South Carolina	No	Yes ²⁶	Yes ²⁶	No	No	Yes	No
South Dakota	Yes	Yes	Yes	Yes	No	No	No
Tennessee	Yes	Yes	Yes	Yes	No	No	No
Texas	No ²⁷	Yes	No	No	No	No	No
Utah	No	Yes	Yes	NA ⁷	Yes	Yes	No
Vermont	Yes ²⁸	Yes ²⁸	Yes ²⁸	Yes ²⁸	No ²⁸	No ²⁸	Yes ²⁸
Virginia	Yes	Yes	Yes	Yes	No	No	No
Washington	No	No	No	No	No	No	No
West Virginia	No	No	No	No	No	No	No
Wisconsin	No	No	No	NA ⁷	No ²⁹	No	No
Wyoming	No	No	No	No	No	No	No
American Samoa	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰
Guam	No	No	No	No	No	No	No
No Mariana Islands	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰	NA ³⁰
Puerto Rico	No	Yes	No	No	No	No	No
Virgin Islands	No	Yes ³¹	No	No	No	Yes ³¹	No

Source: CCDF Policies Database October 1, 2016 Data

¹ Federal CCDF policies allow for copayments to be waived for all or a subset of families whose incomes are at or below the Federal Poverty Guidelines or for children who are in need of protective services. States may choose to use state funds to waive copayments for families who do not meet the federal guidelines. States coded "yes" above waive copayments, or assign a \$0 copayment for the specified group.

² An entry of "Yes" indicates all TANF families, including TANF families with no earnings, TANF families with earnings, and TANF families with child-only cases, are exempt from paying a copayment.

³ How states define families transitioning off of TANF or families at risk of becoming dependent on TANF may vary.

⁴ Families receiving transitional child care are exempt from copayments beyond the third child in the family.

⁵ Clients with no earned income who are enrolled in the TANF work program are exempt from copayments. Clients with no earned income who are enrolled in extended support services are exempt from copayments in their first year of receiving extended support services.

⁶ Clients with earnings receiving services through TANF extended support services are exempt from copayments for one year.

⁷ Child-only TANF families are not served under the state's primary child care subsidy program.

⁸ TANF applicants who are required to participate in the employment and training program and are not working are exempt from copayments.

⁹ Reduced fees or copayment exemptions are decided on a case-by-case basis.

¹⁰ Only TANF families participating in state approved activities, such as education, training, and employment, are exempt.

¹¹ Copayments are waived for TANF applicants who participate in state approved activities.

¹² TANF families and families with pending TANF cases pay no copayment. They are responsible for any amount the provider charges above the market rate.

¹³ Employed non-parent caretaker relatives who receive a child-only TANF or general assistance benefit for children needing care are exempt.

¹⁴ TANF families are required to pay any amount above what the agency pays, which is 100 percent of the maximum rate.

¹⁵ Families with authorization from the department that administers TANF are exempt from copayments.

¹⁶ Families are exempt from copayments if child care will be needed to attend TANF activities.

¹⁷ If the family's only income is TANF income, the family pays only \$1 annually.

¹⁸ Families receiving temporary assistance pay no copayment, unless they are repaying an overpayment. Families who choose to receive child care in lieu of temporary assistance pay the minimum copayment of \$1 per week.

¹⁹ TANF applicants who meet work requirements are not required to pay a copayment.

²⁰ Children with no countable income residing with an adult other than their parents are exempt. TANF income is not countable income.

²¹ The family is responsible for paying any amount that is over the allowable maximum child care amount.

²² If the TANF caretaker is ineligible, a copayment may be assessed. The TANF caretaker is always responsible for paying any amount that is over the allowable maximum child care amount.

²³ Families transitioning off TANF are exempt from copayments as long as the authorized activity for subsidy eligibility is not completed by a TANF recipient who receives SSI, is a disqualified alien, or is an ineligible non-legally responsible caretaker. The family is still responsible for paying any amount that is over the allowable maximum child care amount.

²⁴ There is no copayment for the first month to allow for a 10-day notice to transition to the state's CCDF program.

²⁵ TANF families that are not working but in the employment and training program are exempt.

²⁶ The family is exempt from the copayment requirement, but may be asked to pay the difference between what the provider charges and the maximum reimbursement rate.

²⁷ Only TANF work program participants are exempt from copayments.

²⁸ TANF recipients and TANF applicants in the diversion program are assigned no copayment and receive services at 100 percent of the established subsidy rate. The families are responsible for paying for fees and services that exceed the established subsidy rate.

²⁹ Families transitioning off of a TANF work program are assigned the minimum copayment based on the number of children in care for up to five weeks of care.

³⁰ This territory or outlying area does not have a TANF program.

³¹ Copayments are waived for TANF and other families with income below the Federal Poverty Guidelines.

Table 27. Copayment Administration, 2016

State	Who Collects the Copayment	If Family is Required to Pay the Difference Between the Maximum Reimbursement Rate and the Provider Rate ²	<u>What the Family Pays for Absences</u>		
			Illness	Vacation	Approved Closings
Alabama	Provider	Always	Copayment	Copayment	Copayment
Alaska	Provider	Always	Varies ³	Varies ³	Varies ³
Arizona	Provider	Always ⁴	Varies ⁵	Varies ⁵	Varies ⁵
Arkansas	Provider	Sometimes ⁶	Copayment ⁷	Copayment ⁷	Copayment ⁷
California	Other ⁸	Always	Copayment	Copayment	Copayment
Colorado	Provider	Never ⁹	Copayment ¹⁰	Copayment ¹¹	Copayment ¹²
Connecticut	Provider	Always ¹³	Copayment	Copayment	Copayment
Delaware	Provider	Sometimes ¹⁴	Copayment ¹⁵	Copayment ¹⁵	Copayment ¹⁵
DC	Provider	Never	Copayment ¹⁶	Copayment ¹⁷	Copayment ¹⁸
Florida	Provider	Always	Copayment ¹⁹	Copayment ¹⁹	Copayment ¹⁹
Georgia	Provider	Sometimes ²⁰	Copayment ²¹	Varies ²²	Entire cost of care ²³
Hawaii	Provider	Always	Copayment	Copayment	Copayment
Idaho	Provider	Always	Copayment	Copayment	Copayment
Illinois	Provider	Sometimes ²⁴	Copayment	Copayment	Copayment
Indiana	Provider	Always ²⁵	Copayment	Copayment	Copayment
Iowa	Provider	Never ²⁶	Copayment ²⁷	Copayment ²⁷	Copayment ²⁷
Kansas	Provider ²⁸	Always ²⁹	Varies ²⁹	Varies ²⁹	Varies ²⁹
Kentucky	Provider	Always	Copayment ³⁰	Copayment ³⁰	Copayment ³⁰
Louisiana	Provider	Always	Copayment ³¹	Copayment ³¹	Copayment ³¹
Maine	Provider	Never	Copayment	Copayment	Copayment
Maryland	Provider	Always	Copayment	Copayment	Copayment
Massachusetts	Provider	Never ³²	Copayment	Copayment ³³	Copayment ³⁴
Michigan	Provider	Always	Copayment ³⁵	Copayment ³⁵	Copayment ³⁵
Minnesota	Provider	Always ³⁶	Copayment ³⁷	Copayment ³⁷	Copayment
Mississippi	Provider	Always	Copayment ³⁸	Copayment ³⁸	Copayment
Missouri	Provider	Always	Copayment	Copayment	Copayment
Montana	Provider	Always	Varies ³⁹	Varies ³⁹	Varies ³⁹
Nebraska	Provider	Never ⁴⁰	Varies ⁴¹	Varies ⁴¹	No copayment

Table 27. Copayment Administration, 2016

State	Who Collects the Copayment	If Family is Required to Pay the Difference Between the Maximum Reimbursement Rate and the Provider Rate ²	<u>What the Family Pays for Absences</u>		
			Illness	Vacation	Approved Closings
Nevada	Provider	Always	Copayment ⁴²	Copayment ⁴²	Copayment
New Hampshire	Provider	Always ⁴³	Entire cost of care	Entire cost of care	Entire cost of care
New Jersey	Provider	Always	Copayment	Copayment	Copayment
New Mexico	Provider	Never ⁴⁴	Copayment	Copayment ⁴⁵	Copayment
New York	Provider ⁴⁶	Always	Copayment ⁴⁷	Entire cost of care ⁴⁷	Copayment ⁴⁷
North Carolina	Provider	Always ⁴⁸	Copayment ⁴⁹	Copayment ⁴⁹	Copayment
North Dakota	Provider	Always	Varies ⁵⁰	Entire cost of care	Varies ⁵⁰
Ohio	Provider	Never	Varies ⁵¹	Varies ⁵¹	No copayment
Oklahoma	Provider	Never ⁵²	No copayment ⁵³	No copayment ⁵³	No copayment
Oregon	Provider	Sometimes ⁵⁴	Copayment ⁵⁵	Copayment ⁵⁵	Copayment
Pennsylvania	Provider	Always ⁴³	Copayment ⁵⁶	Copayment ⁵⁷	Copayment
Rhode Island	Provider	--- ¹	Copayment ⁵⁸	Copayment ⁵⁸	Copayment
South Carolina	Provider	Always	Copayment	Copayment	Copayment
South Dakota	Provider	Always	Copayment	Copayment	Entire cost of care
Tennessee	Provider	Always ⁵⁹	Copayment	Copayment	Copayment
Texas	Provider	Sometimes ⁶⁰	Copayment	Copayment	Copayment
Utah	Provider	Always ⁶¹	Copayment	Copayment	Copayment
Vermont	Provider	Always	Copayment ⁶²	Copayment ⁶³	Copayment ⁶⁴
Virginia	Provider	Sometimes ⁶⁵	Varies ⁶⁶	Varies ⁶⁶	Varies ⁶⁶
Washington	Provider	Never	Copayment	Copayment	Copayment
West Virginia	Provider	Never ⁶⁷	No copayment	No copayment	No copayment
Wisconsin	Provider	Always ⁶⁸	Varies ⁶⁹	Varies ⁷⁰	Varies ⁷¹
Wyoming	Provider	Always	Copayment ⁷²	Copayment ⁷²	Copayment ⁷²
American Samoa	NA ⁷³	Sometimes ⁷⁴	NA ⁷³	NA ⁷³	NA ⁷³
Guam	Provider	Always	Copayment ⁷⁵	Copayment ⁷⁵	No copayment ⁷⁶
No Mariana Islands	Other ⁷⁷	Always	Copayment	Copayment	Copayment
Puerto Rico	Provider	Always	Copayment	Copayment	Copayment
Virgin Islands	Provider	Always	Copayment	Copayment	Copayment

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² This column captures the policies for whether the family is required to pay the difference when the provider charges a higher rate than the maximum reimbursement rate. An entry of "Always" is coded if providers are allowed to charge a higher rate, and when they choose to do so the family is required to pay the difference. An entry of "Never" indicates that providers are never allowed to charge the client more than the established copayment for general child care services.

³ What the family pays depends on the provider's policies and how the provider bills the agency. Families must pay a copayment and any additional costs charged by the provider for absences.

⁴ If the family uses a provider that charges higher rates, the provider may require the family to pay the difference.

⁵ What the parent is required to pay depends on the provider's written policy.

⁶ The parent is never required to pay the difference unless the provider has received state quality accreditation of level two or higher. Those providers have the option of charging a parent the difference between the county-determined rate and the established rate the provider charges for equal services. Foster care and TANF families that are not employed but are engaged in authorized activities are exempt from paying the difference.

⁷ Absences beyond the maximum number allowed are the responsibility of the parent.

⁸ At the discretion of the local agency, copayments may be collected by either the provider or the local agency.

⁹ Parents cannot be asked to pay more than the amount the county pays unless the parent chooses to have the child participate in optional activities, owes late fees, fails to give adequate notice of withdrawal from services to the provider, or has absences beyond the maximum number allowed by the county.

¹⁰ Parental fees are not pro-rated for partial months of service. Absences beyond the maximum number allowed by the county are the responsibility of the parent. Parents can request additional absences for illness if they have a note from a doctor.

¹¹ Parental fees are not pro-rated for partial months of service. Absences beyond the maximum number allowed by the county are the responsibility of the parent.

¹² Parental fees are not pro-rated for partial months of service.

¹³ The parent is responsible for all costs not paid by the state on behalf of the parent.

¹⁴ Families are only asked to pay the difference when using a Purchase of Care Plus provider.

¹⁵ If absences exceed five days, the family may lose their subsidy or child care spot.

¹⁶ Excused absences may be approved for up to 15 days in a month. The family must provide documentation to the provider, and the provider then must submit the documentation with the monthly attendance report.

¹⁷ A child may be absent for vacation for up to 15 days per year. The parent or guardian must notify the provider in writing of plans to be absent.

¹⁸ Providers are approved to close for 11 designated holidays every year as well as the President's Inauguration Day every four years. Licensed child care centers and licensed family child care providers are allowed to be closed for four days per year for professional development. Child care facilities may also be closed and still paid for care whenever public schools close due to inclement weather.

¹⁹ The agency pays for three unexcused absences per month per child and up to seven additional absences with documentation of extraordinary circumstances.

²⁰ For children with special needs and children in state custody, the subsidy can be reimbursed up to the full amount of the provider's published rate.

²¹ If the provider charges less for absences, the county can reduce its share of the cost. The client's fee does not change.

- ²² Parents are required to pay the copayment for days the child is absent from care when the facility is open for the purpose of providing child care services. Care may be suspended for vacation, extended illness, or other extenuating circumstances. Suspension of care cannot extend beyond three weeks per eligibility period.
- ²³ The provider cannot bill the subsidy program for days the facility is not open for the purpose of providing child care services.
- ²⁴ Providers under the certificate program may require parents to pay the difference. Site-contracted providers cannot ask parents to pay the difference.
- ²⁵ The parent assumes responsibility for paying the difference unless the caregiver is willing to accept a lower rate of reimbursement.
- ²⁶ Providers cannot request additional payment from families except for late fees, activity fees, or the cost of care if the family uses care beyond the amount approved by the agency.
- ²⁷ Payments may be made to providers for four absences per month.
- ²⁸ The state agency pays the child care benefit directly to the parent.
- ²⁹ The parent and provider contract outlines the parent's responsibilities for making payments to the provider. The provider may choose to charge the parent the difference between the maximum reimbursement rate and the provider rate. What the parent pays for absences is dependent on the provider's policies, as outlined in the parent and provider contract.
- ³⁰ Payments may be made to providers for five absences per child, per month without verification. Providers can be paid for up to ten holidays or closings per year, and the provider can choose which ten holidays are paid.
- ³¹ The copayment does not change if the child is absent no more than two of the authorized days per month.
- ³² Families cannot be asked to pay the difference from the provider rate. The family may be required to pay the difference for optional services the family chooses to use or fees for late pick-ups.
- ³³ A maximum of two weeks is allowed for vacation.
- ³⁴ For each event requiring a program to close for emergency purposes, parents may be charged copayments for up to two days. Parents are not responsible for copayments for days the program is closed due to a provider's illness, vacation, or other closings that are not pre-approved by the agency.
- ³⁵ The state will reimburse the provider for up to 208 hours if the child is absent, the child would have regularly been in the care of the provider that day, and the provider charges all parents for absences.
- ³⁶ Payment of the difference is not a condition of child care eligibility.
- ³⁷ There is no change in the copayment for child absences except when absent days exceed 10 consecutive days, up to a total of 25 absent days in a calendar year, excluding holidays. In this case, the parents must pay the entire cost of care. Exemptions may be made for documented medical conditions or if one parent is under the age of 21, does not have a high school or general equivalency diploma, and attends a school district with child care and other supportive services.
- ³⁸ Children in licensed child care facilities are allowed 15 vacation or absence days per federal fiscal year.
- ³⁹ If the family is responsible for paying the provider when a child is temporarily absent from full-time care in a licensed or registered care facility, the state will pay for up to 24 days if the provider is providing full-time care, the provider is open while the child is absent, the provider charges non-subsidized families when their children are absent, the time charged reflects the time the child was expected to be in attendance, and the provider believes the child will return to the facility following the absence.
- ⁴⁰ Providers are not allowed to charge the parent the difference between what the agency pays and the provider's private pay rate, except late fees for parents who fail to pick their child up on time and care provided to foster children and children receiving guardianship or adoption subsidies.

- ⁴¹ The agency will not pay for days the children are not in care. The provider may charge the client if the child is absent on a scheduled day. The provider cannot charge for any days the child was not scheduled to be in care.
- ⁴² The state reimburses providers for absences for up to 15 days per calendar year. For those 15 days, the family still pays a copayment.
- ⁴³ If the provider chooses to charge the family for the difference between the provider's rate and the maximum reimbursement rate, the family is required to pay the difference.
- ⁴⁴ The copayment for a child cannot exceed the monthly provider reimbursement rate. If this situation arises, the copayment may be reduced by the amount it exceeds the monthly provider reimbursement rate.
- ⁴⁵ If a child is absent for five consecutive scheduled days without a reason such as illness, sudden death, or family medical emergency, payment may discontinue to the provider and the client will remain eligible for the remainder of the eligibility period.
- ⁴⁶ Policy coded for New York City. Each district determines how the copayment is collected. The district may choose to have either the provider or the district collect the copayment.
- ⁴⁷ Policy coded for New York City.
- ⁴⁸ If the parent selects a provider who charges more than the maximum reimbursement rate, the parent is responsible for paying the difference. The local purchasing agency cannot require the parent to pay the difference between the maximum reimbursement rate and the provider's rate and must allow the parent to select a different provider if the parent is unwilling to pay the difference.
- ⁴⁹ Payment for subsidized child care service is typically based on enrollment but in some instances may be based on attendance. The county has the option to pay based on attendance when the child has been absent for more than 5 days but less than 10 days in a month and the provider did not notify the agency, the child has been absent for 10 consecutive days, or the provider charges on the basis of attendance.
- ⁵⁰ Up to 16 hours per calendar month can be reimbursed for a child who is absent from the child care setting for any reason when the provider requires payment of the absence.
- ⁵¹ Families are charged the weekly copayment if there is any service that week or at least one absent day billed. They do not pay anything if the child did not attend at all for the week and the provider billed no absent days.
- ⁵² Allowable extra charges by the provider are limited to registration fees, transportation fees, late fees, and charges for time not approved by the agency. The family may be asked to pay additional costs if the family failed to correctly use the EBT card to document service. The family cannot be charged for time covered by the agency if the EBT card was correctly used, even if the time exceeds the usual amount for full-time care.
- ⁵³ Providers cannot charge parents for absences unless the family failed to correctly record time and attendance using the EBT card during the month of service, thus causing the provider to lose the absent day payment.
- ⁵⁴ Parents may be responsible for paying the difference when the provider's rate exceeds the maximum reimbursement rate.
- ⁵⁵ The agency will pay the provider for up to five days per month when a child is absent from care if the child was scheduled to be in care on the absent days and the provider held the slot open for the child, the provider bills for the time the child was absent, and it is the provider's policy to bill all families for absent days. The agency will not pay for more than five consecutive absent days that overlap from one month to the next if the child does not return during that next month.
- ⁵⁶ The state will pay for a maximum of 25 days of absences in a state fiscal year.
- ⁵⁷ The state will pay for a maximum of five consecutive days and up to 25 days in a state fiscal year.
- ⁵⁸ The agency will continue to pay the provider for up to two weeks of absences in a 12-month period if the parent authorizes the payment.

- ⁵⁹ Parents are responsible for paying the difference in cost when providers charge more than the state reimbursement rate, as long as the provider notifies the parent of the difference in cost and the parent agrees in writing to pay the difference.
- ⁶⁰ The local board may develop a policy that prohibits providers from charging the difference between their published rate and the reimbursement rate. Providers are prohibited from charging families who are exempt from copayments.
- ⁶¹ If the child care subsidy is less than the amount charged by the provider selected, the parent is responsible to pay the difference.
- ⁶² Approved Relative Child Care Providers are not reimbursed for child sick days.
- ⁶³ Absences for vacation are reimbursed for a maximum of 10 days per fiscal year.
- ⁶⁴ Absences for days the provider is closed are reimbursed for a maximum of 15 days per fiscal year.
- ⁶⁵ Parents who choose a provider with a rate above the maximum reimbursement rate are responsible for payment of any additional amount, unless the local department elects to pay additional child care costs with local funding. Child care subsidy funds may be used to pay up to a \$100 annual registration fee. No child care subsidy funds may be used to pay provider activity fees.
- ⁶⁶ Copayments for absences are based on provider enrollment, provider attendance practices, and local department payment policies.
- ⁶⁷ Allowable extra charges by the provider are limited to registration fees, transportation fees, late fees, and charges for time not approved by the agency.
- ⁶⁸ What the family pays depends on the provider's policies.
- ⁶⁹ The agency will pay for up to six weeks of absences in order to hold the child care slot for providers who are authorized based on enrollment. Providers who are paid based on attendance are not paid by the agency. The family may be responsible for the cost of care.
- ⁷⁰ The agency will pay for up to two weeks of absences in order to hold the child care slot for providers who are authorized based on enrollment. Providers who are paid based on attendance are not paid by the agency. The family may be responsible for the cost of care.
- ⁷¹ The agency will pay for up to one week for providers who are authorized based on enrollment. Providers who are paid based on attendance are not paid by the agency. The family may be responsible for the cost of care.
- ⁷² Payment is approved for one absent day per month.
- ⁷³ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.
- ⁷⁴ American Samoa waives the copayment for all eligible families. However, if a family chooses a provider that charges more than the territory's maximum reimbursement rate, the family may be asked to pay the difference.
- ⁷⁵ Absences are reimbursed for a maximum of 10 days.
- ⁷⁶ The family pays no copayment if the child is absent less than 10 days in a row.
- ⁷⁷ All copayments are made directly to the CNMI treasury.

Table 28. Copayment Calculation, 2016

State	Copayment Calculation Method	Copayment Income Definition	Minimum Copayment ¹
Alabama	Dollar amount	Same as for determining eligibility	NA ²
Alaska	Dollar amount	Same as for determining eligibility	\$20 monthly
Arizona	Dollar amount	Same as for determining eligibility	NA
Arkansas	Percent of child care cost or maximum reimbursement rate	Same as for determining eligibility	NA
California	Dollar amount	Same as for determining eligibility	NA
Colorado	Percent of income ³	Same as for determining eligibility	\$5 monthly ⁴
Connecticut	Percent of income	Same as for determining eligibility	NA
Delaware	Percent of child care cost or maximum reimbursement rate	Same as for determining eligibility	NA
DC	Dollar amount	Same as for determining eligibility	NA
Florida	Dollar amount	Same as for determining eligibility	NA
Georgia	Dollar amount	Same as for determining eligibility	NA
Hawaii	Percent of child care cost or maximum reimbursement rate ⁵	Same as for determining eligibility	NA
Idaho	Dollar amount	Same as for determining eligibility	NA
Illinois	Dollar amount	Same as for determining eligibility	NA
Indiana	Percent of income ⁶	Same as for determining eligibility	NA
Iowa	Dollar amount	Same as for determining eligibility	NA
Kansas	Dollar amount	Same as for determining eligibility	NA
Kentucky	Dollar amount	Same as for determining eligibility	NA
Louisiana	Dollar amount	Same as for determining eligibility	NA
Maine	Percent of income	Same as for determining eligibility	NA
Maryland	Dollar amount	Same as for determining eligibility	NA
Massachusetts	Dollar amount	Same as for determining eligibility	NA
Michigan	Dollar amount	Same as for determining eligibility	NA

Table 28. Copayment Calculation, 2016

State	Copayment Calculation Method	Copayment Income Definition	Minimum Copayment ¹
Minnesota	Dollar amount	Same as for determining eligibility	NA
Mississippi	Dollar amount	Same as for determining eligibility	\$10 monthly
Missouri	Dollar amount ⁷	Same as for determining eligibility	NA ⁸
Montana	Percent of income ⁹	Same as for determining eligibility	\$10 monthly
Nebraska	Dollar amount	Same as for determining eligibility	NA
Nevada	Percent of child care cost or maximum reimbursement rate	Same as for determining eligibility	5 percent of cost of care ¹⁰
New Hampshire	Percent of income	Same as for determining eligibility	NA
New Jersey	Dollar amount	Same as for determining eligibility	NA
New Mexico	Dollar amount	Same as for determining eligibility	NA
New York	Dollar amount	Varies ¹¹	\$1 weekly ¹²
North Carolina	Percent of income	Same as for determining eligibility	NA ¹³
North Dakota	Dollar amount ¹⁴	Same as for determining eligibility	NA
Ohio	Dollar amount	Same as for determining eligibility	NA
Oklahoma	Dollar amount	Same as for determining eligibility	NA
Oregon	Other ¹⁵	Same as for determining eligibility	\$27 monthly ¹⁶
Pennsylvania	Dollar amount	Same as for determining eligibility	\$5 weekly
Rhode Island	Percent of income	Same as for determining eligibility	NA
South Carolina	Dollar amount	Same as for determining eligibility	NA
South Dakota	Other ¹⁷	Same as for determining eligibility	NA ¹⁸
Tennessee	Dollar amount	Same as for determining eligibility	NA
Texas	Dollar amount	Same as for determining eligibility	NA
Utah	Dollar amount	Same as for determining eligibility	NA
Vermont	Percent of child care cost or maximum reimbursement rate	Same as for determining eligibility	NA
Virginia	Percent of income	Same as for determining eligibility	NA

Table 28. Copayment Calculation, 2016

State	Copayment Calculation Method	Copayment Income Definition	Minimum Copayment ¹
Washington	Other ¹⁹	Same as for determining eligibility	\$15 monthly
West Virginia	Dollar amount	Same as for determining eligibility	NA
Wisconsin	Dollar amount ²⁰	Same as for determining eligibility	NA
Wyoming	Dollar amount	Same as for determining eligibility	NA
American Samoa	NA ²¹	NA ²¹	NA ²¹
Guam	Percent of child care cost or maximum reimbursement rate	Same as for determining eligibility	NA
No Mariana Islands	Dollar amount	Same as for determining eligibility	NA
Puerto Rico	Dollar amount	Same as for determining eligibility	NA
Virgin Islands	Dollar amount	Same as for determining eligibility	NA

Source: CCDF Policies Database October 1, 2016 Data

¹ The minimum copayment applies when there is a statutory minimum that may override the copayment found in the state's copayment formula or fee schedule. The minimum is not derived from the lowest copayment found on the fee schedule.

² Families whose income falls below the lowest copayment income range do not have to pay a fee.

³ Families pay a percentage of their income for the first child in care, plus a dollar amount for each additional child in care.

⁴ Families with financial hardship can have their fee reduced to \$5. The copayment can be waived for families with teen parents, where both parents are in high school or obtaining their GED and paying the fee would produce a hardship.

⁵ The copayment is either a percentage of the maximum child care rate or child care cost, whichever is less.

⁶ The copayment amount varies according to the number of years a family has been receiving assistance. The percentage of monthly income required as a copayment for a particular income category increases by one percentage point for each year the family receives assistance.

⁷ If an applicant is already receiving child care and his or her income increases to between 139 percent and 165 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 1. The applicant will pay 25 percent of the cost of care, after the sliding fee dollar amount. If an applicant is already receiving child care and his or her income increases to between 166 percent and 190 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 2. The applicant will then pay 50 percent of the cost of care, after the sliding fee dollar amount. If an applicant is already receiving child care and his or her income increases to between 191 percent and 215 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 3. The applicant will pay 75 percent of the cost of care, after the sliding fee dollar amount.

⁸ Families whose only income is TANF income and families whose income is below 25 percent of the state median income pay \$1 annually.

⁹ Families with incomes up to the first threshold pay a \$10 copayment. All other families pay the listed percent of income as a copayment.

¹⁰ Families must pay a minimum five percent copayment unless they are a TANF, foster care, homeless, or child protective services case.

- ¹¹ In order to determine the copayment, the amount of income over the state income standard is used in the calculation. The copayment calculation is a percentage of the income that exceeds the state income standard.
- ¹² The minimum family copayment is required of low-income families but not TANF families.
- ¹³ When the assessed copayment is less than \$5 a month, it is disregarded.
- ¹⁴ The amount paid to the provider is rounded down to the nearest dollar.
- ¹⁵ The copayment is calculated by a mathematical formula that gradually increases the copayment as family income increases. Workers calculate copayment amounts by entering a family's monthly income and family size into a web tool.
- ¹⁶ Families whose income is at or below 50 percent of the 2007 Federal Poverty Guidelines pay either 1.5 percent of their countable income or \$27, whichever is greater. The minimum copayment can be waived to \$0 if a family chooses to use a quality star rated child care provider.
- ¹⁷ Households with income between 100 and 105 percent of the Federal Poverty Guidelines pay \$10 monthly. Households with adjusted income above 105 percent of the Federal Poverty Guidelines have a copayment between 4.5 percent and 15 percent of income. For families with adjusted income over 125 percent of the Federal Poverty Guidelines, copayments are equal to monthly income minus 105 percent of the Federal Poverty Guidelines or 15 percent of monthly income, whichever is less.
- ¹⁸ Households with income between 100 percent and 105 percent of the Federal Poverty Guidelines have a minimum \$10 copayment.
- ¹⁹ Families with income up to 137.5 percent of the Federal Poverty Guidelines pay a flat dollar amount based on income. For families with income above 137.5 percent of the Federal Poverty Guidelines, the state subtracts 137.5 percent of the Federal Poverty Guidelines from countable income, multiplies the amount by 0.50, and then adds \$65.
- ²⁰ For counties participating in the state's Electronic Benefit Transfer card pilot program, each family is assigned a base copayment with an additional per-child amount.
- ²¹ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.

Table 29. Other Copayment Calculation Policies, 2016

State	<u>Copayment for Families with Multiple Children</u>		<u>Copayment for Part-Time Care</u>		Adjustment for Children with Special Needs
	Adjustment for Second Child in Care	Adjustment for Third Child in Care	Adjustment for Part-Time Care	Maximum Number of Hours Considered Part-Time Care if Copayment is Adjusted	
Alabama	Copayment is per child	Copayment is per child	50 percent of full-time copayment	25 hours weekly	No adjustment
Alaska	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Arizona	Copayment is per child	Copayment is per child	50 percent of full-time copayment	Less than 6 hours daily	No adjustment
Arkansas	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA ²	No adjustment
California	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	50 percent of full-time copayment ³	Less than 130 hours monthly ⁴	No adjustment
Colorado	Varies ⁵	Varies ⁵	55 percent of full-time copayment	Less than 5 hours daily ⁶	No adjustment
Connecticut	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Delaware	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA	No adjustment ⁷
DC	75 percent of one child copayment	NA ⁸	50 percent of full-time copayment	5 hours daily	No adjustment
Florida	50 percent of one child copayment ⁹	50 percent of one child copayment ⁹	50 percent of full-time copayment ¹⁰	Less than 6 hours daily ¹⁰	No adjustment ¹⁰
Georgia	Varies ¹¹	Varies ¹¹	No adjustment	NA	No adjustment
Hawaii	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA	No adjustment
Idaho	Copayment is per child	Copayment is per child	50 percent of full-time copayment	24 hours weekly	No adjustment
Illinois	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment ¹²	NA	No adjustment

Table 29. Other Copayment Calculation Policies, 2016

State	<u>Copayment for Families with Multiple Children</u>		<u>Copayment for Part-Time Care</u>		Adjustment for Children with Special Needs
	Adjustment for Second Child in Care	Adjustment for Third Child in Care	Adjustment for Part-Time Care	Maximum Number of Hours Considered Part-Time Care if Copayment is Adjusted	
Indiana	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Iowa	Varies ¹³	Varies ¹³	50 percent of full-time copayment ¹⁴	5 hours daily ¹⁴	No adjustment
Kansas	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Kentucky	Varies ¹⁵	Varies ¹⁵	No adjustment	NA	No adjustment
Louisiana	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Maine	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Maryland	Varies ¹⁶	Varies ¹⁶	67 percent of full-time copayment ¹⁷	Less than 6 hours daily ¹⁸	No adjustment
Massachusetts	50 percent of one child copayment ¹⁹	25 percent of one child copayment	50 percent of full-time copayment	Less than 6 hours daily ²⁰	No adjustment
Michigan	Copayment is per child	Copayment is per child	No adjustment	NA	No adjustment
Minnesota	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Mississippi	Varies ²¹	Varies ²¹	50 percent of full-time copayment	Less than 6 hours daily	\$10 monthly
Missouri	Copayment is per child	Copayment is per child	Other ²²	Less than 5 hours daily	No copayment
Montana	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment ²³	NA	No adjustment
Nebraska	Copayment is per child	Copayment is per child	No adjustment	NA	No adjustment

Table 29. Other Copayment Calculation Policies, 2016

State	<u>Copayment for Families with Multiple Children</u>		<u>Copayment for Part-Time Care</u>		Adjustment for Children with Special Needs
	Adjustment for Second Child in Care	Adjustment for Third Child in Care	Adjustment for Part-Time Care	Maximum Number of Hours Considered Part-Time Care if Copayment is Adjusted	
Nevada	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA	No adjustment
New Hampshire	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
New Jersey	75 percent of one child copayment	NA ⁸	50 percent of full-time copayment	Less than 6 hours daily	No adjustment
New Mexico	50 percent of one child copayment ²⁴	25 percent of one child copayment ²⁴	75 percent of full-time copayment ²⁵	29 hours weekly ²⁵	No adjustment
New York	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	61 percent of full-time copayment ²⁶	30 hours weekly ²⁶	No adjustment
North Carolina	Copayment is family level, does not vary by number of children in care ²⁷	Copayment is family level, does not vary by number of children in care ²⁷	75 percent of full-time copayment ²⁸	31 hours weekly	No adjustment
North Dakota	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Ohio	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Oklahoma	Varies ²⁹	Varies ²⁹	No adjustment	NA	No adjustment
Oregon	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Pennsylvania	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Rhode Island	Copayment is family level, does not vary by number of children in care ³⁰	Copayment is family level, does not vary by number of children in care ³⁰	No adjustment	NA	--- ¹

Table 29. Other Copayment Calculation Policies, 2016

State	<u>Copayment for Families with Multiple Children</u>		<u>Copayment for Part-Time Care</u>		Adjustment for Children with Special Needs
	Adjustment for Second Child in Care	Adjustment for Third Child in Care	Adjustment for Part-Time Care	Maximum Number of Hours Considered Part-Time Care if Copayment is Adjusted	
South Carolina	Copayment is per child ³¹	Copayment is per child ³¹	No adjustment	NA	No adjustment
South Dakota	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	Other ³²
Tennessee	Varies ²⁹	Varies ²⁹	50 percent of full-time copayment	Less than 20 hours weekly	No adjustment
Texas	Varies ³³	Varies ³³	No adjustment	NA	No adjustment
Utah	Varies ³⁴	Varies ³⁴	No adjustment	NA	No adjustment
Vermont	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA	No adjustment
Virginia	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Washington	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
West Virginia	Copayment is per child	Copayment is per child	No adjustment ³⁵	NA	No adjustment
Wisconsin	Varies ³⁶	Varies ³⁶	50 percent of full-time copayment	20 hours weekly	No adjustment
Wyoming	Copayment is per child	Copayment is per child	No adjustment ³⁷	NA	No adjustment
American Samoa	NA ³⁸	NA ³⁸	NA ³⁸	NA ³⁸	NA ³⁸
Guam	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA (Copay is percent of cost or maximum rate)	NA	No adjustment
No Mariana Islands	Copayment is family level, does not vary by number of children in care	Copayment is family level, does not vary by number of children in care	No adjustment	NA	No adjustment
Puerto Rico	50 percent of one child copayment	NA ⁸	No adjustment	NA	No adjustment
Virgin Islands	Copayment is per child	Copayment is per child	No adjustment	NA	No adjustment

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² Part-time care is defined as less than three hours per day. Half-time care is defined as between three and five total hours per day.

³ If there is more than one child in care, the full-time versus part-time copayment is determined according to the child who is in care for the greatest number of hours. The part-time copayment is generally half of the full-time copayment.

⁴ The fee is determined based on the number of hours of care certified for the month. Contractors cannot recalculate fees based on a child's actual attendance.

⁵ Families pay a percentage of their income for the first child in care, plus a dollar amount for each additional child in care. The dollar amount is the same for each additional child in the family and varies based on family income. For counties opting to serve families for up to an additional six months once their income goes above 225 percent of the Federal Poverty Guidelines, the copayment for the first child in care is 12 percent to 25 percent of household income, determined on a case-by-case basis and increased incrementally, and the fee for each additional child in care is \$40.

⁶ Part-time care is defined as an average of less than 13 full-time or equivalent units of care per month. A part-time unit is defined as less than five hours of care in a day. Part-time units are converted to equivalent full-time units using a factor of 0.55.

⁷ The copayment is based on a percent of the cost of care. Families with children with special needs pay the same percent as families with children without special needs. The family's final payment is five percent higher than the copayment for children without special needs, as a result of higher reimbursement rates for special needs care.

⁸ No additional copayment is required when there are more than two children in care.

⁹ Policy coded for Miami-Dade County. The copayment is computed for the youngest child when more than one child is receiving care.

¹⁰ Policy coded for Miami-Dade County.

¹¹ The copayment is a family fee that increases with each additional child in care. The amount varies for different income levels. The family fee amount is applied to the first child's care and if the family fee exceeds the cost of care for the first child, any remaining fee amount is applied to subsequent children's care.

¹² If all of the children in care are school age and approved for part-day care for any month September through May, the copayment will be reduced by one half for that month.

¹³ The copayment amount is determined by the number of children in care. Once the copayment level is determined, the copayment is not paid per child, but paid only for the child receiving the most units of care. If there are two children in care, the families pay a copayment that is 50 cents higher per day (25 cents per half day) than the amount if only one child is in care, except for the first income level, where the copayment remains zero. For a third child in care the copayment is \$1 higher per day (50 cents per half day) than the copayment for one child in care, except for the first income level where the copayment remains zero. The family is charged the same rate for more than three children as for three children.

¹⁴ Copayments are based on a half-day rate, multiplied by two to calculate the full-day rate. Part-time care of up to five hours uses the half-day rate. If the hours of care needed exceed five, two or more units of care are used and the half-day rate is multiplied by the number of daily units of care used.

¹⁵ The copayment is family level and varies depending on the number of children in care. Two different fee scales are provided, one for families with one child in care and one for families with two or more children in care. Families with two or more children in care pay the same copayment, regardless of the number of additional children in care.

¹⁶ A separate copayment schedule is provided for additional children in care. The adjustment for the second child in care is the same as the adjustment for the third child in care.

¹⁷ Care for more than three but less than six hours per day is charged a copayment of 66.67 percent of the full-time rate. Care for three hours or less per day is charged a copayment of 33.33 percent of the full-time rate.

- ¹⁸ There are two levels of part-time care: care for three hours or less per day, and care for more than three but less than six hours per day.
- ¹⁹ The full copayment is applied to the oldest child receiving care. The adjusted copayment of 50 percent of the full copayment is applied to the second oldest child receiving care.
- ²⁰ A half day is fewer than 6 hours.
- ²¹ The copayment varies by family size, number of children in care, and the majority type of care provided (full-time or part-time care).
- ²² Half-time care is defined as care lasting from three hours up to five hours. The half-time care copayment is a dollar amount ranging from 65 to 70 percent of the full-time copayment depending on the family's income level. An additional part-time copayment ranging from 45 to 50 percent of the full-time care copayment, depending on the family's income level, is used for care provided up to three hours per day.
- ²³ If the month's cost of child care is less than the monthly copayment, the family is obligated to pay only the cost of care, not the full copayment indicated on the child care certificate plan.
- ²⁴ The copayment for each additional child is half the copayment of the previously counted child. For example, the copayment for the third child will be half the second child's copayment.
- ²⁵ The adjustment for part-time care varies depending on the amount of care used. For care provided 8 to 29 hours per week, the adjustment is 75 percent of the full-time rate. For care provided 7 hours or less per week, the adjustment is 25 percent of the full-time rate. For cases with split custody or where a child may have two providers and care is provided 6 to 19 hours per week, the adjustment is 50 percent of the full-time rate.
- ²⁶ Policy coded for New York City.
- ²⁷ The copayment is based on the child receiving services for the greatest number of hours. The copayment is determined by the family's income and family size.
- ²⁸ If the child is in care for an average of 1 to 31 hours per week, the part-time copayment is 75 percent of the full-time copayment.
- ²⁹ The copayment is a family fee that increases with each additional child in care. Separate fee schedules are provided based on the number of children in care.
- ³⁰ The copayment is applied to the cost of care for the child that receives services at the highest rate.
- ³¹ A percentage discount is established by the provider for families with multiple children receiving care from the same provider. It is applied to all children except the youngest.
- ³² Copayments for care for children with advanced special needs are capped at 10 percent of gross monthly income.
- ³³ Policy coded for the Gulf Coast Region. For multiple children receiving child care assistance, there is an additional per child fee that depends on the household income.
- ³⁴ The copayment is a family fee that increases by one percent of income with each additional child in care, up to three children. The copayment does not increase for four or more children in care. Separate fee schedules are provided based on the number of children in care.
- ³⁵ Partial days of care are converted into full days for purposes of copayments and reimbursement.
- ³⁶ The copayment is a family fee that increases with each additional child in care. Separate fee schedules are provided based on the number of children in care. For counties participating in the state's Electronic Benefit Transfer card pilot program, each family is assigned a base copayment with an additional per-child amount.
- ³⁷ The copayment is hourly. The copayment for part-time care provided less than five hours per day is four times the hourly copayment.
- ³⁸ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.

Table 30. Copayment Amounts for a Single Parent with a Two-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2016 ¹

State	Annual Earnings			
	\$15,000	\$20,000	\$25,000	\$30,000
Alabama	67	100	Not eligible	Not eligible
Alaska	37	49	82	150
Arizona	43	65	65	Not eligible
Arkansas ²	0	35	35	Not Eligible
California	0	0	74	162
Colorado ³	13	167	229	325
Connecticut	50	67	125	200
Delaware ⁴	80	172	276	402
DC	44	75	134	192
Florida ⁵	52	87	Not eligible	Not eligible
Georgia	113	143	Not eligible	Not eligible
Hawaii ⁶	419	698	977	1256
Idaho	40	150	Not eligible	Not eligible
Illinois	53	106	176	Not eligible
Indiana ⁷	0	117	Not eligible	Not eligible
Iowa ⁸	0	97	Not eligible	Not eligible
Kansas	18	84	165	Not eligible
Kentucky	87	173	238	Not eligible
Louisiana	0	44	66	Not Eligible
Maine	75	150	208	250
Maryland ⁹	143	214	Not eligible	Not eligible
Massachusetts	97	173	271	379
Michigan	32	Not eligible	Not eligible	Not eligible
Minnesota	4	50	69	Not eligible
Mississippi	60	102	143	Not eligible
Missouri ⁸	110	110	Not eligible	Not eligible
Montana	25	133	Not eligible	Not eligible
Nebraska	0	112	Not eligible	Not eligible
Nevada ¹⁰	30	121	182	303
New Hampshire	59	167	260	350
New Jersey	0	84	111	149
New Mexico	50	94	Not eligible	Not eligible
New York ¹¹	65	117	264	407
North Carolina	125	167	208	250
North Dakota	61	121	176	176
Ohio	0	140	Not eligible	Not eligible
Oklahoma	65	139	170	Not eligible
Oregon	117	238	397	Not eligible
Pennsylvania	91	126	186	230
Rhode Island	0	33	167	Not eligible
South Carolina	48	61	Not eligible	Not eligible

Table 30. Copayment Amounts for a Single Parent with a Two-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2016 ¹

State	Annual Earnings			
	\$15,000	\$20,000	\$25,000	\$30,000
South Dakota	0	198	300	Not eligible
Tennessee ¹²	90	116	142	Not Eligible
Texas ¹³	120	170	270	330
Utah	0	31	134	Not eligible
Vermont ¹⁴	0	0	89	236
Virginia ¹⁵	63	100	167	Not eligible
Washington	65	65	194	402
West Virginia	114	146	Not eligible	Not eligible
Wisconsin ¹⁶	86	172	262	Not eligible
Wyoming	0	19	38	139
American Samoa ¹⁷	0	0	0	0
Guam ¹⁸	124	248	Not eligible	Not eligible
No Mariana Islands	18	18	Not eligible	Not eligible
Puerto Rico	Not eligible	Not eligible	Not eligible	Not eligible
Virgin Islands ¹⁹	0	0	20	40

Source: CCDF Policies Database October 1, 2016 Data

¹ Numbers are rounded to the nearest dollar amount. In calculating the monthly copayment, the following assumptions were made. The family consists of one parent and one child. The child is 24 months old and does not have any special needs. The family receives full-time care. The family is receiving subsidized child care for the first time, and eligibility is determined under initial eligibility thresholds. Families who already receive subsidized care may be eligible at somewhat higher income levels in some states. Families receiving additional assistance, such as transitional child care or TANF, may also qualify for child care subsidies at higher income levels than shown here. All income is earned. If the state uses an income disregard for calculating copayments, the disregard was applied. The lowest earnings level shown (\$15,000) is approximately equal to full-time full-year pay at the federal minimum wage of \$7.25 per hour. Unless noted, the calculation for monthly copayments uses 8 hours per day, 5 days per week, and 4.333 weeks per month when hourly, daily, or weekly copayments were provided.

² Copayment amounts based on center rates for providers certified at Better Beginnings Star level 1 in Pulaski County.

³ Copayment amounts based on income eligibility thresholds for Denver.

⁴ Copayment amounts based on center reimbursement rates for New Castle.

⁵ Copayment amounts for Miami-Dade County.

⁶ Copayment amounts based on reimbursement rates for licensed centers and center based infant and toddler care.

⁷ Copayment amounts based on first year of assistance.

⁸ Copayments are calculated using a multiplier of 22 days per month.

⁹ Copayment amounts for center care in the Baltimore City Region.

¹⁰ Copayment amounts based on licensed center reimbursement rates for Clark.

¹¹ Copayment amounts for New York City.

¹² Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

¹³ Copayment amounts and income eligibility thresholds for the Gulf Coast Region.

¹⁴ Copayment amounts based on licensed center reimbursement rates. Copayments are calculated using a multiplier of 4.3 to convert weekly reimbursement rates to monthly reimbursement rates.

¹⁵ Copayment amounts based on income eligibility thresholds for Group III.

¹⁶ Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates. For counties participating in the state's Electronic Benefit Transfer card pilot program, each family is assigned a base copayment determined by the family's monthly child care hours with an additional per-child amount determined by the monthly hours for the individual child.

¹⁷ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.

¹⁸ Copayment amounts based on reimbursement rates used for all providers.

¹⁹ Copayments are calculated using a multiplier of 4 weeks per month.

Table 31. Copayment Amounts for a Single Parent with a Two-Year-Old Child and a Four-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2016 ¹

State	Annual Earnings			
	\$15,000	\$20,000	\$25,000	\$30,000
Alabama	91	134	199	Not eligible
Alaska	24	49	82	124
Arizona	43	87	130	130
Arkansas ²	0	0	65	65
California	0	0	53	128
Colorado ³	13	17	223	300
Connecticut	25	67	83	150
Delaware ⁴	115	184	344	528
DC	48	77	131	206
Florida ⁵	52	78	130	156
Georgia	139	182	221	Not eligible
Hawaii ⁶	414	828	1035	1449
Idaho	80	80	300	Not eligible
Illinois	35	67	133	190
Indiana ⁷	0	0	146	Not eligible
Iowa ⁸	0	0	97	Not eligible
Kansas	22	22	106	177
Kentucky	108	152	238	303
Louisiana	0	0	44	66
Maine	63	100	167	225
Maryland ⁹	103	313	384	Not eligible
Massachusetts	65	211	292	487
Michigan	65	65	Not eligible	Not eligible
Minnesota	0	4	63	82
Mississippi	65	107	148	190
Missouri ⁸	132	220	220	Not eligible
Montana	13	50	167	325
Nebraska	0	0	140	Not eligible
Nevada ¹⁰	55	55	221	331
New Hampshire	59	79	208	313
New Jersey	0	0	147	178
New Mexico	59	112	172	246
New York ¹¹	65	65	143	286
North Carolina	125	167	208	250
North Dakota	75	75	150	218
Ohio	0	0	176	Not eligible
Oklahoma	95	169	200	226
Oregon	81	172	295	451
Pennsylvania	74	117	169	208
Rhode Island	0	0	42	125
South Carolina	95	95	121	147

Table 31. Copayment Amounts for a Single Parent with a Two-Year-Old Child and a Four-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2016 ¹

State	Annual Earnings			
	\$15,000	\$20,000	\$25,000	\$30,000
South Dakota	0	0	236	360
Tennessee ¹²	151	211	249	310
Texas ¹³	85	160	225	290
Utah	0	0	57	191
Vermont ¹⁴	0	0	175	466
Virginia ¹⁵	63	83	125	175
Washington	15	65	65	164
West Virginia	108	152	184	Not eligible
Wisconsin ¹⁶	60	138	211	288
Wyoming	0	0	38	76
American Samoa ¹⁷	0	0	0	0
Guam ¹⁸	0	231	463	Not eligible
No Mariana Islands	21	21	31	Not eligible
Puerto Rico	130	Not eligible	Not eligible	Not eligible
Virgin Islands ¹⁹	0	0	0	56

Source: CCDF Policies Database October 1, 2016 Data

¹ Numbers are rounded to the nearest dollar amount. In calculating the monthly copayment, the following assumptions were made. The family consists of one parent and two children. The children are 24 and 48 months old and do not have any special needs. The family receives full-time care. The family is receiving subsidized child care for the first time, and eligibility is determined under initial eligibility thresholds. Families who already receive subsidized care may be eligible at somewhat higher income levels in some states. Families receiving additional assistance, such as transitional child care or TANF, may also qualify for child care subsidies at higher income levels than shown here. All income is earned. If the state uses an income disregard for calculating copayments, the disregard was applied. The lowest earnings level shown (\$15,000) is approximately equal to full-time full-year pay at the federal minimum wage of \$7.25 per hour. Unless noted, the calculation for monthly copayments uses 8 hours per day, 5 days per week, and 4.333 weeks per month when hourly, daily, or weekly copayments were provided.

² Copayment amounts based on center rates for providers certified at Better Beginnings Star level 1 in Pulaski County.

³ Copayment amounts based on income eligibility thresholds for Denver.

⁴ Copayment amounts based on center reimbursement rates for New Castle.

⁵ Copayment amounts for Miami-Dade County.

⁶ Copayment amounts based on reimbursement rates for licensed centers and center based infant and toddler care.

⁷ Copayment amounts based on first year of assistance.

⁸ Copayments are calculated using a multiplier of 22 days per month.

⁹ Copayment amounts for center care in the Baltimore City Region.

¹⁰ Copayment amounts based on licensed center reimbursement rates for Clark.

¹¹ Copayment amounts for New York City.

¹² Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

¹³ Copayment amounts and income eligibility thresholds for the Gulf Coast Region.

¹⁴ Copayment amounts based on licensed center reimbursement rates. Copayments are calculated using a multiplier of 4.3 to convert weekly reimbursement rates to monthly reimbursement rates.

¹⁵ Copayment amounts based on income eligibility thresholds for Group III.

¹⁶ Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates. For counties participating in the state's Electronic Benefit Transfer card pilot program, each family is assigned a base copayment determined by the family's monthly child care hours with an additional per-child amount determined by the monthly hours for the individual child.

¹⁷ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.

¹⁸ Copayment amounts based on reimbursement rates used for all providers.

¹⁹ Copayments are calculated using a multiplier of 4 weeks per month.

Table 32. Copayment Amounts for a Two Parent Household with a Two-Year-Old Child and a Four-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2016 ¹

State	Annual Earnings			
	\$25,000	\$30,000	\$35,000	\$40,000
Alabama	156	199	Not eligible	Not eligible
Alaska	81	123	202	299
Arizona	130	130	130	130
Arkansas ²	65	65	65	Not Eligible
California	0	74	145	229
Colorado ³	78	240	346	435
Connecticut	83	100	175	200
Delaware ⁴	241	344	505	574
DC	93	131	179	265
Florida ⁵	104	130	156	Not eligible
Georgia	221	260	299	Not eligible
Hawaii ⁶	828	1035	1449	1656
Idaho	100	300	Not eligible	Not eligible
Illinois	104	161	228	Not eligible
Indiana ⁷	104	175	Not eligible	Not eligible
Iowa ⁸	31	97	163	Not eligible
Kansas	70	127	213	265
Kentucky	195	282	325	Not eligible
Louisiana	44	44	66	Not Eligible
Maine	167	200	263	333
Maryland ⁹	357	384	402	Not eligible
Massachusetts	260	292	406	487
Michigan	65	Not eligible	Not eligible	Not eligible
Minnesota	56	74	93	128
Mississippi	143	185	227	267
Missouri ⁸	220	220	Not eligible	Not eligible
Montana	83	200	350	Not eligible
Nebraska	94	112	Not eligible	Not eligible
Nevada ¹⁰	110	221	331	442
New Hampshire	156	250	365	467
New Jersey	134	147	170	204
New Mexico	143	204	286	Not eligible
New York ¹¹	65	165	312	459
North Carolina	208	250	292	333
North Dakota	89	178	178	259
Ohio	149	213	Not eligible	Not eligible
Oklahoma	200	226	263	Not eligible
Oregon	229	355	506	684
Pennsylvania	160	195	251	295
Rhode Island	42	50	146	267
South Carolina	121	121	147	Not eligible

Table 32. Copayment Amounts for a Two Parent Household with a Two-Year-Old Child and a Four-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2016 ¹

State	Annual Earnings			
	\$25,000	\$30,000	\$35,000	\$40,000
South Dakota	0	274	420	480
Tennessee ¹²	249	301	353	400
Texas ¹³	225	225	290	360
Utah	0	69	213	257
Vermont ¹⁴	12	175	408	641
Virginia ¹⁵	125	150	204	300
Washington	65	65	134	342
West Virginia	130	152	173	Not eligible
Wisconsin ¹⁶	151	211	275	331
Wyoming	0	38	38	76
American Samoa ¹⁷	0	0	0	0
Guam ¹⁸	231	463	Not eligible	Not eligible
No Mariana Islands	38	43	43	Not eligible
Puerto Rico	Not eligible	Not eligible	Not eligible	Not eligible
Virgin Islands ¹⁹	0	32	80	Not eligible

Source: CCDF Policies Database October 1, 2016 Data

¹ Numbers are rounded to the nearest dollar amount. In calculating the monthly copayment, the following assumptions were made. The family consists of two parents and two children. The children are 24 and 48 months old and do not have any special needs. The family receives full-time care. The family is receiving subsidized child care for the first time, and eligibility is determined under initial eligibility thresholds. Families who already receive subsidized care may be eligible at somewhat higher income levels in some states. Families receiving additional assistance, such as transitional child care or TANF, may also qualify for child care subsidies at higher income levels than shown here. Both parents are working at least 30 hours per week and all income is earned. If the state uses an income disregard for calculating copayments, the disregard was applied. The lowest earnings level shown (\$25,000) is approximately equal to full-year pay for two parents each working 30 hours per week at the federal minimum wage of \$7.25 per hour. Unless noted, the calculation for monthly copayments uses 8 hours per day, 5 days per week, and 4.333 weeks per month when hourly, daily, or weekly copayments were provided.

² Copayment amounts based on center rates for providers certified at Better Beginnings Star level 1 in Pulaski County.

³ Copayment amounts based on income eligibility thresholds for Denver.

⁴ Copayment amounts based on center reimbursement rates for New Castle.

⁵ Copayment amounts for Miami-Dade County.

⁶ Copayment amounts based on reimbursement rates for licensed centers and center based infant and toddler care.

⁷ Copayment amounts based on first year of assistance.

⁸ Copayments are calculated using a multiplier of 22 days per month.

⁹ Copayment amounts for center care in the Baltimore City Region.

¹⁰ Copayment amounts based on licensed center reimbursement rates for Clark.

¹¹ Copayment amounts for New York City.

¹² Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

¹³ Copayment amounts and income eligibility thresholds for the Gulf Coast Region.

¹⁴ Copayment amounts based on licensed center reimbursement rates. Copayments are calculated using a multiplier of 4.3 to convert weekly reimbursement rates to monthly reimbursement rates.

¹⁵ Copayment amounts based on income eligibility thresholds for Group III.

¹⁶ Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates. For counties participating in the state's Electronic Benefit Transfer card pilot program, each family is assigned a base copayment determined by the family's monthly child care hours with an additional per-child amount determined by the monthly hours for the individual child.

¹⁷ American Samoa serves all families that fall below the Federal Poverty Guidelines and waives the copayment for all eligible families.

¹⁸ Copayment amounts based on reimbursement rates used for all providers.

¹⁹ Copayments are calculated using a multiplier of 4 weeks per month.

V. Policies for Providers

Each CCDF program includes extensive policies related to child care providers. These policies operate within the context of a State's/Territory's broader policies concerning child care licensing and regulation. However, some policies related to providers are specific to the CCDF program. These include how the State/Territory agency implementing CCDF-subsidized care pays the provider, whether the provider is paid during closings or child absences, the maximum reimbursement rates that will be paid by the State/Territory for CCDF-subsidized care, and rules for "legally unregulated" providers who are outside the scope of a State's/Territory's broader child care regulations but who must meet certain standards to be paid through the subsidy system.

Provider Payments and Closings

The State/Territory agencies that implement CCDF-subsidized care may choose to pay providers directly, pay parents who then must pay providers, or handle provider payments in another way. States/Territories also set their own policies for whether providers are paid for days they are closed; examples of reasons for provider closings include federal holidays, inclement weather, provider illness, and provider vacation. Additionally, States/Territories determine whether providers continue to receive payments even if the children receiving the child care subsidy are absent from care.

Table 33 shows how providers are paid, if providers are paid when they are closed, and whether providers are paid for days the children are not in care. Findings from 2016 include:

- In 47 States/Territories, the provider is paid directly. In Kansas and Guam, the agency provides the money to the parents who are then responsible for paying their child care providers. Some States have varying payment requirements depending on the type of care. In Minnesota, New Mexico, and Pennsylvania, the agency pays the provider directly with the exception of in-home care; if care is provided in-home, the agency pays the parent.
- In 33 States/Territories, providers receive payment on days they are closed. In 14 States/Territories, providers are not paid for days they are closed. In seven States/Territories, the policy varies depending on the type of closure or whether the child receives care from an alternative provider if the original provider is closed.

- In 31 States/Territories, all providers are paid for days children are absent. In 11 States/Territories, only licensed providers are paid for days children are absent, and in Nebraska, New Hampshire, West Virginia, and the Virgin Island, providers are not paid for days children are absent.

Under CCDBG reauthorization, States/Territories are required to provide assurance that they will, “to the extent practicable, implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider reimbursement rates from an eligible child’s occasional absences due to holidays or unforeseen circumstances such as illness.”⁴⁵ As States/Territories implement policy changes in response to this requirement, the changes will be captured in the full Database and future years’ tables.

Reimbursement Rates

Each CCDF program determines the maximum amounts that will be paid to child care providers—often termed “maximum reimbursement rates,” and also referred to as “payment rates” or “provider payments.” Although the terms “maximum reimbursement rates” and “payment rates” are sometimes used interchangeably, “payment rate” is a more general term that includes not only payment on a reimbursement basis, but also alternative payment practices. We continue to use the term “maximum reimbursement rate” in this report to be consistent with the underlying Database.

The States/Territories establish these rates by conducting market rate surveys of child care prices throughout each State/Territory.⁴⁶ Maximum rates affect not only providers but also families. For families, the maximum rates may establish the highest-cost care that the family can obtain with the subsidy, without paying an additional cost beyond the copayment. (Table 27 shows whether States/Territories may require a family to pay the difference between the maximum reimbursement rate and the provider’s full rate.)

Within each State/Territory, rates may differ based on a number of factors, including provider type, amount of care (full-time, part-time, before-and-after, or summer care), and the age of the child. States/Territories may also provide higher rates for providers who qualify for increased payments based on meeting additional criteria beyond the basic licensing requirements (i.e., higher quality ratings). When States/Territories use this “tiered” approach, the general rate for providers who do not qualify for the additional payments is termed the “base rate” for the purposes of these tables. States/Territories may also use higher rates for care provided during non-traditional hours or care for children with special needs.

⁴⁵ The Child Care and Development Block Grant Act of 2014 is available at <https://www.congress.gov/113/plaws/publ186/PLAW-113publ186.pdf>.

⁴⁶ States/Territories may choose to use alternative methodologies to the market rate survey, as outlined in their CCDF plans.

States/Territories may express their maximum rates in hourly, daily, weekly, or monthly terms; most States/Territories use more than one metric, with rules for how to determine the maximum rate in different situations. (For example, a State/Territory may use a daily rate when child care is provided for less than a certain number of days per week, but use a weekly or monthly rate in other cases.) Finally, it is very common for maximum rates to vary across different sub-areas of a State. A State/Territory may have just a few different sets of maximum rates or dozens of different sets of maximum rates.

Tables 34 through 37 show maximum reimbursement rates for four basic types of providers: child care centers, family child care homes, group child care homes, and in-home child care providers. While States/Territories may use different terminology for categorizing different types of providers, for the purposes of the CCDF Policies Database, the four types of providers are defined as follows⁴⁷:

- Child care centers are usually licensed, non-residential child care facilities that typically care for a larger number of children at one time than residentially-based facilities.
- Family child care homes are residential child care programs that are typically licensed or otherwise accredited.
- Group child care homes are similar to family child care homes but are usually allowed to care for more children at the same time than a family child care home. (Many States/Territories consider all child care homes as one group and do not use this category.)
- In-home child care usually refers to legally unregulated care provided in the child's home. In some cases, the State/Territory also refers to legally unregulated care provided in the provider's home as in-home care and provides two different in-home rates. In these cases, the table captures the rates for care provided in the home of the child. States/Territories vary widely on the amount of oversight and credentials required for in-home providers.

Each of the four tables shows the maximum reimbursement rate for a child at four different ages: infant (11 months, just before the 1st birthday), toddler (35 months, just before the 3rd birthday), preschool (59 months, just before the 5th birthday), and school-age before-and-after care (84 months, exactly 7 years old). The ages are precise to allow for comparison across States/Territories, since different States/Territories use

⁴⁷ States/Territories often define provider types differently, so broad definitions were developed to allow State/Territory policies to be categorized consistently. These definitions vary slightly from the definitions used by the Office of Child Care (OCC). In particular, the definitions used by OCC include the distinction that family child care homes are programs with one provider and group homes are programs with two or more providers. However, this level of detail is not always available in the caseworker manuals used for the CCDF Policies Database. Additional detail about provider types included in the full Database may assist users in linking specific States'/Territories' provider types with the definitions used in the administrative data. The ACF-800 reporting instructions for States/Territories provide the provider definitions used by OCC: <http://www.acf.hhs.gov/programs/occ/resource/acf-800-reporting-instructions-definitions>.

different numbers of age categories and define terms such as “toddler” or “preschool” in somewhat different ways. The tables all assume that the 11-, 35-, and 59-month-old children are all in full-time care and that the 7-year-old is in before-and-after care. For all States/Territories and each of the four ages, maximum reimbursement rates are shown in monthly terms, even if a State/Territory computes the rates in hourly, daily, or weekly terms. The tables assume that the younger children are in care for eight hours per day and five days a week, and that the school-age child requires before-and-after care for a total of four hours per day and five days a week. Rates are computed assuming that children do not have special needs, and that they receive care during traditional hours. Finally, in States where rates vary by locality, the tables show the information for the most populous region or county.

The tables also reflect both the base rates and highest tiered or accredited rates for each provider type and age group. In the case of center care, family child care homes, and group child care homes, the base rates reflect the reimbursement rates for licensed child care providers. For States/Territories that do not provide reimbursement rates for licensed providers, the rates for registered or certified providers are used. For in-home child care providers, the base rates reflect the rates for unlicensed providers, unless a State/Territory only allows licensed providers to participate in the subsidy program, in which case the base rates will reflect the amounts paid to licensed in-home providers. For all provider types, for States/Territories with tiered reimbursement rates, the highest rates reflect the highest tiered or accredited rates available. For States/Territories that do not use tiered reimbursement rates, the highest rates are identical to the base rates. As noted above, States/Territories may use tiered reimbursement rates for different reasons, such as for providers who complete additional training requirements. However, the tiers are not always defined in the States’/Territories’ caseworker manuals, and so for the purposes of the CCDF Policies Database, the tiers are not categorized according to a common definition. The table footnotes provide the name of the base and highest tiers for States/Territories that use tiered rates.

Maximum Reimbursement Rates for Licensed Child Care Centers (Table 34)

Table 34 shows the maximum amount a State/Territory will pay to CCDF child care providers falling into the category of child care centers. Findings from 2016 include:

- Monthly base rates for infant care in child care centers range from \$200 in American Samoa to \$1,608 in New York. The average monthly base rate is \$778, and the median monthly base rate is \$711.
- Monthly base rates for toddler care in child care centers range from \$180 in American Samoa to \$1,237 in Oregon. The average monthly base rate is \$658, and the median monthly base rate is \$610.

- Monthly base rates for preschool care in child care centers range from \$180 in American Samoa to \$1,148 in Virginia. The average monthly base rate is \$603, and the median monthly base rate is \$572.
- Monthly base rates for before-and-after care in child care centers range from \$54 in American Samoa to \$715 in Virginia. The average monthly base rate is \$342, and the median monthly base rate is \$323.
- Thirty States use higher tiered or accredited rates in addition to their base rates for care provided in child care centers.

Maximum Reimbursement Rates for Licensed Family Child Care Homes (Table 35)

Table 35 shows the maximum amount a State/Territory will pay to CCDF child care providers falling into the category of family child care homes. Findings from 2016 include:

- Monthly base rates for infant care in family child care homes range from \$200 in American Samoa to \$1,226 in Washington. The average monthly base rate is \$599, and the median monthly base rate is \$571.
- Monthly base rates for toddler care in family child care homes range from \$180 in American Samoa to \$1,049 in Connecticut. The average monthly base rate is \$547, and the median monthly base rate is \$528.
- Monthly base rates for preschool care in family child care homes range from \$180 in American Samoa to \$946 in Massachusetts. The average monthly base rate is \$515, and the median monthly base rate is \$478.
- Monthly base rates for before-and-after care in family child care homes range from \$54 in American Samoa to \$567 in Massachusetts. The average monthly base rate is \$304, and the median monthly base rate is \$282.
- Twenty-nine States use higher tiered or accredited rates in addition to their base rates for care provided in family child care homes.

Maximum Reimbursement Rates for Licensed Group Child Care Homes (Table 36)

Table 36 captures the maximum amount a State/Territory will pay to CCDF child care providers falling into the category of group child care homes. Findings from 2016 include:

- Seventeen States do not include group child care homes as a provider type, and therefore, have not established separate rates for these providers. In these States, these providers may be defined as family child care homes.
- Monthly base rates for infant care in group child care homes range from \$200 in American Samoa to \$1,036 in Connecticut. The average monthly base rate is \$574, and the median monthly base rate is \$540.
- Monthly base rates for toddler care in group child care homes range from \$180 in American Samoa to \$1,036 in Connecticut. The average monthly base rate is \$530, and the median monthly base rate is \$500.
- Monthly base rates for preschool care in group child care homes range from \$180 in American Samoa to \$817 in Connecticut. The average monthly base rate is \$494, and the median monthly base rate is \$460.
- Monthly base rates for before-and-after care in group child care homes range from \$54 in American Samoa to \$500 in Utah. The average monthly base rate is \$283, and the median monthly base rate is \$253.
- Eighteen States use higher tiered or accredited rates in addition to their base rates for care provided in group child care homes.

Maximum Reimbursement Rates for In-Home Child Care (Table 37)

Table 37 captures the maximum amount a State/Territory will pay to CCDF child care providers falling into the category of in-home child care providers. Findings from 2016 include:

- Monthly base rates for infant care for in-home child care providers range from \$173 in Alabama to \$1,571 in Iowa. The average monthly base rate is \$474, and the median monthly base rate is \$381.
- Monthly base rates for toddler care for in-home child care providers range from \$173 in Alabama to \$1,571 in Iowa. The average monthly base rate is \$450, and the median monthly base rate is \$338.

- Monthly base rates for preschool care for in-home child care providers range from \$173 in Alabama to \$1,571 in Iowa. The average monthly base rate is \$436, and the median monthly base rate is \$329.
- Monthly base rates for before-and-after care for in-home child care providers range from \$54 in American Samoa to \$785 in Iowa. The average monthly base rate is \$246, and the median monthly base rate is \$181.
- Eleven States use higher tiered or accredited rates in addition to their base rates for care provided by in-home providers.
- In several States, such as Iowa, the policies for the rates paid to in-home providers involve a requirement that they be paid at least the State minimum wage.

Changes in Reimbursement Rate Policies from 2015 to 2016

Only a few States/Territories made changes to their provider payment policies, but several States/Territories made changes to their payment rates. Twenty-five States/Territories made changes to their maximum reimbursement rates from 2015 to 2016. All of the changes resulted in higher non-school age rates for providers. In a few cases, before-and-after school-age rates were lowered.

For the age groups and rates shown in the tables, center child care rates changed in 23 States/Territories in 2016. The average change across all age groups for center care was an increase of \$58 per month. Family child care home rates changed in 21 States/Territories. The average change was an increase of \$59 per month. Group family child care home rates changed in 14 States/Territories. The average change was an increase of \$46 per month. In home rates changed in 13 States/Territories. The average change was an increase of \$49 per month.

Policies for Unregulated Home-Based Child Care Providers

To ensure the health and safety of children whose care is paid for through CCDF, States/Territories must establish minimum health and safety policies regarding physical premises, infectious diseases, and training. Many CCDF child care providers are licensed by the State/Territory in which they provide care and therefore must meet all requirements (regarding facility safety, staff training requirements, employee/volunteer criminal history checks, and so on) that are imposed by the license. However, some providers are not licensed, such as most in-home care providers, relative providers, some family child care homes, and religiously-exempt child care centers. These providers are often referred to as “legally

unregulated providers” or “providers legally operating without regulation,” and each State/Territory establishes policies for these providers within the framework of federal requirements.

States/Territories vary considerably on the requirements they place on legally unregulated home-based providers. There are differences across States/Territories in the requirements for background checks and training, the minimum age requirements for providers, and the rules for which individuals are allowed to provide CCDF-subsidized care (e.g., relatives living in the home). Tables 38, 39, 40, and 41 review these types of policies. The policies described in this report reflect the requirements as of October 1, 2016. Under CCDBG reauthorization, some requirements for legally unregulated providers are standardized across the States/Territories. The new requirements are noted throughout.⁴⁸

Unregulated Home-Based Provider Background Check Requirements (Table 38)

States/Territories may require unregulated home-based providers to have some sort of background check or screening. If care is provided in the home of the provider instead of the home of the child, States/Territories may require others in the home to have background checks as well. For example, a State/Territory may require all members of the provider’s household over the age of 18 to be screened, while another State/Territory may require any person who might have access to the children while they are in care to be screened. Criminal history background checks may include local-level checks, State/Territory-level checks, FBI checks, and sex offender registry checks. Additionally, many States/Territories require that providers be screened through a child protective services database or an adult protective services database.

Table 38 describes the background checks to which legally unregulated providers are subject if they wish to receive CCDF payments. Findings from 2016 include:

- Forty-five States/Territories require criminal history background checks for the provider and other staff members or people in the home. Eight States/Territories require criminal history background checks for only the provider, while two States do not require criminal history background checks for unregulated providers.
- Most of the States/Territories (50) require providers to undergo some sort of child protective services screening, and 16 States/Territories require providers to undergo an adult protective services check.
- Requirements may vary depending on whether the unregulated provider is a relative.

⁴⁸ For additional information on the new provider requirements, see “Implications of Child Care and Development Block Grant Reauthorization for State Policies: Changes to Requirements for Legally Unregulated Child Care Providers” available from <http://www.urban.org/research/publication/implications-child-care-and-development-block-grant-reauthorization-state-policies-changes-requirements-legally-unregulated-child-care-providers>.

With the reauthorization of the CCDBG, States/Territories will be required to conduct comprehensive background checks at least every five years for all license-exempt providers, as well as anyone who might have unsupervised access to the children at any point. These criminal background checks must search the State criminal and sex offender registry, the State child abuse and neglect registry, the National Crime Information Center, an FBI fingerprint check using the Next Generation Identification System, and the National Sex Offender Registry. State searches must include the current State of residence and any State the individual lived in over the last five years. As States/Territories implement the new background check requirements, these policy changes will be reflected in the Database and future tables.

Unregulated Home-Based Provider Training Requirements (Table 39)

States/Territories are required to ensure that child care providers undergo minimum health and safety training, even if they are otherwise unregulated. (Relatives who provide CCDF-funded care are not covered by the federal health and safety requirements, but may still face State/Territory requirements.) The types of trainings States/Territories might include range from CPR and Shaken Baby Syndrome training to child safety classes and child nutrition classes. Some States/Territories require providers to receive training for a minimum number of hours each year, while others may require providers to participate in certain trainings before they may become eligible for payment under the CCDF program. Certain types of provider training may make an in-home provider eligible to receive higher reimbursement rates.

Table 39 focuses on two aspects of training: whether States/Territories require unregulated home-based providers to be certified in CPR and First Aid. Some States/Territories require every child care provider to be trained in CPR and First Aid, while others may require only that someone on the site where care is being provided be certified. Findings from 2016 include:

- Twenty-one States/Territories require only the provider to be CPR certified, another four States/Territories require at least one person on site to be CPR certified, and three States/Territories (Arizona, New Mexico, and Guam) require the provider and others to be CPR certified.
- Twenty-two States/Territories require the provider to have First Aid certification, another three States/Territories require at least one person on site to have First Aid certification, and three States/Territories (Arizona, New Mexico, and Guam) require the provider and others to have First Aid certification.

With the CCDBG reauthorization, States/Territories will have to establish pre-service or orientation training and ongoing training requirements that address health and safety standards and are appropriate for the type of provider. The new law specifies subject areas for training, and States/Territories will have the

flexibility to include additional subject areas determined necessary to protect the health and safety or promote the development of children in care. As States/Territories implement the new training requirements, these policy changes will be reflected in the Database and future tables.

Unregulated Home-Based Provider Health and Safety Requirements (Table 40)

States/Territories are required to ensure that child care providers meet applicable requirements to protect the health and safety of the children served, even if they are otherwise unregulated. Requirements must address infectious disease prevention and control, as well as building and physical premises safety. Some States/Territories require providers to comply with a list of health and safety requirements through a self-completed checklist, while others require providers to undergo home visits or inspections with certain frequency.

Table 40 focuses on two aspects of health and safety requirements: if unregulated home-based providers are required to comply with a list of health and safety standards and if home visits or inspections are required after the initial requirement has been met. Findings from 2016 include:

- Twenty-eight States/Territories require the provider to comply with a list of health and safety standards through a self-completed checklist, and another twenty-one States/Territories require the provider to comply with a list of health and safety standards through a home visit or inspection.
- Twenty-two States/Territories require the provider to have at least annual home visits or inspections after the initial requirement has been met, and three States/Territories require the provider to have random home visits or inspections, but the frequency is not specified.

Under CCDBG reauthorization, all States/Territories will be required to have licensing inspectors (or qualified monitors designated by the State/Territory agency) perform annual inspections of license-exempt providers' facilities to ensure they are following health, safety, and fire standards. Additionally, States/Territories will have to demonstrate how the licensing exemptions for legally unregulated providers will not endanger the health and safety of the children in the program. As States/Territories implement the new health and safety requirements, these policy changes will be reflected in the Database and future tables.

Provider Policies: Who May Provide Care (Table 41)

Table 41 describes who may be authorized to provide care under each State's/Territory's child care subsidy program, based on the person's age and his or her relationship to the child. Findings from 2016 include:

- Whereas most States/Territories require providers to be at least 18 years of age, New Hampshire sets the minimum age at 16, Alabama and Nebraska require the provider to be at least 19, and the District of Columbia, Georgia, Rhode Island, and South Carolina require that the provider be at least 21.
- All States/Territories allow relatives living outside of the home of the child to provide care.
- States/Territories differ in their rules concerning relatives who live in the same home as the child. For instance, 26 States/Territories allow relatives living in the home to provide care if they are not counted as part of the family unit, while only Georgia and New Jersey allow some types of relatives included in the unit to provide care.

Changes in Provider Policies from 2015 to 2016

Several States/Territories made changes to their policies for legally unregulated home-based providers between 2015 and 2016. Six States/Territories made changes to their background check requirements. Mississippi, Nevada, and South Dakota began requiring background checks for unregulated home-based providers. Colorado and the Northern Mariana Islands added additional levels of background checks. The Northern Mariana Islands also began requiring child protective services background checks, and Kansas began requiring adult protective services background checks. Four States/Territories began requiring CPR and First Aid training for unregulated home-based providers. Four States/Territories began requiring home visits to complete the health and safety checklist, and six States/Territories began requiring ongoing inspections.

Additionally, Connecticut raised the minimum age requirement for providers from 18 to 20. North Dakota began allowing relatives in the home and not part of the assistance unit to provide care, and Vermont no longer allowed relatives in the assistance unit and non-relatives in the home to provide care.

Table 33. Provider Payment Policies, 2016

State	Who Pays the Provider	If Providers are Paid for Days the Provider is Closed	If Providers are Paid for Days Children are Absent
Alabama	Agency pays provider directly	Yes ²	Yes, only licensed providers ³
Alaska	Agency pays provider directly ⁴	Yes	Varies ⁵
Arizona	Agency pays provider directly	No	Yes, all providers ⁶
Arkansas	Agency pays provider directly	Yes ⁷	Yes, all providers ⁸
California	Agency pays provider directly	Varies ⁹	Varies ¹⁰
Colorado	Agency pays provider directly	Yes ¹¹	Varies ¹²
Connecticut	Agency pays provider directly	Yes	Yes, only licensed providers ¹³
Delaware	Agency pays provider directly	No ¹⁴	Yes, all providers ¹⁵
DC	Agency pays provider directly	Yes	Yes, all providers ¹⁶
Florida	Agency pays provider directly	Yes	Yes, all providers ¹⁷
Georgia	Agency pays provider directly	No	Yes, all providers
Hawaii	Other ¹⁸	Yes	Yes, all providers
Idaho	Agency pays provider directly	Yes ¹⁹	Yes, all providers ²⁰
Illinois	Agency pays provider directly ²¹	No	Varies ²²
Indiana	Other ²³	Yes ²⁴	Yes, all providers ²⁵
Iowa	Agency pays provider directly	Yes ²⁶	Yes, all providers ²⁷
Kansas	Agency gives money to parents, who then pay the providers	Yes ²⁸	Yes, all providers ²⁸
Kentucky	Agency pays provider directly	Yes ²⁹	Yes, only licensed providers ³⁰
Louisiana	Agency pays provider directly	Yes	Yes, all providers ³¹
Maine	Agency pays provider directly	Yes ³²	Yes, all providers ³³
Maryland	Agency pays provider directly	Varies ³⁴	Yes, only licensed providers ³⁵
Massachusetts	Agency pays provider directly	Yes	Yes, only licensed providers ³⁶
Michigan	Other ³⁷	Yes ³⁸	Yes, all providers ³⁹
Minnesota	Other ⁴⁰	Yes ⁴¹	Varies ⁴²
Mississippi	Agency pays provider directly	Yes ⁴³	Yes, only licensed providers ⁴⁴
Missouri	Agency pays provider directly ⁴⁵	Yes ⁴⁶	Yes, all providers ⁴⁶
Montana	Agency pays provider directly	No	Yes, only licensed providers ⁴⁷
Nebraska	Agency pays provider directly	No	No
Nevada	Agency pays provider directly	Yes	Yes, all providers ⁴⁸
New Hampshire	Agency pays provider directly	No	No
New Jersey	Agency pays provider directly ⁴⁹	Yes	Yes, all providers ⁵⁰
New Mexico	Other ⁵¹	Yes ⁵²	Yes, all providers ⁵³
New York	Agency pays provider directly ⁵⁴	Yes ⁵⁵	Yes, only licensed providers ⁵⁶
North Carolina	Agency pays provider directly	Yes	Varies ⁵⁷
North Dakota	Other ⁵⁸	Varies ⁵⁹	Yes, all providers ⁶⁰
Ohio	Agency pays provider directly	No	Yes, all providers ⁶¹

Table 33. Provider Payment Policies, 2016

State	Who Pays the Provider	If Providers are Paid for Days the Provider is Closed	If Providers are Paid for Days Children are Absent
Oklahoma	Agency pays provider directly	No	Varies ⁶²
Oregon	Agency pays provider directly	Varies ⁶³	Yes, all providers ⁶⁴
Pennsylvania	Other ⁶⁵	Yes ⁶⁶	Yes, all providers ⁶⁷
Rhode Island	Agency pays provider directly	No	Yes, only licensed providers ⁶⁸
South Carolina	Agency pays provider directly	Yes ⁶⁹	Yes, all providers ⁷⁰
South Dakota	Agency pays provider directly	No	Yes, only licensed providers ⁷¹
Tennessee	Agency pays provider directly	Yes ⁷²	Yes, all providers
Texas	Agency pays provider directly ⁷³	Varies ⁷⁴	Yes, all providers ⁷⁵
Utah	Agency pays provider directly	Yes ⁷⁶	Yes, all providers ⁷⁶
Vermont	Agency pays provider directly	Varies ⁷⁷	Varies ⁷⁸
Virginia	Agency pays provider directly	Yes ⁷⁹	Yes, only licensed providers ⁸⁰
Washington	Agency pays provider directly	Yes ⁸¹	Yes, all providers ⁸²
West Virginia	Agency pays provider directly	No ⁸³	No ⁸³
Wisconsin	Agency pays provider directly ⁸⁴	Varies ⁸⁵	Varies ⁸⁶
Wyoming	Agency pays provider directly	Yes ⁸⁷	Yes, all providers ⁸⁷
American Samoa	Agency pays provider directly	--- ¹	Yes, all providers ⁸⁸
Guam	Agency gives money to parents, who then pay the providers ⁸⁹	No	Yes, all providers ⁹⁰
No Mariana Islands	Agency pays provider directly	--- ¹	--- ¹
Puerto Rico	Agency pays provider directly	Yes ⁹¹	Yes, all providers ⁹²
Virgin Islands	Agency pays provider directly	No	No ⁹³

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² The provider is paid for pre-established center closing days.

³ Informal care providers are only reimbursed for actual days of child care. Providers are reimbursed for absences only if the provider collects such reimbursement from private-pay parents. Providers are not reimbursed for any absence in excess of the fifth day of absence in a month, unless the child has a documented mental or physical illness.

⁴ Unregulated in-home care providers are hired by the eligible family, which receives money from the state to pay for care.

⁵ Providers with an enrollment authorization are paid whether the child is in attendance or not. Providers with an attendance authorization are paid based on actual attendance.

⁶ The provider may bill for up to two absent days per child per month.

⁷ Providers are paid for observed holidays or days the center is closed due to inclement weather.

⁸ Foster care and child protective services cases are exempt from absent day limits.

⁹ Providers are not reimbursed for days they are closed unless they have a paid day of non-operation for which unsubsidized families are required to pay the provider.

¹⁰ Providers are paid for approved child absences or for circumstances where unsubsidized families would be required to pay for a child's absence.

¹¹ Providers may be reimbursed for holidays.

¹² Absences are paid for a maximum number of days as defined by the county.

- ¹³ Occasional absences from care do not affect the amount of the provider payment, unless the provider charges less due to the reduced hours.
- ¹⁴ Providers are not paid for days the center is closed except when there is a state of emergency declared by the governor.
- ¹⁵ Providers are paid for up to five absent days per month.
- ¹⁶ Payment is authorized for the provider for up to 5 days of unexcused absences and 15 days of excused absences for a child per month.
- ¹⁷ Reimbursement may be made for a total of three absences per child per calendar month. Absences beyond three days (but no more than ten days) will be reimbursed only in the event of illness, medical emergency, death in the family, etc.
- ¹⁸ Reimbursement for center based care for children up to 36 months of age must be paid directly to the provider. For other types of licensed care, the provider has the option to be paid directly or to receive payments through the parents.
- ¹⁹ Providers may be paid for days they are closed if the provider also requires payment from children who are not participating in the child care subsidy program.
- ²⁰ Providers may be paid for days children are absent if the provider also requires payment for days when children who are not participating in the child care subsidy program are absent.
- ²¹ Payments are handled by the local resource and referral agency or given directly to the provider.
- ²² Licensed and license-exempt child care center providers are paid for days the child is absent if the child is in attendance for at least 80 percent of the days the child is eligible for care. License-exempt home based providers are only paid for the days the child attends care.
- ²³ With the exception of nanny care, the agency pays the provider directly. In the case of nanny care, defined as care in the child's home by a nonresident, the subsidy payment is made to the parent who is responsible for paying the provider.
- ²⁴ Providers are reimbursed for up to six holidays per year, provided the child was in attendance in the 21 days prior to the holiday. Providers are also reimbursed for up to five inclement weather closings per year when there was a travel advisory in their county.
- ²⁵ Providers are paid for up to 20 absences per year. For a child with special health situations (i.e. prolonged illness or injury), the treating physician must document the child's needs for treatment or recuperation. With special approval, this prescribed time may result in absences in excess of 20 days.
- ²⁶ Providers are paid for center closings due to holidays if they bill private-pay parents for those days. Providers are not paid for days the center is closed due to illness or vacation.
- ²⁷ Providers may be paid for up to four days per month for days a child is absent from care.
- ²⁸ Providers are paid for these days if they also bill private-pay parents and the policy is part of the parent and provider agreement.
- ²⁹ Providers can be paid for up to 10 holidays per calendar year, with the holidays chosen by the provider.
- ³⁰ Licensed providers and certified family care homes may be paid for a maximum of five absences per month. Absences beyond five days may be approved with documentation when there is a death in the family, illness of the child or parent, court order, or natural disaster. Registered providers are not paid for absences.
- ³¹ Providers are paid for the days children are absent for a maximum of two days in a calendar month. Days when the provider is closed or unable to provide care are counted as absent days for the children. Payments to providers will not be made for absences for part-time care.
- ³² Providers are paid for up to one week of absent days per year if the provider's written policy requires payment for scheduled closings other than State and Federal holidays.
- ³³ Providers can be paid for excused absences, including holidays, vacations, inclement weather, illnesses, and family emergencies. The amount of hours allowed for excused absences is based on the child's enrollment; children receiving full-time care are eligible for 200 hours of excused absences, and children receiving part-time care are eligible for 150 hours of excused absences.

³⁴ Family homes and child care centers are paid for six predetermined holidays per year. Family homes and centers are also paid for the days when the provider is closed for an official weather emergency or voluntary closure as long as it does not exceed two consecutive weeks annually and the provider gives two weeks written notice. Informal providers are not paid for holidays in which the provider is closed, but can be paid for holidays that are documented as worked. Informal providers are paid for voluntary closures.

³⁵ Family homes and child care centers are paid for an absent child up to 60 days in one year.

³⁶ Providers will not be paid for more than 30 child absence days in a six-month period or for more than three consecutive unexplained absences without written approval from the agency. In-home and relative care providers are only paid for the days care is actually provided.

³⁷ All payments are mailed or direct deposited directly to the provider, except in the case of unlicensed providers, for which payment is mailed to the parent or guardian.

³⁸ Providers are paid for days a child is absent, is reasonably expected to return, and would normally have been in care, regardless of the reason for the absence. The number of absence hours a provider may be capped at 208 hours per fiscal year.

³⁹ Providers are paid for days children would normally have been in attendance, limited to 208 hours per fiscal year.

⁴⁰ The agency pays the provider directly unless care is provided in the child's home, in which case the payment is made to the parent.

⁴¹ Providers are paid only for days the center is closed for holidays. Providers cannot be paid for provider vacation days, provider sick days, or any other days that child care is not available.

⁴² All licensed providers and license-exempt centers may be paid for days children are absent.

⁴³ Providers may elect to observe up to 11 holidays a year. If the Governor allows more than one day in observance of a holiday, the providers must be allowed these extra days.

⁴⁴ A child is allowed 15 absent days per federal fiscal year. Absences due to court-ordered visitations and chronic illness or medical treatment do not count towards the absent day limit. Licensed providers are to provide a written explanation at the bottom of the ledger for each child who is absent for three consecutive days. Unlicensed providers are paid for actual attendance only.

⁴⁵ Parents may pay the provider directly and be reimbursed for authorized child care services if children are in protective services, residing out of state, and the out-of-state child care provider is unwilling to accept direct payment.

⁴⁶ The provider is paid for up to five absences or holidays per month for children authorized to attend 20 or more units of care per month. The provider is paid for up to three absences or holidays per month for children authorized to attend 2 to 19 units of care per month. A holiday is any day the provider is closed during normal operating hours, including legal and local holidays, inclement weather, or a provider vacation.

⁴⁷ Payments for absences are only approved for children who attend the facility full time (30 or more hours per week).

⁴⁸ Each child is allowed 21 days per calendar year to be absent for any reason and providers are reimbursed as long as they have a written authorization from the parent.

⁴⁹ The provider must complete and sign an agreement, along with a parent signature, before payment can be received.

⁵⁰ If children are present at least 80 percent of the service period, full payment is rendered. If the child is absent more than five days due to illness, a physician's note is required in order to receive payment.

⁵¹ The agency pays all licensed providers and registered home providers directly. For in-home providers, the agency pays the parent, who then pays the provider.

⁵² Providers are paid if they are closed for up to five days. If the child receives care from a different provider while their original provider is closed, the payment will go to the provider who cares for the child while the original provider is closed.

⁵³ Payment is based upon the child's enrollment with the provider as reflected in the child care placement agreement, rather than daily attendance. Child care providers must notify the department within three business days after the fifth day of non-attendance if the child is disenrolled or is absent for five consecutive scheduled days. If authorized child care has not been used for five consecutive scheduled days without a reason such as illness, sudden death, or family medical emergency, payment may discontinue to the provider and the client will remain eligible for the remainder of the eligibility period.

⁵⁴ Policy coded for New York City. Payments may be made either to the parent or the provider, as determined by each district.

⁵⁵ Policy coded for New York City. Districts have the option to pay for center closings for holidays, extenuating circumstances, or emergency closings. Legally exempt family child care homes and in home providers are not reimbursed for days the center is closed.

⁵⁶ Legally exempt family child care homes and in home providers are not reimbursed for absences. Day care centers, group family day care centers, family day care, legally exempt group day care centers, and school age child care providers can be reimbursed for absences.

⁵⁷ Payment for services is typically based on enrollment, but the county has the option to pay based on attendance when the child has been absent for five days but less than 10 days in any month and the provider has not notified the agency; the child has been absent for more than 10 days; or the provider charges only on the basis of attendance.

⁵⁸ The provider chooses who will be paid. The agency may pay the provider directly or the provider may request the payment be issued to the family.

⁵⁹ Providers can be reimbursed for closures due to inclement weather.

⁶⁰ Up to 16 hours per calendar month can be reimbursed for a child who is absent from the child care setting for any reason when the provider requires payment of the absence.

⁶¹ Providers are reimbursed for up to 10 absent days per child during each six-month period that care is provided (January 1st through June 30th).

⁶² If the child in care is authorized for weekly units of care and the child attends a minimum of 15 days during the month, the provider can be reimbursed for absences. In-home providers are not paid the weekly rate.

⁶³ If the provider is approved for the full-time or part-time monthly rate and the child is in care for the minimum number of hours to qualify for the full-time or part-time rate during the month, the provider is paid the established rate regardless of any closings. If due to the closings the child is not in care for the minimum number of hours to qualify for the full-time or part-time rate, the provider is paid a lower rate (part-time or hourly) that does not cover the closings.

⁶⁴ The agency will pay the provider for up to five days per month when a child is absent from care if the child was scheduled to be in care on the absent days and the provider held the slot open for the child, the provider bills for the time the child was absent, and it is the provider's policy to bill all families for absent days.

⁶⁵ The agency pays the provider directly with the exception of in-home care; the agency gives the payment to the parent if care is provided in the child's own home.

⁶⁶ Regulated providers are paid for up to 15 closure days per fiscal year.

⁶⁷ Providers are paid for a maximum of 25 days of absence for each child during the state's fiscal year. If absences exceed 25 days for a child, the parent or caretaker is responsible for paying the provider for all additional absences.

⁶⁸ The provider can be paid for up to two weeks of absences in a 12-month period, if the parent authorizes payments.

⁶⁹ The provider must also bill private-pay parents for the days the center is closed.

⁷⁰ When a child is absent for two consecutive weeks (Monday through Friday), but returns on any day of the third week, the provider can continue to bill and be paid for that time period for the child.

⁷¹ The provider may be paid for up to 36 hours a month when a child is absent due to illness, vacation, or the failure of the child's parent to report an absence. Payment for absent hours may only be requested if the provider would normally charge other families for absent hours.

⁷² Providers are paid for approved state holidays if the provider is closed.

⁷³ Payment is made to providers either by the Local Workforce Development Board or the Board's designated contractor.

⁷⁴ Licensed centers and homes and registered family homes are paid according to the monthly enrollment regardless of attendance. Relative providers are paid according to daily attendance.

⁷⁵ Policy coded for the Gulf Coast Region. Providers are paid for up to 30 days of absences in a year when the child is scheduled to attend. The child care subsidy will be terminated immediately after the child has been absent for more than 30 days in a year unless the agency has approved extended absence for a documented chronic illness. Relative child care providers are not paid for days children are absent.

- ⁷⁶ Providers are paid prospectively. Providers receive their full monthly payment as long as the child received care for at least eight hours by the 15th of the month.
- ⁷⁷ Approved Relative Child Care Providers are not reimbursed for days the provider is closed.
- ⁷⁸ Licensed and Registered providers are reimbursed for days children are absent. Approved Relative Child Care Providers are not reimbursed for days children are absent.
- ⁷⁹ Level 2 providers, certified preschools, voluntarily registered family day homes, or religiously exempt child day centers may be paid up to 10 holidays identified by the state, if the provider charges the general public for those holidays. The Department does not pay for holidays when an unlicensed family day home or local government approved recreation program is closed.
- ⁸⁰ Licensed providers are paid for up to 24 absent days per fiscal year.
- ⁸¹ Providers are paid for days they are closed for 10 eligible holidays and up to three professional training days.
- ⁸² A provider is allowed to bill five absent days if the child attended care for at least one day in that month during which they were eligible.
- ⁸³ Providers are paid the full monthly rate of 20 days as long as a child attends at least 13 days.
- ⁸⁴ For counties participating in the state's Electronic Benefit Transfer card pilot program, the agency gives money to parents, who then pay the providers.
- ⁸⁵ Providers who are authorized based on enrollment can be paid for up to one week per year for center closings. If the provider is paid based on attendance, he or she is not paid for days the center is closed.
- ⁸⁶ Providers who are authorized based on enrollment can be paid for days the family is on vacation or the child is ill. If the provider is paid based on attendance, he or she is not paid for days the child is absent.
- ⁸⁷ Providers are paid for up to one absent day per month.
- ⁸⁸ Providers are paid for days of absence up to a limit of 25 percent of the child's approved monthly hours of care.
- ⁸⁹ Child care certificates are issued to the parents for payment to the provider.
- ⁹⁰ Absences are reimbursed for a maximum of 10 days.
- ⁹¹ Providers are paid for service, unless service is provided for less than the 80 percent monthly service requirement.
- ⁹² The state is not responsible for payment for days when service was not provided if service is less than the 80 percent monthly requirement.
- ⁹³ The provider is not paid for days the child was not attending because of vacation or the parent stopped sending the child.

Table 34. Maximum Reimbursement Rates for Licensed Child Care Centers (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Alabama ²	511	511	468	468	468	468	217	217
Alaska ³	850	850	800	800	650	650	375	375
Arizona ⁴	654	720	576	634	516	567	347	381
Arkansas ⁵	619	711	578	664	511	588	364	419
California ⁶	1,293	1,293	889	889	889	889	403	403
Colorado ⁷	910	1,148	672	888	672	888	368	498
Connecticut ⁸	1,036	1,088	1,036	1,088	817	858	486	510
Delaware ⁹	708	708	574	574	574	574	275	275
DC ¹⁰	1,014	1,356	992	1,267	633	910	265	416
Florida ¹¹	532	639	450	540	419	503	281	337
Georgia ¹²	602	663	559	615	494	543	282	310
Hawaii ¹³	1,395	1,395	675	710	675	710	155	155
Idaho ¹⁴	696	696	623	623	623	623	434	434
Illinois ¹⁵	1,007	1,007	851	851	709	709	354	354
Indiana ¹⁶	1,023	1,430	906	1,270	763	1,066	399	559
Iowa ¹⁷	727	888	586	758	586	758	264	320
Kansas ¹⁸	617	617	468	468	468	468	197	197
Kentucky ¹⁹	542	542	542	542	477	477	303	303
Louisiana ²⁰	495	495	495	495	473	473	165	165
Maine ²¹	1,057	1,057	984	984	910	910	357	357
Maryland ²²	814	1,172	486	612	486	612	324	408
Massachusetts ²³	1,293	1,332	870	1,199	870	870	602	602
Michigan ²⁴	650	823	433	607	433	607	217	303
Minnesota ²⁵	1,161	1,393	871	1,045	871	1,045	650	780
Mississippi ²⁶	339	375	326	357	312	339	183	201
Missouri ²⁷	707	848	413	495	413	495	267	320
Montana ²⁸	758	758	662	662	662	662	496	496
Nebraska ²⁹	927	1,001	854	929	780	929	459	572
Nevada ³⁰	672	672	607	607	498	498	206	206

Table 34. Maximum Reimbursement Rates for Licensed Child Care Centers (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
New Hampshire ³¹	931	931	888	888	779	779	383	383
New Jersey ¹³	695	730	573	604	573	604	430	454
New Mexico ³²	721	1,271	590	1,140	491	841	327	515
New York ³³	1,608	1,608	1,161	1,161	1,049	1,049	607	607
North Carolina ³⁴	787	870	754	822	721	776	443	475
North Dakota	663	663	600	600	565	565	300	300
Ohio ³⁵	713	1,001	652	916	570	800	253	356
Oklahoma ³⁶	357	828	311	662	311	541	184	324
Oregon ³⁷	1,255	1,255	1,237	1,237	965	965	638	638
Pennsylvania ³⁸	902	1,084	772	951	707	870	494	550
Rhode Island ³⁹	839	839	839	839	701	701	317	317
South Carolina ⁴⁰	628	819	628	819	563	758	217	347
South Dakota ⁴¹	685	685	685	685	615	615	321	321
Tennessee ⁴²	568	679	426	512	426	512	215	258
Texas ⁴³	713	779	613	670	508	555	297	325
Utah ³⁹	758	758	638	638	568	568	525	525
Vermont ⁴⁴	607	850	591	827	574	804	306	429
Virginia ⁴⁵	1,365	1,365	1,148	1,148	1,148	1,148	715	715
Washington ⁴⁶	1,149	1,321	805	926	805	926	464	533
West Virginia ⁴⁷	640	720	600	680	560	640	250	290
Wisconsin ⁴⁸	1,005	1,322	899	1,183	780	1,027	417	549
Wyoming ³⁹	581	581	531	531	521	521	336	336
American Samoa	200	200	180	180	180	180	54	54
Guam	525	525	450	450	425	425	349	349
No Mariana Islands ⁴⁹	400	400	400	400	400	400	180	180
Puerto Rico ³⁹	351	351	351	351	338	338	258	258
Virgin Islands	300	300	300	300	300	300	150	150

Source: CCDF Policies Database October 1, 2016 Data

¹ The rates represent the maximum reimbursement rates for licensed child care providers. For states that have tiered reimbursement systems, the base rates reflect the base licensed rates and the highest rates reflect the highest tiered or accredited rates available. For states that do not have tiered reimbursement systems, the base and highest rates are identical. For states that do not specify reimbursement rates for licensed providers, the rates for registered or certified providers are used. Rates for the largest, most populous area are provided for states in which rates vary at a sub-state level. Numbers are rounded to the nearest dollar amount. Maximum rates may be higher for special needs children or for care during non-traditional hours. For the purposes of calculating the monthly rate, the following assumptions were made. The child receives full-time center based child care. The child is in care for 8 hours per day, 5 days per week. For children receiving before-and-after care, the child is in care for 4 hours per day. Unless noted, when hourly, daily, or weekly rates were provided, the monthly rates were calculated using 8 hours per day, 5 days per week, and 4.333 weeks per month. When a before-and-after care or part-time school-age rate was not available, the before-and-after care rate was calculated using half of the full-time school-age rate.

² Center reimbursement rates for the Birmingham Region.

³ Center reimbursement rates for Anchorage.

⁴ Base rates are licensed center reimbursement rates for District 1. Highest rates are licensed accredited center reimbursement rates for District 1.

⁵ Base rates are Better Beginnings quality incentive level 1 rates for centers in urban areas. Highest rates are Better Beginnings quality incentive level 3 rates for centers in urban areas.

⁶ Center reimbursement rates for Los Angeles. Before-and-after care rates reflect monthly part-time rates.

⁷ Base rates are tier zero center reimbursement rates for Denver. Highest rates are tier five center reimbursement rates for Denver.

⁸ Base rates are licensed center reimbursement rates for the Southwest Region. Highest rates are licensed accredited center reimbursement rates for the Southwest Region. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁹ Center reimbursement rates for New Castle.

¹⁰ Base rates are bronze tier center reimbursement rates. Highest rates are gold tier center reimbursement rates.

¹¹ Base rates are licensed or exempt center reimbursement rates for the Miami-Dade Coalition. Highest rates are Gold Seal center reimbursement rates for the Miami-Dade Coalition. Before-and-after care rates reflect part-time, weekly before or after school rates for school-age children.

¹² Base rates are center rates with no additional star rating for Zone 1. Highest rates are three-star center rates for Zone 1.

¹³ Base rates are licensed center reimbursement rates. Highest rates are licensed accredited center reimbursement rates.

¹⁴ Center reimbursement rates for Cluster 2. Rates are determined based on the parent's qualifying activity hours and are authorized up to the full-time rate for before-and-after care if the provider charges full-time rates for the amount of care provided.

¹⁵ Licensed center reimbursement rates for Group 1A. The state sets a number of days each month that families may be eligible for care. The daily rate is then multiplied by the number of eligible days in the month. The rate may vary each month, depending on the number of eligible days.

¹⁶ Base rates are licensed center reimbursement rates for Marion. Highest rates are licensed, level four center reimbursement rates for Marion.

¹⁷ Base rates are basic care center rates. Highest rates are Quality Rating System level 5 center rates.

¹⁸ Center reimbursement rates for Sedgwick County.

¹⁹ Licensed center reimbursement rates for Jefferson County. Providers participating in the STARS for KIDS NOW program receive an initial achievement payment based on the number of children served, an annual payment based on the number of children served, and a monthly quality incentive payment per subsidized child based on the percentage of children served who are receiving subsidies and the age of the child. These payments also vary based on the STARS level, from level one through four.

- ²⁰ This state authorizes a maximum 22 days per month. The multiplier for converting maximum daily rates to maximum monthly rates is 22.
- ²¹ Licensed center reimbursement rates for Cumberland County.
- ²² Base rates are unaccredited center reimbursement rates for Baltimore City. Highest rates are level five center reimbursement rates for Baltimore City.
- ²³ Base rates are reimbursement rates for centers with no additional rating in Region 6. Highest rates are QRIS level two and above center reimbursement rates for Region 6. These reimbursement rates will be paid to providers beginning January 1, 2017 and providers will be retroactively reimbursed at these rates for any services provided since July 1, 2016.
- ²⁴ Base rates are licensed blank-star and one-star child care center reimbursement rates. Highest rates are licensed five-star child care center reimbursement rates.
- ²⁵ Base rates are unaccredited center reimbursement rates for Hennepin County. Highest rates are four-star center reimbursement rates for Hennepin County.
- ²⁶ Base rates are tier two center reimbursement rates. Highest rates are tier one center reimbursement rates.
- ²⁷ Base rates are licensed center reimbursement rates for St. Louis County. Highest rates are licensed accredited center reimbursement rates for St. Louis County. Rates were calculated using a multiplier of 22 days per month.
- ²⁸ Center reimbursement rates for the Billings Region. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ²⁹ Base rates are unaccredited center reimbursement rates for Lancaster, Dakota, Douglas, and Sarpy Counties. Highest rates are accredited center reimbursement rates for the entire state.
- ³⁰ Licensed center reimbursement rates for Clark County.
- ³¹ Licensed center reimbursement rates. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ³² Base rates are licensed center reimbursement rates. Highest rates are FOCUS (the state's quality rating system) five-star center reimbursement rates.
- ³³ Day care center reimbursement rates for Group 5 counties: New York, Bronx, Kings, Queens, and Richmond.
- ³⁴ Base rates are licensed three-star center reimbursement rates for Mecklenburg County. Highest rates are licensed five-star center reimbursement rates for Mecklenburg County. The before-and-after school rate is calculated at 75 percent of the full-time rate.
- ³⁵ Base rates are licensed center reimbursement rates for Cuyahoga County. Highest rates are licensed five-star center reimbursement rates for Cuyahoga County.
- ³⁶ Base rates are one-star center reimbursement rates for Enhanced Areas. Highest rates are three-star center reimbursement rates for Enhanced Areas. Before-and-after care rates are blended rates for a traditional school year. The multiplier for converting maximum daily rates to maximum monthly rates is 23.
- ³⁷ Certified center reimbursement rates for Group Area A.
- ³⁸ Base rates are reimbursement rates for centers with no additional rating for Philadelphia. Highest rates are star four center reimbursement rates for Philadelphia.
- ³⁹ Licensed center reimbursement rates.
- ⁴⁰ Base rates are level C licensed center reimbursement rates for urban counties. Highest rates are level A+ highest achieving center reimbursement rates for urban counties. The highest reimbursement rates include a quality incentive bonus of an additional \$20 for full-time care and \$10 for part-time care. Providers who do not receive the quality incentive bonus are reimbursed at \$10 to \$20 less per week.
- ⁴¹ Licensed center reimbursement rates for Minnehaha County.
- ⁴² Base rates are reimbursement rates for centers with no star rating for the Top Tier counties. Highest rates are three-star center reimbursement rates for the Top Tier counties. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.
- ⁴³ Base rates are licensed center rates for the Gulf Coast Region. Highest rates are four-star center rates for the Gulf Coast Region.

⁴⁴ Base rates are licensed center reimbursement rates. Highest rates are licensed five-star center reimbursement rates. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁵ Level two center reimbursement rates for Fairfax.

⁴⁶ Base rates are licensed level 1 center reimbursement rates for Region 4. Highest rates are Early Achievers level 5 licensed center reimbursement rates for Region 4. Rates were calculated using a multiplier of 23 days per month. School-age before-and-after care rates are authorized at 30 half day units when care is provided for five days per week.

⁴⁷ Base rates are tier one center reimbursement rates. Highest rates are tier three center reimbursement rates. Rates were calculated using a multiplier of 20 days per month.

⁴⁸ Base rates are licensed two-star center rates for Milwaukee. Highest rates are licensed five-star center rates for Milwaukee. This state uses a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁹ A maximum of three hours of care per day is approved for after school programs.

Table 35. Maximum Reimbursement Rates for Licensed Family Child Care Homes (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Alabama ²	407	407	381	381	381	381	193	193
Alaska ³	700	700	650	650	545	545	301	301
Arizona ⁴	433	477	433	477	390	429	260	286
Arkansas ⁵	619	711	578	664	511	588	364	419
California ⁶	787	787	741	741	741	741	525	525
Colorado ⁷	693	867	585	737	585	737	325	412
Connecticut ⁸	1,049	1,102	1,049	1,102	808	849	499	524
Delaware ⁹	498	498	448	448	448	448	217	217
DC ¹⁰	710	872	676	847	477	607	260	335
Florida ¹¹	460	551	405	486	397	476	263	316
Georgia ¹²	477	524	433	477	416	458	221	243
Hawaii ¹³	650	650	600	600	600	600	155	155
Idaho ¹⁴	618	618	555	555	555	555	488	488
Illinois ¹⁵	765	765	713	713	648	648	324	324
Indiana ¹⁶	563	789	542	758	433	607	334	468
Iowa ¹⁷	562	596	528	585	528	585	234	271
Kansas ¹⁸	416	416	383	383	383	383	192	192
Kentucky ¹⁹	477	477	477	477	433	433	303	303
Louisiana ²⁰	352	352	352	352	330	330	165	165
Maine ²¹	780	780	693	693	693	693	325	325
Maryland ²²	611	789	461	590	461	590	307	393
Massachusetts ²³	1,038	1,062	946	966	946	946	567	567
Michigan ²⁴	503	676	416	589	416	589	208	295
Minnesota ²⁵	706	847	615	738	615	738	420	504
Mississippi ²⁶	245	272	237	259	223	245	112	125
Missouri ²⁷	442	530	350	420	350	420	216	259
Montana ²⁸	620	620	574	574	574	574	460	460
Nebraska ²⁹	650	715	624	667	624	667	347	381
Nevada ³⁰	650	650	585	585	563	563	249	249

Table 35. Maximum Reimbursement Rates for Licensed Family Child Care Homes (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
New Hampshire ³¹	747	747	725	725	660	660	260	260
New Jersey ³²	670	703	527	550	527	550	395	413
New Mexico ³³	567	817	464	714	412	662	305	493
New York ³⁴	867	867	802	802	758	758	455	455
North Carolina ³⁵	580	618	550	587	522	557	386	404
North Dakota ¹³	480	480	470	470	460	460	240	240
Ohio ³⁶	600	842	547	768	504	707	259	363
Oklahoma ³⁷	334	662	283	570	283	570	166	324
Oregon ³⁸	1,000	1,000	1,000	1,000	870	870	488	488
Pennsylvania ³⁹	729	911	642	821	603	766	429	485
Rhode Island ¹³	736	736	736	736	669	669	317	317
South Carolina ⁴⁰	498	585	498	585	464	550	208	282
South Dakota ⁴¹	494	494	494	494	477	477	260	260
Tennessee ⁴²	430	516	366	439	366	439	215	258
Texas ⁴³	558	610	523	572	379	419	223	246
Utah	575	575	540	540	510	510	500	500
Vermont ⁴⁴	506	709	487	682	438	613	237	332
Virginia ⁴⁵	953	953	802	802	802	802	542	542
Washington ⁴⁶	1,226	1,471	920	1,104	920	1,104	466	536
West Virginia ⁴⁷	500	580	440	520	440	520	200	240
Wisconsin ⁴⁸	776	1,021	723	951	674	887	362	476
Wyoming ¹³	531	531	488	488	478	478	318	318
American Samoa	200	200	180	180	180	180	54	54
Guam	525	525	450	450	425	425	349	349
No Mariana Islands ⁴⁹	400	400	400	400	400	400	180	180
Puerto Rico	270	270	270	270	264	264	220	220
Virgin Islands	300	300	300	300	300	300	150	150

Source: CCDF Policies Database October 1, 2016 Data

¹ The rates represent the maximum reimbursement rate for licensed child care providers. For states that have tiered reimbursement systems, the base rates reflect the base licensed rates and the highest rates reflect the highest tiered or accredited rates available. For states that do not have tiered reimbursement systems, the base and highest rates are identical. For states that do not specify reimbursement rates for licensed providers, the rates for registered or certified providers are used. Rates for the largest, most populous area are provided for states in which rates vary at a sub-state level. Numbers are rounded to the nearest dollar amount. Maximum rates may be higher for special needs children or for care during non-traditional hours. For the purposes of calculating the monthly rate, the following assumptions were made. The child receives full-time care in a family child care home. The child is in care for 8 hours per day, 5 days per week. For children receiving before-and-after care, the child is in care for 4 hours per day. Unless noted, when hourly, daily, or weekly rates were provided, the monthly rates were calculated using 8 hours per day, 5 days per week, and 4.333 weeks per month. When a before-and-after care or part-time school-age rate was not available, the before-and-after care rate was calculated using half of the full-time school-age rate.

² Family day care rates for the Birmingham Region.

³ Family home care rates for Anchorage.

⁴ Base rates are certified family child care home rates for District 1. Highest rates are accredited family child care home rates for District 1.

⁵ Base rates are Better Beginnings quality incentive level 1 rates for family child care homes in urban areas. Highest rates are Better Beginnings quality incentive level 3 rates for family child care homes in urban areas.

⁶ Licensed family child care home rates for Los Angeles. Before-and-after care rates reflect monthly part-time rates.

⁷ Base rates are tier zero family child care home rates for Denver. Highest rates are tier five family child care home rates for Denver.

⁸ Base rates are licensed family child care home rates for the Southwest Region. Highest rates are licensed accredited family child care home rates for the Southwest Region. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁹ Licensed family child care home rates for New Castle.

¹⁰ Base rates are bronze tier family child care home reimbursement rates. Highest rates are gold tier family child care home reimbursement rates.

¹¹ Base rates are licensed family child care home reimbursement rates for the Miami-Dade Coalition. Highest rates are Gold Seal family child care home rates for the Miami-Dade Coalition. Before-and-after care rates reflect part-time, weekly before or after school rates for school-age children.

¹² Base rates are family child care home rates with no additional star rating for Zone 1. Highest rates are three-star family child care home rates for Zone 1.

¹³ Licensed family child care home rates.

¹⁴ Family child care home rates for Cluster 2. Rates are determined based on the parent's qualifying activity hours and are authorized up to the full-time rate for before-and-after care if the provider charges full-time rates for the amount of care provided.

¹⁵ Licensed family child care home rates for Group 1A. The state sets a number of days each month that families may be eligible for care. The daily rate is then multiplied by the number of eligible days in the month. The rate may vary each month, depending on the number of eligible days.

¹⁶ Base rates are licensed family child care home rates for Marion. Highest rates are licensed, level four family child care home rates for Marion.

¹⁷ Base rates are registered Child Development Home category A and B basic rates. Highest rates are registered Child Development Home category A and B Quality Rating System level 5 rates.

¹⁸ Licensed family child care home rates for Sedgwick County.

¹⁹ Certified family child care home rates for Jefferson County. Providers participating in the STARS for KIDS NOW program receive an initial achievement payment, an annual payment, and a monthly quality incentive payment per subsidized child based on the age of the child. These payments vary based on the STARS level, from level one through four.

- ²⁰ This state authorizes a maximum of 22 days per month. The multiplier for converting maximum daily rates to maximum monthly rates is 22.
- ²¹ Licensed family child care home rates for Cumberland County.
- ²² Base rates are unaccredited family child care home rates for Baltimore City. Highest rates are level five family child care home rates for Baltimore City.
- ²³ Base rates are reimbursement rates for systems family child care homes with no additional rating in Region 6. Highest rates are QRIS level two and above systems family child care home rates for Region 6. For family child care settings and informal child care settings, before-and-after care for school-age children is calculated as 60 percent of the full-time rate. These reimbursement rates will be paid to providers beginning January 1, 2017 and providers will be retroactively reimbursed at these rates for any services provided since July 1, 2016.
- ²⁴ Base rates are licensed blank-star and one-star child care center reimbursement rates. Highest rates are licensed five-star child care center reimbursement rates.
- ²⁵ Base rates are licensed unaccredited family child care home rates for Hennepin County. Highest rates are licensed four-star family child care home rates for Hennepin County.
- ²⁶ Base rates are tier two family child care home rates. Highest rates are tier one family child care home rates.
- ²⁷ Base rates are licensed family home rates for St. Louis County. Highest rates are licensed accredited family home rates for St. Louis County. Rates were calculated using a multiplier of 22 days per month.
- ²⁸ Family child care home rates for the Billings Region. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ²⁹ Base rates are licensed family child care home rates for Lancaster, Dakota, Douglas, and Sarpy Counties. Highest rates are accredited family child care home rates for the entire state.
- ³⁰ Licensed family child care home rates for Clark County.
- ³¹ Licensed family child care home rates. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ³² Base rates are registered family child care home rates. Highest rates are accredited family child care home rates.
- ³³ Base rates are licensed family child care home rates. Highest rates are FOCUS (the state's quality rating system) five-star family child care home rates.
- ³⁴ Registered family day care rates for Group 5 counties: New York, Bronx, Kings, Queens, and Richmond.
- ³⁵ Base rates are licensed three-star family child care home rates for Mecklenburg County. Highest rates are licensed five-star family child care home rates for Mecklenburg County. The before-and-after school rate is calculated at 75 percent of the full-time rate.
- ³⁶ Base rates are licensed Type B home rates for Cuyahoga County. Highest rates are licensed five-star Type B home rates for Cuyahoga County.
- ³⁷ Base rates are one-star family child care home rates for Enhanced Areas. Highest rates are three-star family child care home rates for Enhanced Areas. Before-and-after care rates are blended rates for a traditional school year. The multiplier for converting maximum daily rates to maximum monthly rates is 23.
- ³⁸ Certified family child care home rates for Group Area A.
- ³⁹ Base rates are reimbursement rates for family child care homes with no additional rating for Philadelphia. Highest rates are star four family child care home rates for Philadelphia.
- ⁴⁰ Base rates are level C licensed family child care home rates for urban counties. Highest rates are level B+ enhanced licensed family child care home rates for urban counties. The highest reimbursement rates include a quality incentive bonus of an additional \$20 for full-time care and \$10 for part-time care. Providers who do not receive the quality incentive bonus are reimbursed at \$10 to \$20 less per week.
- ⁴¹ Regulated family child care home rates for Minnehaha County.

⁴² Base rates are reimbursement rates for family child care homes with no additional rating for the Top Tier counties. Highest rates are three-star family child care home rates for the Top Tier counties. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴³ Base rates are registered family child care home rates for the Gulf Coast Region. Highest rates are four-star family child care home rates for the Gulf Coast Region.

⁴⁴ Base rates are registered family child care home rates. Highest rates are registered five-star family child care home rates. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁵ Level two family day home rates for Fairfax.

⁴⁶ Base rates are level 1 licensed family child care home reimbursement rates for Region 4. Highest rates are Early Achievers level 5 licensed family child care home reimbursement rates for Region 4. Rates were calculated using a multiplier of 23 days per month. School-age before-and-after care rates are authorized at 30 half day units when care is provided for five days per week.

⁴⁷ Base rates are tier one family child care home rates. Highest rates are tier three family child care home rates. Rates were calculated using a multiplier of 20 days per month.

⁴⁸ Base rates are licensed two-star family child care home rates for Milwaukee. Highest rates are licensed five-star family child care home rates for Milwaukee. This state uses a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁹ A maximum of three hours of care per day is approved for after school programs.

Table 36. Maximum Reimbursement Rates for Licensed Group Child Care Homes (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Alabama ²	433	433	412	412	412	412	197	197
Alaska ³	850	850	800	800	650	650	375	375
Arizona ⁴	520	572	477	524	433	477	303	334
Arkansas ⁵	NA	NA	NA	NA	NA	NA	NA	NA
California ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Colorado ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Connecticut ⁶	1,036	1,088	1,036	1,088	817	858	486	510
Delaware ⁷	498	498	448	448	448	448	217	217
DC ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Florida ⁸	460	551	405	486	397	476	263	316
Georgia ⁹	602	663	559	615	494	543	282	310
Hawaii ¹⁰	675	675	675	675	675	675	155	155
Idaho ¹¹	618	618	555	555	555	555	488	488
Illinois ¹²	765	765	713	713	648	648	324	324
Indiana ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Iowa ¹³	539	650	528	596	528	596	234	282
Kansas ¹⁴	416	416	383	383	383	383	192	192
Kentucky ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Louisiana ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Maine ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Maryland ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Massachusetts ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Michigan ¹⁵	503	676	416	589	416	589	208	295
Minnesota ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Mississippi ¹⁶	339	375	326	357	312	339	183	201
Missouri ¹⁷	512	615	350	420	350	420	217	261
Montana ¹⁸	666	666	597	597	597	597	469	469
Nebraska ¹⁹	650	715	624	667	624	667	347	381
Nevada ²⁰	607	607	520	520	455	455	227	227

Table 36. Maximum Reimbursement Rates for Licensed Group Child Care Homes (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
New Hampshire ²¹	747	747	725	725	660	660	260	260
New Jersey ⁵	NA	NA	NA	NA	NA	NA	NA	NA
New Mexico ²²	586	836	487	737	427	677	317	505
New York ²³	867	867	802	802	758	758	455	455
North Carolina ⁵	NA	NA	NA	NA	NA	NA	NA	NA
North Dakota ²⁴	480	480	470	470	460	460	240	240
Ohio ²⁵	713	1,001	652	916	570	800	253	356
Oklahoma ²⁶	334	662	283	570	283	570	166	324
Oregon ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Pennsylvania ²⁷	724	906	642	821	621	783	429	485
Rhode Island ¹⁰	736	736	736	736	669	669	317	317
South Carolina ²⁸	412	520	412	520	368	477	217	260
South Dakota ²⁹	685	685	685	685	615	615	321	321
Tennessee ³⁰	495	593	387	464	387	464	215	258
Texas ³¹	566	619	540	590	402	443	239	261
Utah	575	575	540	540	510	510	500	500
Vermont ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Virginia ⁵	NA	NA	NA	NA	NA	NA	NA	NA
Washington ⁵	NA	NA	NA	NA	NA	NA	NA	NA
West Virginia ³²	540	620	500	580	500	580	250	290
Wisconsin ³³	1,005	1,322	899	1,183	780	1,027	417	549
Wyoming ¹⁰	531	531	488	488	478	478	318	318
American Samoa	200	200	180	180	180	180	54	54
Guam	525	525	450	450	425	425	349	349
No Mariana Islands ³⁴	400	400	400	400	400	400	180	180
Puerto Rico ³⁵	270	270	270	270	264	264	220	220
Virgin Islands	300	300	300	300	300	300	150	150

Source: CCDF Policies Database October 1, 2016 Data

¹ The rates represent the maximum reimbursement rate for licensed child care providers. For states that have tiered reimbursement systems, the base rates reflect the base licensed rates and the highest rates reflect the highest tiered or accredited rates available. For states that do not have tiered reimbursement systems, the base and highest rates are identical. For states that do not specify reimbursement rates for licensed providers, the rates for registered or certified providers are used. Rates for the largest, most populous area are provided for states in which rates vary at a sub-state level. Numbers are rounded to the nearest dollar amount. Maximum rates may be higher for special needs children or for care during non-traditional hours. For the purposes of calculating the monthly rate, the following assumptions were made. The child receives full-time care in a group child care home. The child is in care for 8 hours per day, 5 days per week. For children receiving before-and-after care, the child is in care for 4 hours per day. Unless noted, when hourly, daily, or weekly rates were provided, the monthly rates were calculated using 8 hours per day, 5 days per week, and 4.333 weeks per month. When a before-and-after care or part-time school-age rate was not available, the before-and-after care rate was calculated using half of the full-time school-age rate. Some but not all states have different rates for a category of providers termed "group child care homes." These are similar to family child care homes but may serve more children or differ in some other way. When a state does not make this distinction, the state is coded as NA.

² Group day care home rates for the Birmingham Region.

³ Group child care home rates for Anchorage.

⁴ Base rates are certified group child care home rates for District 1. Highest rates are accredited group child care home rates for District 1.

⁵ State, county, or territory does not specify rates for group child care homes. The state may define family homes or centers to include these larger home settings.

⁶ Base rates are licensed group child care home rates for the Southwest Region. Highest rates are licensed accredited group child care home rates for the Southwest Region. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁷ Licensed group child care home rates for New Castle.

⁸ Base rates are licensed large family child care home rates for the Miami-Dade Coalition. Highest rates are Gold Seal large family child care home rates for the Miami-Dade Coalition. Before-and-after care rates reflect part-time, weekly before or after school rates for school-age children.

⁹ Base rates are group child care home rates with no additional star rating for Zone 1. Highest rates are three-star group child care home rates for Zone 1.

¹⁰ Licensed group child care home rates.

¹¹ Group child care home rates for Cluster 2. Rates are determined based on the parent's qualifying activity hours and are authorized up to the full-time rate for before-and-after care if the provider charges full-time rates for the amount of care provided.

¹² Licensed group child care home rates for Group 1A. The state sets a number of days each month that families may be eligible for care. The daily rate is then multiplied by the number of eligible days in the month. The rate may vary each month, depending on the number of eligible days.

¹³ Base rates are registered Child Development Home category C basic rates. Highest rates are registered Child Development Home category C Quality Rating System level 5 rates.

¹⁴ Licensed group child care home rates for Sedgwick County.

¹⁵ Base rates are licensed blank-star and one-star child care center reimbursement rates. Highest rates are licensed five-star child care center reimbursement rates.

¹⁶ Base rates are tier two group child care home rates. Highest rates are tier one group child care home rates.

¹⁷ Base rates are licensed group home rates for St. Louis County. Highest rates are licensed accredited group home rates for St. Louis County. Rates are calculated using a multiplier of 22 days per month.

¹⁸ Group child care home rates for the Billings Region. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.

- ¹⁹ Base rates are licensed group child care home rates for Lancaster, Dakota, Douglas, and Sarpy Counties. Highest rates are accredited child care home rates for the entire state.
- ²⁰ Licensed group child care home rates for Clark County.
- ²¹ Licensed group child care home rates. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ²² Base rates are licensed group child care rates. Highest rates are FOCUS (the state's quality rating system) five-star group child care rates.
- ²³ Registered group family day care rates for Group 5 counties: New York, Bronx, Kings, Queens, and Richmond.
- ²⁴ Licensed family child care home rates.
- ²⁵ Base rates are licensed Type A home rates for Cuyahoga County. Highest rates are licensed five-star Type A home rates for Cuyahoga County.
- ²⁶ Base rates are one-star child care home rates for Enhanced Areas. Highest rates are three-star child care home rates for Enhanced Areas. Before-and-after care rates are blended rates for a traditional school year. The multiplier for converting maximum daily rates to maximum monthly rates is 23.
- ²⁷ Base rates are reimbursement rates for group child care homes with no additional rating for Philadelphia. Highest rates are star four group child care home rates for Philadelphia.
- ²⁸ Base rates are level C licensed group child care home rates for urban counties. Highest rates are level B+ high scoring enhanced group child care home rates for urban counties. The highest reimbursement rates include a quality incentive bonus of an additional \$20 for full-time care and \$10 for part-time care. Providers who do not receive the quality incentive bonus are reimbursed at \$10 to \$20 less per week.
- ²⁹ Licensed group family child care rates for Minnehaha County.
- ³⁰ Base rates are reimbursement rates for group child care homes with no additional rating for the Top Tier counties. Highest rates are three-star group child care home rates for the Top Tier counties. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.
- ³¹ Base rates are licensed group day home rates for the Gulf Coast Region. Highest rates are four-star group day home rates for the Gulf Coast Region.
- ³² Base rates are tier one family child care facility rates. Highest rates are tier three family child care facility rates. Rates were calculated using a multiplier of 20 days per month.
- ³³ Group child care homes use the same rates as centers. Base rates are licensed two-star center rates for Milwaukee. Highest rates are licensed five-star center rates for Milwaukee. This state uses a multiplier of 4.3 to convert weekly rates to monthly rates.
- ³⁴ A maximum of three hours of care per day is approved for after school programs.
- ³⁵ Registered group child care home rates.

Table 37. Maximum Reimbursement Rates for In-Home Child Care (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Alabama ²	173	173	173	173	173	173	87	87
Alaska ³	518	518	492	492	440	440	258	258
Arizona ⁴	227	477	227	477	227	429	130	286
Arkansas ⁵	619	711	578	664	511	588	364	419
California ⁶	511	511	482	482	482	482	198	198
Colorado ⁷	282	347	260	303	260	303	152	173
Connecticut ⁸	550	550	550	550	550	550	331	331
Delaware ⁹	498	498	448	448	448	448	217	217
DC	246	246	217	217	188	188	98	98
Florida ¹⁰	460	551	405	486	397	476	263	316
Georgia ¹¹	390	390	368	368	325	325	217	217
Hawaii ¹²	400	400	350	350	350	350	60	60
Idaho ¹³	618	618	555	555	555	555	488	488
Illinois ¹⁴	351	351	351	351	351	351	176	176
Indiana ¹⁵	1,257	1,257	1,257	1,257	1,257	1,257	628	628
Iowa ¹⁶	1,571	1,571	1,571	1,571	1,571	1,571	785	785
Kansas	298	298	298	298	298	298	149	149
Kentucky ¹⁷	282	282	282	282	260	260	130	130
Louisiana ¹⁸	341	341	341	341	319	319	160	160
Maine ¹⁹	546	546	485	485	485	485	227	227
Maryland ²⁰	299	299	237	237	237	237	158	158
Massachusetts ²¹	333	333	333	333	333	333	200	200
Michigan ²²	234	381	234	321	234	321	117	160
Minnesota ²³	385	442	335	385	335	385	155	179
Mississippi ²⁴	196	272	187	259	179	245	89	125
Missouri ²⁵	330	330	286	286	286	286	176	176
Montana ²⁶	466	466	432	432	432	432	349	349
Nebraska ²⁷	1,560	1,560	1,560	1,560	1,560	1,560	780	780

Table 37. Maximum Reimbursement Rates for In-Home Child Care (Monthly Dollar Amounts), 2016 ¹

State	<u>Full-Time Care</u>						<u>Before-and-After Care</u>	
	<u>Infant (11 months)</u>		<u>Toddler (35 months)</u>		<u>Preschool (59 months)</u>		<u>School Age (84 months)</u>	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Nevada ²⁸	498	498	433	433	412	412	325	325
New Hampshire ²⁹	523	523	508	508	462	462	182	182
New Jersey ³⁰	404	404	314	314	314	314	236	236
New Mexico ³¹	290	290	275	275	252	252	189	189
New York ³²	563	607	520	563	494	533	303	325
North Carolina ³³	580	618	550	587	522	557	386	404
North Dakota ³⁴	300	370	280	340	272	332	156	192
Ohio ³⁵	1,404	1,404	1,404	1,404	1,404	1,404	702	702
Oklahoma ³⁶	300	300	255	255	255	255	149	149
Oregon ³⁷	552	670	516	645	509	610	264	458
Pennsylvania ³⁸	276	276	264	264	245	245	216	216
Rhode Island ¹²	377	377	377	377	223	223	109	109
South Carolina ³⁹	195	195	195	195	182	182	95	95
South Dakota ⁴⁰	303	303	303	303	303	303	152	152
Tennessee ⁴¹	301	301	258	258	258	258	151	151
Texas ⁴²	329	329	286	286	245	245	143	143
Utah ⁴³	340	340	274	274	213	213	176	176
Vermont ⁴⁴	345	345	345	345	288	288	169	169
Virginia ⁴⁵	672	672	628	628	628	628	412	412
Washington ⁴⁶	416	416	416	416	416	416	215	215
West Virginia ⁴⁷	400	400	360	360	360	360	180	180
Wisconsin ⁴⁸	1,247	1,247	1,247	1,247	1,247	1,247	624	624
Wyoming ¹²	298	298	298	298	298	298	149	149
American Samoa	200	200	180	180	180	180	54	54
Guam	525	525	450	450	425	425	349	349
No Mariana Islands ⁴⁹	400	400	400	400	400	400	180	180
Puerto Rico	270	270	270	270	264	264	220	220
Virgin Islands	300	300	300	300	300	300	150	150

Source: CCDF Policies Database October 1, 2016 Data

¹ The rates represent the maximum reimbursement rate for in-home providers. For states that have tiered reimbursement systems, the base rates reflect the base in-home rates and the highest rates reflect the highest tiered or accredited rates available. For states that do not have tiered reimbursement systems, the base and highest rates are identical. Rates for the largest, most populous area are provided for states in which rates vary at a sub-state level. Numbers are rounded to the nearest dollar amount. Maximum rates may be higher for special needs children or for care during non-traditional hours. For the purposes of calculating the monthly rate, the following assumptions were made. The child receives full-time in-home child care. If rates vary for types of in-home care, the rates for care provided in the home of the child were used. The child is in care for 8 hours per day, 5 days per week. For children receiving before-and-after care, the child is in care for 4 hours per day. Unless noted, the monthly rates were calculated using 8 hours per day, 5 days per week, and 4.333 weeks per month. When a before-and-after care or part-time school-age rate was not available, the before-and-after care rate was calculated using half of the full-time school-age rate.

² One star plus in-home child care rates.

³ Approved in-home child care rates for Anchorage.

⁴ Base rates are in-home rates for non-certified relative providers. Highest rates are accredited in-home child care rates for District 1.

⁵ Base rates are Better Beginnings quality incentive level 1 rates for registered child care family homes in urban areas. Highest rates are Better Beginnings quality incentive level 3 rates for registered child care family homes in urban areas.

⁶ In-home rates for Los Angeles. Before-and-after care rates reflect monthly part-time rates.

⁷ Base rates are exempt, tier zero family child care home rates for Denver. Highest rates are exempt, tier five family child care home rates for Denver.

⁸ Unlicensed in-home child care rates. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates. In-home providers must be relatives over the age of 20 at the time of authorization. Current providers under the age of 20 will remain eligible through the end of their authorization period.

⁹ In-home child care rates for New Castle.

¹⁰ Informal providers cannot provide care through the subsidy program in the Miami-Dade Coalition. All providers must be licensed. Base rates are licensed home reimbursement rates for the Miami-Dade Coalition. Highest rates are Gold Seal home rates for the Miami-Dade Coalition. Before-and-after care rates reflect part-time, weekly before or after school rates for school-age children.

¹¹ In-home child care rates for Zone 1.

¹² License-exempt in-home child care rates.

¹³ In-home child care rates for Cluster 2. Rates are determined based on the parent's qualifying activity hours and are authorized up to the full-time rate for before-and-after care if the provider charges full-time rates for the amount of care provided.

¹⁴ License-exempt in-home child care rates. The state sets a number of days each month that families may be eligible for care. The daily rate is then multiplied by the number of eligible days in the month. The rate will vary each month, depending on the number of eligible days.

¹⁵ In-home child care rates for Marion. The rate reflects the federal minimum wage and is divided by the number of children in care. Nanny care is approved for a minimum of three children.

¹⁶ The in-home rate is not per child; it is the maximum amount paid for all children in the family receiving in-home care. In-home care is paid at the minimum wage amount.

¹⁷ Registered in-home child care rates for Jefferson County.

¹⁸ This state authorizes a maximum of 22 days per month. The multiplier for converting maximum daily rates to maximum monthly rates is 22.

- ¹⁹ Unlicensed in-home child care rates for Cumberland County.
- ²⁰ In-home provider rates for Baltimore City.
- ²¹ Rates for care provided in the child's home. For family child care settings and informal child care settings, before-and-after care for school-age children is calculated as 60 percent of the full-time rate.
- ²² Base rates are tier one in-home child care rates. Highest rates are tier two in-home child care rates.
- ²³ Base rates are unaccredited in-home child care rates for Hennepin County. Highest rates are accredited in-home child care rates for Hennepin County. Child care assistance in the child's home may only be authorized if the parents have authorized activities outside of the home and the authorized activity occurs when out-of-home care is not available, the family lives in an area where out-of-home care is not available, or the child has a verified illness or disability that creates a risk or hardship.
- ²⁴ Base rates are tier three in-home child care rates. Highest rates are tier one in-home child care rates.
- ²⁵ Registered family home rates for St. Louis County. Rates calculated using a multiplier of 22 days per month.
- ²⁶ In-home child care rates for the Billings Region. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ²⁷ In-home providers must be paid at least the federal minimum wage. The minimum wage rate is generally provided for the first three children in care. The provider may be reimbursed at a different rate for any additional children in care. As a guide, the caseworker may use the hourly rate for a license-exempt family child care home.
- ²⁸ Unlicensed child care rates for Clark County.
- ²⁹ Rates for license-exempt child care providers. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ³⁰ In-home child care rates for informal or relative care.
- ³¹ Registered in-home child care rates.
- ³² Base rates are legally-exempt in-home child care rates for Group 5 counties: New York, Bronx, Kings, Queens, and Richmond. Highest rates are legally-exempt, enhanced in-home child care rates for Group 5 counties.
- ³³ Unregulated providers cannot provide care through the subsidy program. Providers must be licensed at the three to five star levels. Base rates are licensed three-star family child care home rates for Mecklenburg County. Highest rates are licensed five-star family child care home rates for Mecklenburg County. The before-and-after school rate is calculated at 75 percent of the full-time rate.
- ³⁴ Base rates are in-home child care rates for informal and relative care. Highest rates are registered in-home child care rates.
- ³⁵ In-home child care aide rates for Cuyahoga County.
- ³⁶ The multiplier for converting maximum daily rates to maximum monthly rates is 23.
- ³⁷ Base rates are standard in-home child care rates for Group Area A. Highest rates are registered in-home child care rates for Group Area A. The state uses a multiplier of 4.3 to convert weekly rates to monthly rates for part-time care provided by standard in-home providers.
- ³⁸ In-home child care rates for Philadelphia. Parents are required to make sure in-home providers are paid minimum wage.
- ³⁹ In-home child care rates for urban counties.
- ⁴⁰ Unregulated child care rates.
- ⁴¹ Unregulated child care rates for the top tier counties. Care provided in the child's home is not allowed unless the provider also lives in the home and proof is submitted that the home belongs to the provider. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.
- ⁴² Unregulated relative care provider rates for the Gulf Coast Region.
- ⁴³ License-exempt in-home child care rates for relative or neighbor providers.

⁴⁴ Approved Relative Child Care Provider rates. Rates were calculated using a multiplier 5 days per week and 4.3 weeks per month.

⁴⁵ In-home child care rates for Fairfax.

⁴⁶ Rates for in-home providers are calculated using a multiplier of 4.3 weeks per month. Part-time rates for in-home providers are calculated using a multiplier of 20.5 hours per week.

⁴⁷ Rates were calculated using a multiplier of 20 days per month.

⁴⁸ Certified in-home child care rates. When in-home care is provided for 15 or more hours per week, the minimum wage must be paid, regardless of the number of children in care. This state uses a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁹ A maximum of three hours of care per day is approved for after school programs.

Table 38. Unregulated Home-Based Provider Background Check Requirements, 2016

State	If There is a Criminal History Background Check Requirement	Level of Background Check Required	If a Child Protective Services Background Check is Required	If an Adult Protective Services Background Check is Required
Alabama	Yes, for provider and others	State, FBI	No	No
Alaska	Yes, for provider and others	State, FBI, sex offender registry ²	Yes, for provider and others	Yes, for provider and others
Arizona	Yes, for provider and others	State, FBI	Yes, for provider and others	No
Arkansas	Yes, for provider and others	State, sex offender registry	Yes, for provider and others	No
California	Yes, for the provider only ³	State, FBI, sex offender registry	Yes, for the provider only	No
Colorado	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	No
Connecticut	Yes, for the provider only	State, FBI	Yes, for the provider only	No
Delaware	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	No
DC	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	No
Florida	Yes, for provider and others	State, FBI ⁴	Yes, for provider and others	Yes, for provider and others
Georgia	Yes, for the provider only ⁵	State, FBI	Yes, for the provider only	No
Hawaii	Yes, for provider and others ⁶	State, FBI, sex offender registry ⁷	Yes, for provider and others ⁶	Yes, for provider and others ⁶
Idaho	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	Yes, for provider and others
Illinois	Yes, for provider and others ⁸	State, FBI, sex offender registry ⁹	Yes, for provider and others	No
Indiana	Yes, for provider and others	FBI, sex offender registry	Yes, for provider and others	No
Iowa	Yes, for provider and others	State, FBI, sex offender registry ¹⁰	Yes, for provider and others	Yes, for provider and others
Kansas	Yes, for provider and others	State ¹¹	Yes, for provider and others	Yes, for provider and others
Kentucky	Yes, for provider and others	State, sex offender registry ¹²	Yes, for provider and others	No
Louisiana	Yes, for provider and others	State	No	No
Maine	Yes, for provider and others	State	Yes, for provider and others	No
Maryland	Yes, for provider and others	State, FBI	Yes, for provider and others	No
Massachusetts	Yes, for the provider only ¹³	State, FBI, sex offender registry	Yes, for the provider only ¹³	No

Table 38. Unregulated Home-Based Provider Background Check Requirements, 2016

State	If There is a Criminal History Background Check Requirement	Level of Background Check Required	If a Child Protective Services Background Check is Required	If an Adult Protective Services Background Check is Required
Michigan	Yes, for provider and others	State, sex offender registry	Yes, for provider and others	No
Minnesota	Yes, for provider and others ¹⁴	State	Yes, for provider and others ¹⁴	Yes, for provider and others ¹⁵
Mississippi	Yes, for provider and others ¹⁶	State, FBI, sex offender registry	Yes, for provider and others ¹⁷	No
Missouri	Yes, for the provider only	State, FBI	Yes, for provider and others	Yes, for provider and others ¹⁸
Montana	Yes, for provider and others ¹⁹	State, FBI, sex offender registry ²⁰	Yes, for provider and others	Yes, for provider and others
Nebraska	Yes, for provider and others ²¹	State, sex offender registry	Yes, for provider and others ²¹	Yes, for provider and others ²¹
Nevada	Yes, for provider and others	Local, state, FBI, sex offender registry	Yes, for provider and others	No
New Hampshire	Yes, for provider and others	State, FBI	Yes, for provider and others	No
New Jersey	No	NA	Yes, for provider and others	No
New Mexico	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	No
New York	Yes, for provider and others ²²	Sex offender registry ²²	Yes, for the provider only	No
North Carolina	NA ²³	NA ²³	NA ²³	NA ²³
North Dakota	Yes, for provider and others	State, sex offender registry	Yes, for provider and others	No
Ohio	Yes, for provider and others	State, FBI	Yes, for the provider only ²⁴	No
Oklahoma	Yes, for the provider only	State, sex offender registry	Yes, for the provider only	No
Oregon	Yes, for provider and others	State, FBI, sex offender registry ²⁵	Yes, for provider and others	No
Pennsylvania	Yes, for the provider only	State, FBI	Yes, for the provider only	No
Rhode Island	Yes, for provider and others	State	--- ¹	No
South Carolina	Yes, for provider and others	Sex offender registry	Yes, for provider and others	No
South Dakota	Yes, for provider and others	State, FBI, sex offender registry	Yes, for the provider only	No
Tennessee	No ²⁶	NA	No	No
Texas	Yes, for provider and others	State, sex offender registry	Yes, for provider and others ²⁷	No
Utah	Yes, for provider and others ²⁸	State, FBI, sex offender registry ²⁸	Yes, for provider and others	No

Table 38. Unregulated Home-Based Provider Background Check Requirements, 2016

State	If There is a Criminal History Background Check Requirement	Level of Background Check Required	If a Child Protective Services Background Check is Required	If an Adult Protective Services Background Check is Required
Vermont	Yes, for provider and others	State	Yes, for provider and others	Yes, for provider and others
Virginia	Yes, for provider and others	State, sex offender registry	Yes, for provider and others	No
Washington	Yes, for provider and others	Local, State	Yes, for provider and others	Yes, for provider and others
West Virginia	Yes, for provider and others	State	Yes, for provider and others	Yes, for provider and others
Wisconsin	Yes, for provider and others	State, FBI, sex offender registry ²⁹	Yes, for provider and others	Yes, for the provider only
Wyoming	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	Yes, for provider and others
American Samoa	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	No
Guam	Yes, for provider and others ³⁰	Local, State, sex offender registry	Yes, for provider and others	Yes, for provider and others
No Mariana Islands	Yes, for provider and others	State, FBI, sex offender registry	Yes, for provider and others	No
Puerto Rico	Yes, for the provider only	State, sex offender registry	Yes, for the provider only	No
Virgin Islands	Yes, for provider and others	Local, State, FBI, sex offender registry	No	No

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² Unregulated providers who are unrelated to the children in care are fingerprinted for FBI and state background checks. Relative providers are not required to provide fingerprints, but a state and sex offender registry background check must be completed.

³ Individual providers exempt from licensure must be registered on TrustLine, with the exception of grandparents, aunts, and uncles.

⁴ The state-level background check includes local criminal history information.

⁵ A background check is required for all providers except those providing short term child care for up to six weeks.

⁶ Only the provider is required to have a background check for in-home care.

⁷ Great-grandparents, grandparents, aunts, uncles, and adult siblings are exempt from fingerprint requirements.

⁸ If the child care facility operates in a family home, the provider and all household members age 13 and over are subject to background checks.

⁹ Persons age 18 and over are subject to a criminal history check with the FBI.

¹⁰ National criminal history record checks based on fingerprints are required for providers, household members, and those with access to the child if they are age 18 or older.

¹¹ A provider whose name appears in the child abuse and neglect registry or the state's adult supervised population repository is not eligible for CCDF payments.

¹² Background checks include the child abuse and neglect central registry, the sex offender registry, criminal records, and criminal records for any previous state of residence outside of Kentucky in the last five years.

- ¹³ Background checks, including criminal history, sex offender registry, state and national fingerprint checks, and child welfare checks, are only conducted on non-relative in-home providers. If the in-home provider is a relative of the child, only a sex offender registry check is required.
- ¹⁴ A non-licensed in-home child care provider who has a household member with a criminal, child protective services, or adult protective services record may still be authorized to provide child care in the child's home, but not in the provider's home.
- ¹⁵ The background check is required for the provider and all household members age 13 and older. Household members between the ages of 10 and 12 and individuals who may have unsupervised access to children receiving services are required to have an adult protective services history background check when there is reasonable cause. A non-licensed in-home child care provider who has a household member with a criminal, child protective services, or adult protective services record may still be authorized to provide child care in the child's home, but not in the provider's home.
- ¹⁶ Background checks are required for all unlicensed providers. If the provider provides care in his or her own home, background checks are also required for all adults living in the home.
- ¹⁷ All individuals over 18 years old residing or providing care in the home must clear a state child abuse and neglect central registry check to be eligible. If found to have a prior conviction of child abuse or neglect, they will be suspended and the funds will be recouped.
- ¹⁸ All household members age 17 and older are required to have a series of background checks that include information related to adult protective services.
- ¹⁹ Background checks are required for the applicant and all adults living in the provider's household. Background checks must be based on the individual's place of residence since the time he or she was 18 years old.
- ²⁰ For providers who recently lived out of state, a completed FBI fingerprint check is required.
- ²¹ Background checks are required for license-exempt providers. In-home providers, upon request, must provide written permission for a background check. Background checks include checking a registry for child abuse and neglect and adult protective services.
- ²² Legally-exempt providers must give a sworn statement about whether they have been convicted of a misdemeanor or felony. Some counties conduct a local criminal background check for legally-exempt providers, their employees, volunteers, and in some cases household members age 18 and older.
- ²³ Unregulated providers cannot provide care through the subsidy program. Providers must be licensed at the three to five star levels.
- ²⁴ The state has two types of license exempt providers: in-home aides certified by the county departments of job and family services and day camps accredited by the American Camp Association. The CPS background check is required for the in-home aides, but the state does not require CPS checks for day camps.
- ²⁵ Criminal history background checks are conducted using a state law enforcement data system, which includes sex offender registry information. In addition to a criminal history check through the state law enforcement data system, the agency may also request a national criminal history check if information indicates there may be an out-of-state criminal history.
- ²⁶ The department does not routinely perform a background check on unregulated providers, though local agencies may elect to do so.
- ²⁷ Child protective services requires a name-based background check for any person that has lived outside of Texas within the past five years or any person with a criminal history in another state.
- ²⁸ In addition to the state, FBI, and sex offender registry checks, juvenile records are also checked in certain instances.
- ²⁹ Federal criminal background checks are required for all adult members of the household and other adult caregivers. All applicants are required to have a federal criminal background check and one-time fingerprint-based background check prior to receiving payments.
- ³⁰ Providers must complete a police clearance and court clearance in order to provide care through the subsidy program.

Table 39. Unregulated Home-Based Provider Training Requirements, 2016

State	If CPR Training is Required	If First Aid Training is Required
Alabama	No	No
Alaska	Yes, for the provider only	Yes, for the provider only
Arizona	Yes, for the provider and others ¹	Yes, for the provider and others ²
Arkansas	Yes, for the provider only	Yes, for the provider only
California	No	No
Colorado	Yes, for the provider only ³	Yes, for the provider only ³
Connecticut	No	No
Delaware	Yes, for the provider only	Yes, for the provider only
DC	No	No
Florida	Yes, for the provider only	Yes, for the provider only
Georgia	Yes, for the provider only ⁴	No ⁵
Hawaii	No	No
Idaho	Yes, for at least one person on site	Yes, for at least one person on site
Illinois	No	No
Indiana	Yes, for at least one person on site	Yes, for the provider only ⁶
Iowa	Yes, for the provider only	Yes, for the provider only
Kansas	No	No
Kentucky	No	Yes, for the provider only
Louisiana	Yes, for the provider only	Yes, for the provider only
Maine	No	No
Maryland	No	No
Massachusetts	No ⁷	No ⁷
Michigan	Yes, for the provider only	Yes, for the provider only
Minnesota	Yes, for the provider only	Yes, for the provider only
Mississippi	Yes, for the provider only	Yes, for the provider only
Missouri	No	No
Montana	No	No
Nebraska	No	No
Nevada	Yes, for the provider only	Yes, for the provider only
New Hampshire	No	No
New Jersey	Yes, for the provider only	Yes, for the provider only
New Mexico	Yes, for the provider and others ⁸	Yes, for the provider and others ⁸
New York	No	No
North Carolina	NA ⁹	NA ⁹
North Dakota	No	No
Ohio	Yes, for the provider only ¹⁰	Yes, for the provider only ¹⁰
Oklahoma	No ¹¹	No ¹¹
Oregon	No ¹²	No ¹²
Pennsylvania	No	No
Rhode Island	No	No
South Carolina	Yes, for the provider only	Yes, for the provider only
South Dakota	Yes, for the provider only	Yes, for the provider only
Tennessee	No	No

Table 39. Unregulated Home-Based Provider Training Requirements, 2016

State	If CPR Training is Required	If First Aid Training is Required
Texas	No	No
Utah	Yes, for the provider only	Yes, for the provider only
Vermont	No	No
Virginia	Yes, for at least one person on site	Yes, for at least one person on site
Washington	No	No
West Virginia	No	No
Wisconsin	No	No
Wyoming	Yes, for the provider only	Yes, for the provider only
American Samoa	Yes, for at least one person on site ¹³	Yes, for at least one person on site ¹³
Guam	Yes, for the provider and others ¹⁴	Yes, for the provider and others ¹⁴
No Mariana Islands	Yes, for the provider only	Yes, for the provider only
Puerto Rico	Yes, for the provider only	Yes, for the provider only
Virgin Islands	Yes, for the provider only	Yes, for the provider only

Source: CCDF Policies Database October 1, 2016 Data

¹ The provider and all backup providers must have CPR training.

² The provider and all backup providers must have first aid training.

³ The training requirement applies to non-relative qualified exempt providers.

⁴ CPR training for infants and toddlers must be completed prior to the provider's enrollment in the child care subsidy program.

⁵ Providers must complete ten hours of child care related health and safety training, which may include First Aid training.

⁶ The requirement applies to any individual who is employed or volunteers as a caregiver at the facility where child care is provided.

⁷ Both relative and non-relative in-home providers must complete an orientation that includes First Aid and CPR training.

⁸ Providers and others who are at least 18 years old and authorized to provide care must maintain current First Aid and CPR certification.

⁹ Unregulated providers cannot provide care through the subsidy program. Providers must be licensed at the three to five star levels.

¹⁰ The state has two types of license exempt providers: in-home aides certified by the county departments of job and family services and day camps accredited by the American Camp Association. The training is required for the in-home aides, but the state does not track the American Camp Association accreditation requirements.

¹¹ There is no requirement unless the child in care has special needs.

¹² Providers who are registered-exempt or certified-exempt are not required to be First Aid or CPR certified; however, First Aid and CPR certification are required if they want to qualify for the enhanced rate. To qualify for enhanced rates, exempt centers must have at least one staff member who has First Aid and CPR certification for every 20 children. Registered and certified providers must have First Aid and CPR certifications.

¹³ Within 60 days of authorization, at least one person on site must be certified in CPR, and at least one person on site must have current First Aid training. By the end of the authorization period, at least half of the on-site staff must be certified. Providers must complete 12 additional hours of CPR and First Aid training within the first six months of providing care.

¹⁴ At least two staff members must maintain first aid and CPR training, and at least one certified staff member must be on the premises at all times children are in care.

Table 40. Unregulated Home-Based Provider Health and Safety Requirements, 2016

State	If Providers are Required to Comply with a List of Health and Safety Standards	If Home Visits or Inspections are Required After the Initial Requirement Has Been Met
Alabama	No ²	Yes, as needed
Alaska	Yes, self-completed checklist ³	No ⁴
Arizona	Yes, completed through home visit/inspection ⁵	Yes, 2 per year
Arkansas	No	No
California	Yes, self-completed checklist	No
Colorado	Yes, completed through home visit/inspection	Yes, 1 per year
Connecticut	Yes, self-completed checklist ⁶	No
Delaware	Yes, completed through home visit/inspection ⁷	Yes, as needed
DC	Yes, self-completed checklist	Yes, 1 per year
Florida	Yes, self-completed checklist	Yes, 1 per year
Georgia	Yes, completed through home visit/inspection	Yes, random inspections ⁸
Hawaii	Yes, self-completed checklist	No
Idaho	Yes, completed through home visit/inspection ⁹	Yes, 1 per year ⁹
Illinois	Yes, self-completed checklist	No
Indiana	Yes, completed through home visit/inspection	Yes, 1 per year
Iowa	Yes, self-completed checklist	Yes, 1 per year
Kansas	Yes, self-completed checklist	No
Kentucky	Yes, self-completed checklist	Yes, 1 per year
Louisiana	Yes, completed through home visit/inspection ¹⁰	Yes, 1 per year ¹¹
Maine	Yes, self-completed checklist	No
Maryland	Yes, self-completed checklist	No
Massachusetts	Yes, self-completed checklist ¹²	No
Michigan	No	No
Minnesota	Yes, self-completed checklist	No
Mississippi	Yes, completed through home visit/inspection	Yes, 1 per year ¹³
Missouri	Yes, self-completed checklist	No
Montana	Yes, self-completed checklist	No
Nebraska	Yes, self-completed checklist	Yes, 1 per year ¹⁴
Nevada	Yes, completed through home visit/inspection	Yes, 2 per year
New Hampshire	No	No
New Jersey	Yes, completed through home visit/inspection	No
New Mexico	Yes, completed through home visit/inspection	Yes, 1 per year
New York	Yes, self-completed checklist ¹⁵	Yes, random inspections ¹⁶
North Carolina	NA ¹⁷	NA ¹⁷
North Dakota	No	No
Ohio	Yes, completed through home visit/inspection	Yes, 1 per year ¹⁸
Oklahoma	Yes, self-completed checklist	No
Oregon	Yes, self-completed checklist	No
Pennsylvania	Yes, self-completed checklist	No
Rhode Island	Yes, self-completed checklist	--- ¹
South Carolina	Yes, self-completed checklist	Yes, 1 per year

Table 40. Unregulated Home-Based Provider Health and Safety Requirements, 2016

State	If Providers are Required to Comply with a List of Health and Safety Standards	If Home Visits or Inspections are Required After the Initial Requirement Has Been Met
South Dakota	Yes, completed through home visit/inspection	Yes, 1 per year
Tennessee	Yes, completed through home visit/inspection	No
Texas	Yes, completed through home visit/inspection ¹⁹	Yes, as needed ²⁰
Utah	Yes, completed through home visit/inspection	Yes, 1 per year ²¹
Vermont	Yes, self-completed checklist	No
Virginia	Yes, self-completed checklist	No ²²
Washington	No	No
West Virginia	Yes, self-completed checklist ²³	Yes, 1 per year
Wisconsin	Yes, completed through home visit/inspection ²⁴	Yes, as needed ²⁵
Wyoming	Yes, self-completed checklist	Yes, 1 per year
American Samoa	Yes, completed through home visit/inspection ²⁶	Yes, 1 per month ²⁷
Guam	Yes, completed through home visit/inspection ²⁸	Yes, 4 per year ²⁹
No Mariana Islands	Yes, self-completed checklist	No
Puerto Rico	Yes, completed through home visit/inspection ³⁰	Yes, random inspections ³¹
Virgin Islands	Yes, completed through home visit/inspection	Yes, 1 per year

Source: CCDF Policies Database October 1, 2016 Data

¹ Information not found in state's manual.

² Providers who serve 12 or fewer children are encouraged but not required to fill out a checklist. Parents are encouraged to visit child care locations and fill out a checklist, but it is not required.

³ Providers must complete and sign an approved provider health and safety requirements form.

⁴ The provider is responsible to provide satisfactory evidence of compliance with health and safety requirements, if requested.

⁵ The requirement applies to non-relative certified family child care home providers and non-relative certified in-home providers who are not caring for the child in the child's own home. Relative providers and providers who care for children in the children's home are not monitored for health and safety standards or subject to inspection.

⁶ The parent provider agreement form requires providers to indicate they meet a set of minimum safety requirements (e.g., have a fire extinguisher and operating smoke alarm). If providers indicate they do not meet the minimum requirements, child care arrangements are not approved through the subsidy program.

⁷ While not required prior to entering the subsidy program, an inspection is completed to ensure providers comply with health and safety requirements.

⁸ Random inspections occur once per year.

⁹ All providers must comply with health and safety requirements. All providers, except in-home child care providers caring for children in the children's home, must agree to a health and safety inspection. In-home child care providers are instead required to take training that covers the health and safety requirements.

¹⁰ The home visit is made by an inspector from the office of state fire marshals.

¹¹ The agency will make unannounced inspections of the facility at any time during normal working hours. The inspection is not limited to the health and safety checklist.

¹² In-home and relative caregivers must complete a health and safety checklist.

¹³ The state conducts both announced and unannounced annual inspection visits for each child care provider.

¹⁴ The caseworker must assess the health and safety of the service provision at least once during the agreement period (usually one year) by observing service delivery, visiting the service facility, interviewing the provider, or interviewing a client served by the provider.

- ¹⁵ The provider completes an initial checklist to enroll with an enrollment agency.
- ¹⁶ The agency is required to inspect annually at least 20 percent of the currently enrolled legally exempt family care providers.
- ¹⁷ Unregulated providers cannot provide care through the subsidy program. Providers must be licensed at the three to five star levels.
- ¹⁸ The state has two types of license exempt providers: in-home aides certified by the county departments of job and family services and day camps accredited by the American Camp Association. The health and safety requirements are required for the in-home aides, but the state does not track the American Camp Association accreditation requirements.
- ¹⁹ The local agency ensures that there are requirements to protect the health and safety of the children, including building and physical premises safety.
- ²⁰ The frequency with which the agency visits a provider depends on the type of provider and the level of risk a deficiency presents to the children in care.
- ²¹ During the approval year, providers have one unannounced inspection to assess compliance with the health and safety regulations.
- ²² There are no set initial or subsequent health and safety inspections, but the provider must agree to allow agency staff to visit at any time during which children receiving subsidies are in care.
- ²³ Checklists are also completed by child care agency workers during monitoring visits.
- ²⁴ Some agencies may check requirements during the home visit.
- ²⁵ After the initial inspection, certified home-based providers are monitored for compliance over two-year periods, with inspections conducted at least once every two years.
- ²⁶ The provider must receive certification from the department of health verifying that minimum health and safety standards are met. In-home providers are not required to receive certification, but must still self-certify that the home is safe and that they meet the health and safety requirements. All providers must self-certify that the home is safe.
- ²⁷ The provider must be certified with the department of health to initially qualify. The agency conducts routine home visits for all providers.
- ²⁸ Providers must meet required mandates and rules.
- ²⁹ The agency inspects providers quarterly.
- ³⁰ Non-relative exempt providers require an initial home visit or inspection. Relative exempt providers may submit a self-completed checklist.
- ³¹ Unannounced inspections are carried out annually and when complaints are made.

Table 41. Provider Policies: Who May Provide Care, 2016 ²

State	Minimum Provider Age	If a Relative Living in the Home and Part of the Unit can Provide Care	If a Relative Living in the Home and Not Part of the Unit can Provide Care	If a Relative Living Outside of the Home can Provide Care	If a Non-Relative Living in the Home and Part of the Unit can Provide Care	If a Non-Relative Living in the Home and Not Part of the Unit can Provide Care
Alabama	19	NA ³	No	Yes	NA ³	No
Alaska	18	NA ³	Yes ⁴	Yes	NA ³	Yes ⁴
Arizona	18	No	Yes ⁵	Yes	NA ⁶	Yes
Arkansas	18	No	No	Yes	NA ⁶	No
California	18	No	Yes	Yes	NA ⁶	Yes
Colorado	18	Yes ⁷	Yes ⁷	Yes	NA ⁶	Yes ⁷
Connecticut	20 ⁸	NA ³	Yes ⁹	Yes	NA ³	Yes ⁹
Delaware	18	NA ³	No	Yes	NA ³	Yes
DC	21	No	Yes	Yes	NA ⁶	Yes
Florida	18 ¹⁰	Yes	Yes	Yes	Yes	Yes
Georgia	21 ¹¹	NA ³	Yes	Yes	NA ³	No
Hawaii	18	NA ³	Yes ⁵	Yes	NA ³	Yes
Idaho	18	No	No	Yes	NA ⁶	No
Illinois	18	No	Yes	Yes	NA ⁶	Yes ¹²
Indiana	18	NA ¹³	Yes	Yes	NA ¹³	No
Iowa	18	NA ¹³	Yes	Yes	NA ¹³	Yes
Kansas	18	No	No	Yes	NA ⁶	No
Kentucky	18	No	No	Yes	NA ⁶	No
Louisiana	18	No	No	Yes ¹⁴	NA ⁶	No
Maine	18	NA ³	No	Yes	NA ³	No
Maryland	18	No	Yes	Yes	NA ⁶	Yes
Massachusetts	18	No	Yes	Yes	NA ⁶	No
Michigan	18	NA ³	Yes	Yes	NA ³	Yes
Minnesota	18	No	No	Yes	NA ⁶	No
Mississippi	18	No	No	Yes	NA ⁶	No
Missouri	18	NA ³	Yes ¹⁵	Yes	NA ³	Yes
Montana	18	No	Yes	Yes	NA ⁶	Yes
Nebraska	19 ¹⁶	NA ¹⁷	No ¹⁸	Yes	NA ⁶	No ¹⁸

Table 41. Provider Policies: Who May Provide Care, 2016 ²

State	Minimum Provider Age	If a Relative Living in the Home and Part of the Unit can Provide Care	If a Relative Living in the Home and Not Part of the Unit can Provide Care	If a Relative Living Outside of the Home can Provide Care	If a Non-Relative Living in the Home and Part of the Unit can Provide Care	If a Non-Relative Living in the Home and Not Part of the Unit can Provide Care
Nevada	18	No	No	Yes	NA ⁶	No
New Hampshire	16	No	No	Yes	NA ⁶	No
New Jersey	18	Yes	Yes	Yes ¹⁹	Yes	Yes
New Mexico	18	No	Yes	Yes	NA ⁶	Yes
New York	18 ²⁰	Yes ²¹	Yes	Yes	NA ⁶	Yes
North Carolina	18	NA ³	Yes ²²	Yes ²²	NA ³	Yes ²²
North Dakota	18	No	Yes	Yes	NA ⁶	Yes
Ohio	18	NA ²³	No	Yes	NA ²³	No
Oklahoma	18	NA ³	No	Yes	NA ³	No
Oregon	18	No	Yes ²⁴	Yes	NA ⁶	Yes
Pennsylvania	18	No	No	Yes	NA ⁶	No
Rhode Island	21	NA ³	No	Yes	NA ³	No
South Carolina	21	NA ²⁵	No	Yes	No ²⁶	No
South Dakota	18	NA ³	Yes	Yes	NA ³	No
Tennessee	18 ²⁷	No	No	Yes	NA ⁶	No
Texas	18	Yes ²⁸	Yes ²⁸	Yes	No	No
Utah	18	No ²⁹	No ²⁹	Yes	NA ⁶	No ²⁹
Vermont	18	No	Yes ⁵	Yes	NA ⁶	No
Virginia	18	NA ³	Yes	Yes	NA ³	Yes
Washington	18	No	Yes	Yes	NA ⁶	Yes
West Virginia	18	NA ³	Yes	Yes	NA ³	Yes
Wisconsin	18	No ³⁰	No ³⁰	Yes	NA ⁶	No ³⁰
Wyoming	18	NA ³	Yes	Yes	NA ³	Yes
American Samoa	--- ¹	NA ³	No	Yes	NA ³	No
Guam	18	NA ³	Yes	Yes	NA ³	No
No Mariana Islands	18	NA ³	No	Yes	NA ³	Yes
Puerto Rico	18	No	No	Yes	NA ⁶	No
Virgin Islands	18	No	No	Yes	NA ⁶	No

Source: CCDF Policies Database October 1, 2016 Data

- ¹ Information not found in state's manual.
- ² The unit refers to the group of people included in the family size for purposes of determining eligibility and copayments.
- ³ Adult non-parent relatives and non-relatives are not considered part of the assistance unit.
- ⁴ If the provider resides with the child, only in-home care can be approved.
- ⁵ Relatives living in the home and not part of the assistance unit may provide care, with the exception of siblings, who must reside outside of the home in order to provide care.
- ⁶ Adult non-parent, non-relatives are not considered part of the assistance unit.
- ⁷ The provider cannot be a parent, a step-parent, a significant other who is taking the place of a parent, or a person in a common-law marriage with the biological parent.
- ⁸ Unlicensed in-home relative providers must be at least 20 at the beginning of their authorization period.
- ⁹ An adult living in the same household, regardless of his or her relationship to the child, cannot be authorized to provide care between 11:00 pm and 7:00 am, unless the child is under three years old or has special needs.
- ¹⁰ The operator of a child care facility must be 21 years of age or older. A child care facility can not employ a person under the age of 16 unless the person is under direct supervision and is not counted when computing the staff to child ratio.
- ¹¹ Informal providers must be 21 years of age. The director of a formal care setting must also be 21 years of age, while additional caregivers at the formal setting must be at least 18 years of age.
- ¹² A non-relative must not be a parent of the child's sibling or have a child in common with the applicant.
- ¹³ Relatives and non-relatives who are over age 18 are never considered part of the unit.
- ¹⁴ A relative is not authorized to care for a child if it is a TANF case.
- ¹⁵ Siblings must be living outside of the household in order to provide care.
- ¹⁶ Providers must be 19 years of age, or providers aged 16, 17, or 18 may provide care if it will not cause them to be absent from a school or training program, they will not be absent from regular employment without employer permission, they are acceptable to the client, and they are supervised by a parent or guardian.
- ¹⁷ Adult non-parent, relatives are not considered part of the assistance unit.
- ¹⁸ Individuals living in the home can only provide care if the child has special needs.
- ¹⁹ Siblings must be 18 years of age or older and live outside the home in order to provide care.
- ²⁰ The provider must be 18 years of age or meet the state requirements for employment of minors. Providers must be at least 14 years of age to comply with labor laws.
- ²¹ Siblings are allowed to provide subsidized care. All other members of the unit are not eligible to provide subsidized care.
- ²² Unregulated providers cannot provide care through the subsidy program. Providers must be licensed at the three to five star levels.
- ²³ Adult non-parent relatives and non-relatives are not considered part of the assistance unit. Regardless, the state does not permit care by anyone living in the child's own home.
- ²⁴ Siblings are not eligible to receive subsidy payments for caring for their sibling living in the same home. Other non-parent relatives living in the home can be approved to receive subsidies.

²⁵ Adult non-parent relatives are not considered part of the assistance unit.

²⁶ Adult non-parent, non-relatives living in the home are not considered part of the assistance unit, unless they are counted in the TANF or SNAP budget.

²⁷ Unregulated providers must be age 21.

²⁸ Relatives living in the home may only provide care if the eligible child is the child of a teen parent, an infant, a child with disabilities, or if the department determines that other arrangements are not reasonably available. Siblings of the eligible child that are over 18 may only provide care if they are not living in the household.

²⁹ An exception may be granted when a child in the home has special needs that have been documented and the provider living in the home is not a sibling of the child needing care.

³⁰ A person living in the home cannot be authorized to provide care unless the county determines it is necessary due to a special health condition of the child.

Appendix A. Content of the CCDF Policies Database

Table A-1. Content of the CCDF Policies Database

Variable Category/Subcategory	Description of Variables
Basic Criteria for Eligibility*	
<i>Children's Age Eligibility Requirements</i>	The age requirements for different groups of children under CCDF, including special needs children, foster children, and children under protective services.
<i>Parent/Guardian Activities that Confer Eligibility</i>	The range of activities that confer eligibility under CCDF. Activities include employment, school, training, job search, housing search, and more. Time limits for job search activities and school and work hour requirements for students are also captured.
<i>Other Eligibility Criteria</i>	Special requirements for parents, including elderly exemptions and special needs exemptions.
<i>Groups Qualifying with Different Eligibility Criteria</i>	Eligibility requirements for different groups, including TANF recipients, families transitioning off of TANF, SNAP E&T participants, CPS cases, foster care cases, and homeless families. Time limits for homeless families and children under protective services are also included.
<i>Ineligibility</i>	Whether families sanctioned in TANF or SNAP are ineligible for CCDF. The variables also capture how the States/Territories handle cases of applicant fraud.
Definition of Family*	
<i>Definition of Family</i>	How the family unit is defined, including the age when members are included in the unit, which family members are included based on their relationship to the recipient, when siblings are included in the unit, and treatment of adult relatives and non-relatives, step-parents, partners of the parent, relative caretakers, and multi-family households.
Income Definition*	
<i>Treatment of Various Types of Income</i>	How different types of income are treated for eligibility and copayment purposes. Types of income include TANF, SSI/SDI, self-employment, child support, SNAP benefits, foster care payments, housing assistance, lump sum income, gifts, and more.
<i>Treatment of Various Members of the Unit</i>	Whether income is counted for different members of the family unit, including children, teen parents, step-parents, non-parent adults, and parents temporarily living outside of the home.
<i>Disregards</i>	The value of earned income disregards, the amount of the disregards, limitations on the application of the disregards, and whether child support paid by a household member (for a child not living in the home) can be deducted from income.
Eligibility Thresholds*	
<i>Initial Eligibility Thresholds by Family Size</i>	Initial eligibility thresholds a family must pass in order to be eligible for CCDF. Initial thresholds are captured by family size, up to a family size of 10.

Variable Category/Subcategory	Description of Variables
<i>Continuing Eligibility Thresholds by Family Size</i>	Continuing eligibility thresholds a family must pass in order to remain eligible for CCDF. Continuing eligibility thresholds are captured by family size, up to a family size of 10.
Assets Tests*	
<i>Assets Tests</i>	The types of tests imposed on assets, including the limit on assets that are not counted against eligibility and policies for vehicle exemptions.
Copayment Exemptions*	
<i>Families Categorically Exempt from Copayments</i>	When families may be exempt from copayments. Exemptions for families living below poverty, exemptions for TANF, SSI, and SNAP recipients, and exemptions for children in foster care or child protective services are captured.
Copayment Adjustments*	
<i>Basic Copayment Calculation Method</i>	The methods for establishing the copayment, based on family size and income category, and the time increment associated with the copayment method.
<i>Families with More than One Child Receiving CCDF-Subsidized Care</i>	How copayments are calculated for families with multiple children, including the methods used to calculate the copayments, the amount of the copayments, and whether any families are exempt from additional copayments for subsequent children.
<i>Adjustments for Part-time Care</i>	How copayments are adjusted for part-time care, including a part-time care definition and a before-and-after care definition. The method for calculating the copayments and the amount of the copayments are also captured.
<i>Other Adjustments</i>	Other copayment adjustments for families with children with special needs and adjustments for other groups as defined by the States/Territories. The variables also capture whether there is a statutory minimum copayment and whether income is treated differently for eligibility and copayment purposes.
Copayment Administration*	
<i>Copayment Administration</i>	How copayments are collected, whether families are required to pay all outstanding copayments before they may change providers, whether families are required to pay the difference when providers charge more than the maximum rate, and payment requirements for days when the child is absent from care due to illness, vacation, or provider closings.
Copayment Income Thresholds*	
<i>Income Thresholds</i>	The income cutoffs defining the different copayment income categories for each family size, up to family size 10.
Copayment Amount*	
<i>Copayment Amount (Dollar Amount or Percentage)</i>	The copayment amount (a dollar amount or percentage) for each income category by family size, up to family size 10.
Basic Application Criteria*	
<i>Application Process</i>	Methods for submitting an application, whether the family has the option to apply through the provider rather than the lead agency, exemptions for submitting an application, interview requirements, when coverage can begin after an application is submitted, notification requirements for eligibility, and the type of assistance families are provided when looking for a provider.

Variable Category/Subcategory	Description of Variables
Verification*	
<i>Verification Required</i>	Verification required during the application process, including verification of identity, income, child's age, qualifying activity, absence of a parent, immunization, and the special needs of the child or parent.
<i>Child Support Enforcement Requirements</i>	The policies for complying with Child Support Enforcement Requirements, including whether verification is required and exemptions for compliance with Child Support Enforcement Requirements.
Redetermination*	
<i>Redetermination Guidelines</i>	Redetermination practices, including how often redetermination is required, redetermination for interim changes, notification requirements for redetermination, notification requirements for subsidy changes, and exemptions for redetermination.
<i>Documentation Required for Redetermination</i>	If a new application and new documentation are required for the redetermination process and how the information may be submitted to the agency.
Requirements for Reporting Changes*	
<i>Requirements for Reporting Changes</i>	When changes must be reported and what changes must be reported. This includes changes in income, address, marital status, qualifying activities, and child care providers.
Appeals*	
<i>Appeals Procedures</i>	The procedures for appealing decisions made by the lead agency. This includes the method for appeal, the agency where appeals are filed, how many appeals a person can make, and how the hearing is conducted.
<i>Service During Appeal</i>	Whether child care subsidy recipients can continue to receive care during the appeals process, if they will receive retroactive care for an appeal they win, and if they must repay the cost of care if they lose the appeal.
Terms of Authorization*	
<i>Activities Authorized for Child Care Subsidy</i>	The types of activities that may be authorized for additional hours of care, including study hours and other school activities, travel hours, rest hours, maternal/paternal leave, other absences from employment, National Guard Activities, and interim changes in eligibility. The number of hours that may be authorized for the different activities is also captured.
<i>General Maximum Hours of Coverage</i>	The maximum hours of care that can be provided under the child care subsidy.
<i>Maximum Hours of Coverage for Subgroups</i>	The maximum hours of care under the child care subsidy for different groups of recipients, including part-time workers, part-time and full-time students, teen parents, and caretakers over age 65.
Priority Policies*	
<i>Priority Policies</i>	Priority policies when there are more children eligible for child care than can be served. Information includes which groups receive priority, the level of priority they receive, and if there is a time limit on their priority status.

Variable Category/Subcategory	Description of Variables
Waiting List Policies*	
<i>Waiting List Policies</i>	Waiting list policies when there are more children eligible for child care than can be served. Information includes whether a waiting list is maintained, when eligibility is determined for placement on the list, policies for reviewing the waiting list, notification of a family's status on the waiting list, and more.
Reimbursement Rate Policies*	
<i>Definitions for Amount of Care</i>	Definitions for different amounts of care and which rate is used when families fall into more than one category for amount of care used. The definitions are used in determining reimbursement rates.
<i>Definitions for Non-School-Age Groups</i>	Definitions for different age groups when determining reimbursement rates.
Reimbursement Rates*	
<i>Reimbursement Rates</i>	Reimbursement rates based on amount of care and age group.
<i>Reimbursement Rates for Before-and-After Care</i>	Reimbursement rates for different amounts of before-and-after care.
<i>Other Reimbursement Rates</i>	Reimbursement rates for special needs care and school closings. Whether the State/Territory uses any other reimbursement rates is also captured.
Unregulated Provider Policies*	
<i>Basic Eligibility</i>	Basic eligibility requirements for unlicensed providers, documentation of child immunizations, orientation requirements, standards for corporal punishment, and other provider information.
<i>Background Checks</i>	Criminal background check requirements, including whether the background check is required at the State/Territory or local level, exemptions, who pays for the background check, and how often background checks are required. Information also includes Child and Adult Protective Services background check requirement.
<i>Training</i>	CPR, First Aid, and other training requirements, including who must complete the training, what exemptions are allowed, and how often the certification must be renewed.
<i>Tuberculosis Prevention Requirements</i>	TB testing requirements for providers and their household members, exemptions from TB testing, and required frequency of testing.
<i>Health and Safety Checklist Requirements</i>	Health and safety checklist requirements, including who must complete the checklist, if the items on the list are required, and how often the list must be recompleted.
Other Provider Policies*	
<i>Provider Requirements for Entering Subsidy Program</i>	Provider eligibility policies, including age requirements, required orientations, interviews, and provider agreements.
<i>On-site Visits</i>	Requirements for on-site visits for both licensed and unlicensed providers.
<i>Documentation</i>	The documentation providers must maintain related to attendance records. Information also includes whether States/Territories use EBT cards.

Variable Category/Subcategory	Description of Variables
<i>Overpayments and Fraud</i>	Policies related to provider overpayments and fraud, including repayment of overpayments, appeals, and actions taken as a result of provider fraud.
<i>Provider Payments and Closings</i>	How the provider is paid, collection of copayments, how often the provider can be closed, and whether the provider is paid for days the children are not in care.
<i>Parents and Providers</i>	Whether parents employed by the provider may receive subsidized care, how much notice providers must be given before a child is removed from care, and how often parents may change providers.
<i>Provider Termination</i>	Different reasons a provider may be removed from the child care subsidy program and if providers can be reinstated once removed from the program.
Other Provider Policies: Who Is Authorized to Provide Care*	
<i>Other Provider Policies: Who Is Authorized to Provide Care</i>	Who may provide care for a child, including relatives and non-relatives living in the home and not part of the assistance unit, living in the home and part of the assistance unit, and living outside of the home.
Quality** (From October 2005 through October 2009 CCDF Plans only)	
<i>Activities that Improve Quality and Availability of Care</i>	Whether activities are provided or will be provided, including consumer education, compliance monitoring, salary improvements, and more.
Early Learning Guidelines** (From October 2005 through October 2009 CCDF Plans only)	
<i>Early Learning Guidelines</i>	The status of early learning guidelines, as reported in the CCDF Plans.
<i>Implementation of Early Learning Guidelines</i>	Implementation of early learning guidelines, including dissemination of materials, development of training curricula, partnerships with other agencies, and more.
Professional Development** (From October 2005 through October 2009 CCDF Plans only)	
<i>Professional Development</i>	Status of the States'/Territories' professional development activities. This includes what is included in the States'/Territories' plans for professional development, goals, training, and links to early learning guidelines.
<i>Availability of Professional Development Opportunities</i>	Whether professional development opportunities are available State/Territory-wide and for different types of providers.
<i>Other Professional Development Policies</i>	Whether incentives are offered to encourage training, if States/Territories assess their plans, and if States/Territories assess the effectiveness of the policies.
Administration** (From October 2005 through October 2009 CCDF Plans only)	
<i>Administration</i>	Administrative information, including the name of the lead agency responsible for overseeing the child care subsidy program and the State/Territory website for child care information. Information also includes policies regarding the transfer of federal TANF funds, the use of direct federal TANF funds, whether private or pre-k funds will be used to meet the CCDF matching fund requirement, and strategies for reducing improper payments.
<i>Market Rate Survey</i>	Date of the market rate survey and whether the State/Territory uses the current survey to set reimbursement rates.
<i>Child Care Services</i>	Whether the lead agency uses grants or contracts for child care slots and whether there are any limits on the use of in-home child care.

Variable Category/Subcategory	Description of Variables
Program Development** (From October 2005 through October 2009 CCDF Plans only)	
<i>Consultation and Coordination</i>	Plans for the States'/Territories' consultation and coordination with other agencies, including public health officials, TANF officials, Tribal organizations, and public education officials.

* Information coded primarily from caseworker materials.

** Information coded primarily from CCDF Plan.

Appendix B. Eligibility Thresholds as a Percent of Poverty Guidelines

Table B-1 shows initial and continuing eligibility thresholds for a three-person family as a percent of the 2016 Federal Poverty Guidelines. (See tables 14 and 15 of Section II (Financial Eligibility Tests) in the Book of Tables for additional detail about eligibility thresholds.) Across the States/Territories, the initial eligibility threshold for a three-person family ranges from 118 percent of the Federal Poverty Guidelines (in Michigan) to 300 percent of the Federal Poverty Guidelines (in Vermont).

Table B-1. Initial and Continuing Eligibility Thresholds For a Three-Person Family, as a Percent of the 2016 Federal Poverty Guidelines ¹				
State	Initial Eligibility Threshold	Initial Threshold as Percent of Poverty Guidelines	Continuing Eligibility Threshold	Continuing Threshold as Percent of Poverty Guidelines
Alabama	2,184	130%	3,942	235%
Alaska	4,524	215%	4,524	215%
Arizona	2,772	165%	4,004	238%
Arkansas	2,578	153%	2,578	153%
California	3,518	209%	3,518	209%
Colorado ²	3,780	225%	3,780	225%
Connecticut	3,801	226%	6,461	385%
Delaware	3,360	200%	3,360	200%
DC	3,815	227%	4,258	253%
Florida	2,520	150%	3,913	233%
Georgia	2,455	146%	4,173	248%
Hawaii	3,927	203%	3,927	203%
Idaho	2,184	130%	3,822	228%
Illinois	2,722	162%	3,108	185%
Indiana	2,134	127%	4,302	256%
Iowa	2,436	145%	4,718	281%
Kansas	3,108	185%	4,505	268%
Kentucky	2,688	160%	2,772	165%
Louisiana	2,656	158%	3,983	237%
Maine	4,549	271%	4,549	271%
Maryland	2,499	149%	2,499	149%
Massachusetts	3,814	227%	6,484	386%
Michigan	1,990	118%	4,069	242%
Minnesota	3,030	180%	4,320	257%
Mississippi	2,917	174%	2,917	174%
Missouri	2,318	138%	3,612	215%
Montana	2,520	150%	3,108	185%
Nebraska	2,184	130%	3,108	185%
Nevada	4,104	244%	4,104	244%
New Hampshire	4,200	250%	4,200	250%

Table B-1. Initial and Continuing Eligibility Thresholds For a Three-Person Family, as a Percent of the 2016 Federal Poverty Guidelines ¹

State	Initial Eligibility Threshold	Initial Threshold as Percent of Poverty Guidelines	Continuing Eligibility Threshold	Continuing Threshold as Percent of Poverty Guidelines
New Jersey	3,360	200%	4,200	250%
New Mexico	2,520	150%	3,360	200%
New York	3,360	200%	3,360	200%
North Carolina	3,348	199%	3,348	199%
North Dakota	3,727	222%	3,727	222%
Ohio	2,184	130%	5,040	300%
Oklahoma	2,925	174%	2,925	174%
Oregon	3,108	185%	4,200	250%
Pennsylvania	3,360	200%	3,948	235%
Rhode Island	3,024	180%	3,780	225%
South Carolina	2,520	150%	3,959	236%
South Dakota	2,940	175%	2,940	175%
Tennessee	2,815	168%	2,815	168%
Texas ³	3,360	200%	4,243	253%
Utah	2,773	165%	3,466	206%
Vermont	5,040	300%	5,040	300%
Virginia ⁴	3,108	185%	3,108	185%
Washington	3,348	199%	5,058	301%
West Virginia	2,474	147%	3,051	182%
Wisconsin	3,108	185%	3,360	200%
Wyoming	2,940	175%	3,780	225%

Source: Eligibility Thresholds are from the CCDF Policies Database October 1, 2016 Data. Federal Poverty Guidelines are from the Department of Health and Human Services (<https://aspe.hhs.gov/poverty-guidelines>, <https://aspe.hhs.gov/computations-2016-poverty-guidelines>).

¹ All numbers are rounded to whole numbers. The 2016 Federal Poverty Guidelines for a three-person family are \$20,160 annually (\$1,680 monthly) for the 48 contiguous States, \$25,200 annually (\$2,100 monthly) for Alaska, and \$23,190 annually (\$1,933 monthly) for Hawaii.

² Policy coded for Denver County. Counties may establish initial eligibility thresholds between 160 percent of the Federal Poverty Guidelines and 85 percent of the state median income.

³ Policy coded for the Gulf Coast Region. Local boards have the authority to establish eligibility thresholds as a percent of either the Federal Poverty Guidelines or the state median income, but not to exceed 85 percent of state median income.

⁴ Policy coded for areas in Group III. Across Virginia, eligibility thresholds range from 150 to 250 percent of the Federal Poverty Guidelines. Group III's eligibility thresholds are set at 185 percent of the Federal Poverty Guidelines. If the subsidy applicant is an individual who is not financially responsible for the child under Virginia law, income eligibility is determined by measuring the family unit's countable gross monthly income and family size against 250 percent of the Federal Poverty Guidelines.

Appendix C. Market Rate Survey and Percentile for Maximum Reimbursement Rates

While other chapters of this Book of Tables examine the day-to-day operation of CCDF programs (determining family eligibility, paying providers, and so on) this section examines an aspect of program administration that sets the broader context for the State/Territory programs: the conduct of market rate surveys. Because the policies for completing the market rate survey are not carried out by caseworkers, they are not described in the caseworker manuals used for most of the Database coding. Instead, these policies are described in each State's/Territory's Child Care and Development Fund Plan. Federal guidelines require States/Territories to submit a CCDF Plan every three years (with amendments submitted in the interim) for approval by the Administration for Children and Families. The CCDF Plans also include other information about State/Territory administration of the CCDF program; here we focus on the market rate survey because of the importance of this policy, its close relationship with the other information in this Book of Tables, and because the information allows some comparison across States/Territories.⁴⁹

Market Rate Survey (Tables C-1 and C-2)

Federal guidelines require States/Territories to conduct a market rate survey every three years or use alternative methodology to set their provider reimbursement rates. A market rate survey obtains information from the child care providers within a geographic area to determine the range of prices that different types of providers charge for care for children of different ages. Child care pricing information may be obtained through an actual survey (mail or phone), or from Child Care Resource and Referral agencies (CCR&Rs). The market rate survey or alternative methodology must be conducted within the two years prior to the submission of each CCDF Plan.

Table C-1 provides State/Territory policies, as outlined in the CCDF Plans, for administration of the market rate survey or alternative methodology and establishing center reimbursement rates as a percentile of the market rate. The table shows whether the State/Territory used a market rate survey or an alternative methodology and the date the last market rate survey or alternative methodology was completed. The table then shows the base maximum reimbursement rate (the rate used for providers who do not have additional

⁴⁹ As mentioned earlier, the Plans also provide information that overlaps with what is in the caseworker manual, such as attachments related to copayments. The Database and these tables use the caseworker manuals as the primary source of information for all information except policies regarding the market rate survey.

accreditation or quality ratings) used for CCDF in each State/Territory as a percentile of the State's/Territory's market rate survey or alternative methodology. Finally, the information is broken down by four age groups; 6, 18, 48, and 72 months of age.⁵⁰ This information is reported for the most populous geographic region in each State/Territory.

In reporting this information, States/Territories were asked to use the market rate survey or alternative methodology cited in the most recent CCDF Plan as the reference point for the percentiles, even if the State/Territory did not use the survey when establishing rates. Some States/Territories have completed new market rate surveys or alternative methodologies since their original submission of the CCDF Plan and are in the process of amending the CCDF Plan. This revised information is not included in these tables. The tables reflect the information as originally reported.⁵¹ Highlights from the plans submitted in March 2016 include:

- As reported in the CCDF Plan, the dates of the most current market rate survey conducted in the States/Territories range from July 2013 to March 2016.
- In the most populous geographic region, the base licensed center reimbursement rate for children 48 months of age as a percentile of the market rate ranges from the 3rd percentile to the 60th percentile.
- In the most populous geographic region, the base licensed center reimbursement rate for children 72 months of age as a percentile of the market rate ranges from the 7th percentile to the 70th percentile.

Table C-2 provides the same information as Table C-1, but for licensed family child care homes. The date of the market rate survey or alternative methodology is shown again for reference. Highlights from 2016 include:

- In the most populous geographic region, the base licensed center reimbursement rate for children 48 months of age as a percentile of the market rate ranges from the 3rd percentile to the 60th percentile.
- In the most populous geographic region, the base licensed center reimbursement rate for children 72 months of age as a percentile of the market rate ranges from the 7th percentile to the 70th percentile.

⁵⁰ The Child Care and Development Fund (CCDF) Plan Pre-Print provides further detail on the instructions for reporting the market rate survey and percentile information:
https://www.acf.hhs.gov/sites/default/files/occ/fy2016_2018_ccdf_plan_preprint_public_comment.pdf

⁵¹ In a few cases the State/Territory contact noted a typographical error in the original plan. In these cases, the numbers in this report were adjusted to reflect the correction of the error.

The information shown in tables C-1 and C-2 comes directly from the CCDF Plans as submitted to the Administration for Children and Families. This information did not come from the CCDF Policies Database. This information was verified with the States/Territories during the verification process (described in Section I (Introduction and Overview) of this report).

Table C-1. State Assessments of Market Rates and Child Care Costs for Center Child Care Payments (As Reported in CCDF Plans), 2016

State	Methodology Used	Date of Most Recent Market Rate Survey or Alternative Methodology ¹	Reimbursement Rates as a Percentile of the Market Rate for the Most Populous Geographic Region (by Age of Child)			
			6 months	18 months	48 months	72 months
Alabama	Market Rate Survey	8/31/2014	46	46	44	55
Alaska	Market Rate Survey	1/25/2016	11	21	11	5
Arizona	Market Rate Survey	10/1/2014	8	5	5	12
Arkansas	Alternative Methodology and Market Rate Survey ²	1/1/2016 ³	98	98	97	98
California	Market Rate Survey	11/1/2014	55-60	55-60	55-60	55-60
Colorado	Market Rate Survey	11/17/2015	10-25	10-25	10-25	10-25
Connecticut	Market Rate Survey	12/16/2015	4 ⁴	4 ⁴	6 ⁴	50 ⁴
Delaware	Market Rate Survey	5/1/2015	65	65	65	65
DC	Alternative Methodology ⁵	2/15/2016	NA	NA	NA	NA
Florida	Market Rate Survey	6/17/2015	25	27	27	26
Georgia	Alternative Methodology and Market Rate Survey ⁶	7/1/2013 ⁷	50	50	50	50
Hawaii	Market Rate Survey	8/31/2015	56	56	21	100
Idaho	Market Rate Survey	12/16/2015	65 ⁸	65 ⁸	65 ⁸	65 ⁸
Illinois	Market Rate Survey	12/31/2015	30.5	30.5	28	72.9
Indiana	Market Rate Survey	2/26/2016	32	26	31	43
Iowa	Market Rate Survey	12/9/2014	40	40	25	50
Kansas	Market Rate Survey	11/25/2014	15	15	37	37
Kentucky	Market Rate Survey	3/31/2015	33	40	25	41
Louisiana	Alternative Methodology and Market Rate Survey ⁹	4/30/2015	50	50	50	<75
Maine	Market Rate Survey	12/11/2015	50	50	50	50
Maryland	Market Rate Survey	1/31/2014	8	8	8	10
Massachusetts	Market Rate Survey	12/8/2015	58	53	35	40
Michigan	Market Rate Survey	6/17/2015	71	71	56	51
Minnesota	Market Rate Survey	9/30/2014	25.5	26.9	23.7	35.5

Table C-1. State Assessments of Market Rates and Child Care Costs for Center Child Care Payments (As Reported in CCDF Plans), 2016

State	Methodology Used	Date of Most Recent Market Rate Survey or Alternative Methodology ¹	Reimbursement Rates as a Percentile of the Market Rate for the Most Populous Geographic Region (by Age of Child)			
			6 months	18 months	48 months	72 months
Mississippi	Alternative Methodology and Market Rate Survey ¹⁰	2/25/2016	54	54	55	61
Missouri	Market Rate Survey	12/20/2014	46	46	38	50
Montana	Market Rate Survey	7/1/2013	75	75	75	75
Nebraska	Market Rate Survey	4/1/2015	60	60	60	60
Nevada	Alternative Methodology and Market Rate Survey ¹¹	11/1/2015	8.3	5.17	3.01	4.48
New Hampshire	Market Rate Survey	11/2/2014	50	50	50	50
New Jersey	Market Rate Survey	12/23/2015	19	35	50	14
New Mexico	Market Rate Survey	5/29/2015	74	50	31	49
New York	Market Rate Survey	4/1/2014	69	69	69	69
North Carolina	Market Rate Survey	7/10/2015	56	56	56	64
North Dakota	Market Rate Survey	6/25/2015	33	32	35	55
Ohio	Market Rate Survey	2/1/2015	16	16	16	16
Oklahoma	Market Rate Survey	10/1/2014	35.67	39.86	39.4	67.55
Oregon	Market Rate Survey	1/5/2015	75	75	75	75
Pennsylvania	Market Rate Survey	3/31/2014	22.2	31.1	18.3	21.4
Rhode Island	Market Rate Survey	1/11/2016	12	21	18	19
South Carolina	Market Rate Survey	12/31/2015	75 ¹²	75 ¹²	75 ¹²	60 ¹²
South Dakota	Market Rate Survey	5/31/2015	80	80	90	75
Tennessee	Market Rate Survey	10/8/2015	21	14-20	19	51-57
Texas	Market Rate Survey	6/1/2015	57	48	31	25
Utah	Market Rate Survey	4/30/2015	69	69	68	70
Vermont	Market Rate Survey	10/31/2015	1.08	1.08	4.14	6.99
Virginia	Market Rate Survey	9/30/2015	18	24	32	38
Washington	Market Rate Survey	8/1/2015	8.2	6	4.4	69.9
West Virginia	Market Rate Survey	10/8/2015	75	75	75	75
Wisconsin	Market Rate Survey	2/25/2016	53	53	49	50

Table C-1. State Assessments of Market Rates and Child Care Costs for Center Child Care Payments (As Reported in CCDF Plans), 2016

State	Methodology Used	Date of Most Recent Market Rate Survey or Alternative Methodology ¹	Reimbursement Rates as a Percentile of the Market Rate for the Most Populous Geographic Region (by Age of Child)			
			6 months	18 months	48 months	72 months
Wyoming	Market Rate Survey	7/31/2015	15	24	23	53
American Samoa	Alternative Methodology and Market Rate Survey ¹³	3/1/2016	100	100	100	100
Guam	Market Rate Survey	8/30/2015	NA	NA	NA	NA
No Mariana Islands	Market Rate Survey	3/1/2015	68	68	68	58
Puerto Rico	Market Rate Survey	1/8/2016	75	75	75	75
Virgin Islands	Market Rate Survey	3/1/2016	85	85	85	85

Source: CCDF Policies Database October 1, 2016 Data

¹ The date the market rate survey was completed may not reflect the date the data were collected. If the state or territory uses both a market rate survey and an alternative methodology, then the date indicates the date of the market rate survey. If available, the date of the alternative methodology is included as a footnote.

² The state used cost models to inform the rate structure for tiered reimbursement rates, as well as a market rate study to provide information about the implemented rate structure.

³ The cost models for the alternative methodology were developed in 2013 and 2014.

⁴ The percentiles are calculated for the North Central Region.

⁵ The state used a cost model to determine the cost of delivering services at each level of the quality rating and improvement system in centers and homes.

⁶ In addition to a market rate survey, the state conducted an economic impact study that asked providers about their rates, revenues from other sources, and expenditures. The rates from the economic impact study were similar to the rates from the market rate survey so the state did not update their rates.

⁷ The economic impact study for the alternative methodology was completed in March 2015.

⁸ The 65th percentile was selected based on the State's budgetary limitations.

⁹ In addition to a market rate survey, the state used an early childhood funding model to determine the target level of funding for each age group in care.

¹⁰ The state conducted a market rate survey with an additional section to capture information on costs incurred by child care providers.

¹¹ In addition to a market rate survey, the state used the quality cost calculator (available on the Administration for Children and Families' website) to assess the actual cost of quality care.

¹² The percentiles are calculated for Level B Centers.

¹³ In addition to a market rate survey, the territory used administrative data from the past five years and feedback from parents to understand the availability of and access to services and the costs associated with participating in the program.

Table C-2. State Assessments of Market Rates and Child Care Costs for Family Child Care Home Payments (As Reported in CCDF Plans), 2016

State	Methodology Used	Date of Most Recent Market Rate Survey or Alternative Methodology ¹	Reimbursement Rates as a Percentile of the Market Rate for the Most Populous Geographic Region (by Age of Child)			
			6 months	18 months	48 months	72 months
Alabama	Market Rate Survey	8/31/2014	22	46	17	17
Alaska	Market Rate Survey	1/25/2016	45	45	28	50
Arizona	Market Rate Survey	10/1/2014	70	64	54	57
Arkansas	Alternative Methodology and Market Rate Survey ²	1/1/2016 ³	80	87	83	87
California	Market Rate Survey	11/1/2014	50-55	50-55	55-60	65-70
Colorado	Market Rate Survey	11/17/2015	<10 ⁴	<10 ⁴	<10 ⁴	<10 ⁴
Connecticut	Market Rate Survey	12/16/2015	72 ⁵	72 ⁵	21 ⁵	61 ⁵
Delaware	Market Rate Survey	5/1/2015	65	65	65	65
DC	Alternative Methodology ⁶	2/15/2016	NA	NA	NA	NA
Florida	Market Rate Survey	6/17/2015	13	17	25	55
Georgia	Alternative Methodology and Market Rate Survey ⁷	7/1/2013 ⁸	50	50	50	50
Hawaii	Market Rate Survey	8/31/2015	42	42	25	NA
Idaho	Market Rate Survey	12/16/2015	65 ⁹	65 ⁹	65 ⁹	65 ⁹
Illinois	Market Rate Survey	12/31/2015	71.5	71.5	56.9	76.3
Indiana	Market Rate Survey	2/26/2016	47	58	45	83
Iowa	Market Rate Survey	12/9/2014	60	60	40	50
Kansas	Market Rate Survey	11/25/2014	50	50	55	55
Kentucky	Market Rate Survey	3/31/2015	39	25	29	NA
Louisiana	Alternative Methodology and Market Rate Survey ¹⁰	4/30/2015	25	>25	25	25
Maine	Market Rate Survey	12/11/2015	50	50	50	50
Maryland	Market Rate Survey	1/31/2014	15	8	3	11
Massachusetts	Market Rate Survey	12/8/2015	33	41	36	36
Michigan	Market Rate Survey	6/17/2015	83	83	72	77
Minnesota	Market Rate Survey	9/30/2014	39	42.3	31.9	46.5

Table C-2. State Assessments of Market Rates and Child Care Costs for Family Child Care Home Payments (As Reported in CCDF Plans), 2016

State	Methodology Used	Date of Most Recent Market Rate Survey or Alternative Methodology ¹	Reimbursement Rates as a Percentile of the Market Rate for the Most Populous Geographic Region (by Age of Child)			
			6 months	18 months	48 months	72 months
Mississippi	Alternative Methodology and Market Rate Survey ¹¹	2/25/2016	52	52	53	57
Missouri	Market Rate Survey	12/20/2014	49	49	43	71
Montana	Market Rate Survey	7/1/2013	75	75	75	75
Nebraska	Market Rate Survey	4/1/2015	60	60	60	60
Nevada	Alternative Methodology and Market Rate Survey ¹²	11/1/2015	17.65	9.65	13.93	13.93
New Hampshire	Market Rate Survey	11/2/2014	50	50	50	50
New Jersey	Market Rate Survey	12/23/2015	58	74	50	58
New Mexico	Market Rate Survey	5/29/2015	47	15	22	53
New York	Market Rate Survey	4/1/2014	69	69	69	69
North Carolina	Market Rate Survey	7/10/2015	58	59	58	69
North Dakota	Market Rate Survey	6/25/2015	24	22	25	35
Ohio	Market Rate Survey	2/1/2015	16	16	16	16
Oklahoma	Market Rate Survey	10/1/2014	51.9	39.86	52.15	58.05
Oregon	Market Rate Survey	1/5/2015	75	75	75	75
Pennsylvania	Market Rate Survey	3/31/2014	17.2	20.2	20.9	26.9
Rhode Island	Market Rate Survey	1/11/2016	55	56	54	40
South Carolina	Market Rate Survey	12/31/2015	75 ¹³	75 ¹³	75 ¹³	60-65 ¹³
South Dakota	Market Rate Survey	5/31/2015	75	75	75	75
Tennessee	Market Rate Survey	10/8/2015	7-22	9-21	12-18	50-52
Texas	Market Rate Survey	6/1/2015	49	53	22	15
Utah	Market Rate Survey	4/30/2015	71	71	72	75
Vermont	Market Rate Survey	10/31/2015	3.03	3.03	3.01	7.01
Virginia	Market Rate Survey	9/30/2015	35	33	38	42
Washington	Market Rate Survey	8/1/2015	38.9	31.8	33.2	31.1
West Virginia	Market Rate Survey	10/8/2015	75	75	75	75
Wisconsin	Market Rate Survey	2/25/2016	53	50	49	51

Table C-2. State Assessments of Market Rates and Child Care Costs for Family Child Care Home Payments (As Reported in CCDF Plans), 2016

State	Methodology Used	Date of Most Recent Market Rate Survey or Alternative Methodology ¹	Reimbursement Rates as a Percentile of the Market Rate for the Most Populous Geographic Region (by Age of Child)			
			6 months	18 months	48 months	72 months
Wyoming	Market Rate Survey	7/31/2015	11	14	18	21
American Samoa	Alternative Methodology and Market Rate Survey ¹⁴	3/1/2016	100	100	100	100
Guam	Market Rate Survey	8/30/2015	75	75	75	75
No Mariana Islands	Market Rate Survey	3/1/2015	68	68	68	58
Puerto Rico	Market Rate Survey	1/8/2016	75	75	75	75
Virgin Islands	Market Rate Survey	3/1/2016	85	85	85	85

Source: CCDF Policies Database October 1, 2016 Data

¹ The date the market rate survey was completed may not reflect the date the data were collected. If the state or territory uses both a market rate survey and an alternative methodology, then the date indicates the date of the market rate survey. If available, the date of the alternative methodology is included as a footnote.

² The state used cost models to inform the rate structure for tiered reimbursement rates, as well as a market rate study to provide information about the implemented rate structure.

³ The cost models for the alternative methodology were developed in 2013 and 2014.

⁴ Base reimbursement rates are lower than the 10th percentile for the Denver County market rate.

⁵ The percentiles are calculated for the North Central Region.

⁶ The state used a cost model to determine the cost of delivering services at each level of the quality rating and improvement system in centers and homes.

⁷ In addition to a market rate survey, the state conducted an economic impact study that asked providers about their rates, revenues from other sources, and expenditures. The rates from the economic impact study were similar to the rates from the market rate survey so the state did not update their rates.

⁸ The economic impact study for the alternative methodology was completed in March 2015.

⁹ The 65th percentile was selected based on the State's budgetary limitations.

¹⁰ In addition to a market rate survey, the state used an early childhood funding model to determine the target level of funding for each age group in care.

¹¹ The state conducted a market rate survey with an additional section to capture information on costs incurred by child care providers.

¹² In addition to a market rate survey, the state used the quality cost calculator (available on the Administration for Children and Families' website) to assess the actual cost of quality care.

¹³ The percentiles are calculated for Level B Centers.

¹⁴ In addition to a market rate survey, the territory used administrative data from the past five years and feedback from parents to understand the availability of and access to services and the costs associated with participating in the program.

Appendix D. State Policies from 2012 to 2016: Selected Policies from the CCDF Policies Database

Over time, States/Territories revise their policies, sometimes to account for funding changes or evolving policy priorities. Here, we look at selected policies for the past five years (from 2012 to 2016) across four broad policy areas. Changes between years are shown in bold in tables D-1 through D-9; in some cases the policy change is captured in the table itself and in other cases the policy changes are captured in the tables' footnotes.

Eligibility Requirements for Families

A majority of States/Territories made changes to some aspect of their eligibility policies over this period. From 2012 to 2016, 16 States/Territories made changes to their policies regarding the number of hours parents or guardians must work each week in order to qualify for subsidies (table D-1). Sixteen States/Territories made changes to their policies regarding eligibility during periods of job search (table D-2), with most of the changes occurring between 2015 and 2016. While only a little over a quarter of the States/Territories changed their work hour requirements and job search policies, all but 10 States/Territories made changes to the monthly income eligibility thresholds from 2012 to 2016. In addition to the 10 States/Territories with no changes in eligibility thresholds, Michigan's initial eligibility threshold did not change between 2012 and 2016, but the State added continuing eligibility thresholds in 2015. Of the States/Territories that changed their eligibility thresholds from 2012-2016, five States/Territories lowered their thresholds over time and the rest increased their income thresholds. Changes regarding eligibility thresholds for families of three are shown in table D-3.

Reporting Changes, Redetermination, and Waiting Lists

Several States/Territories made changes in policies related to eligibility redetermination and waiting lists. Between 2012 and 2016, nine States/Territories made changes to their policies regarding how many days families have to report changes in their circumstances (table D-4). Twenty-nine States/Territories made changes to their redetermination periods between 2012 and 2016, with most of the changes occurring between 2015 and 2016. Changes in the number of months at which point redetermination is required are shown in table D-5. No States/Territories changed their policy for using a waiting list between 2012 and

2016. Policy changes regarding States'/Territories' use of a waiting list when funds are limited are shown in table D-6.

Family Copayment Policies

Numerous States/Territories made changes to their copayment amounts between 2012 and 2016. Twenty-one States/Territories changed the monthly copayment amounts for a family of three earning \$15,000.

Table D-7 shows the copayment amount for a three-person family consisting of one parent or guardian, a two-year-old child, and a four-year-old child, when the parent or guardian earns \$15,000 annually.

Provider Reimbursement Rates

Most States/Territories changed their reimbursement rates at least once between 2012 and 2016. Forty States/Territories changed their base reimbursement rates and 44 States/Territories changed their highest reimbursement rates for toddlers in center-based care between during this time period (table D-8). Forty States/Territories changed their base reimbursement rates and 45 States/Territories changed their highest reimbursement rates for toddlers in family child care homes between 2012 and 2016 (table D-9).

Table D-1. Minimum Work Hours Per Week Required for CCDF Eligibility, 2012-2016 ¹

State	2012	2013	2014	2015	2016
Alabama	15	15	15	15	15
Alaska	No minimum	No minimum	No minimum	No minimum	No minimum
Arizona	No minimum	No minimum	No minimum	No minimum	No minimum
Arkansas	30	30	30	30	30
California	No minimum	No minimum	No minimum	No minimum	No minimum
Colorado	No minimum	No minimum	No minimum	No minimum	No minimum
Connecticut	No minimum	No minimum	No minimum	No minimum	No minimum
Delaware	No minimum	No minimum	No minimum	No minimum	No minimum
DC	20	20	20	20	20
Florida	20 ²	20 ³	20 ³	20 ³	20 ³
Georgia	30 ⁴	24 ⁵	24 ⁵	24 ⁵	24 ⁵
Hawaii	No minimum	No minimum	No minimum	No minimum	No minimum
Idaho	No minimum	No minimum	No minimum	No minimum	No minimum
Illinois	No minimum	No minimum	No minimum	No minimum	No minimum
Indiana	No minimum	No minimum	No minimum	No minimum	No minimum
Iowa	28	28	28 ⁶	28 ⁶	28 ⁶
Kansas	20	28	28	28	28
Kentucky	20	20	20	20	20
Louisiana	30	30	30	30	30
Maine	No minimum	No minimum	No minimum ⁷	No minimum ⁷	No minimum ⁷
Maryland	No minimum	No minimum	No minimum	No minimum	No minimum
Massachusetts	20	20	20	20	20
Michigan	No minimum	No minimum	No minimum	No minimum	No minimum
Minnesota	20	20	20	20	20
Mississippi	25	25	25 ⁸	25 ⁸	25 ⁸
Missouri	20 ⁹	20 ⁹	20 ⁹	No minimum	No minimum
Montana	Other ¹⁰	Other ¹⁰	Other ¹⁰	Other ¹⁰	Other ¹¹
Nebraska	No minimum	No minimum	No minimum	No minimum	No minimum
Nevada	No minimum	No minimum	No minimum	No minimum	No minimum
New Hampshire	No minimum	No minimum	No minimum	No minimum	No minimum
New Jersey	30	30	30 ¹²	30 ¹²	30 ¹²
New Mexico	No minimum	No minimum	No minimum	No minimum	No minimum
New York	20 ¹³	20 ¹³	20 ¹³	20 ¹³	20 ¹³
North Carolina	No minimum ¹⁴	No minimum ¹⁴	No minimum ¹⁴	No minimum ¹⁴	No minimum ¹⁴
North Dakota	No minimum	No minimum	No minimum	No minimum	No minimum
Ohio	No minimum ¹⁵	No minimum ¹⁵	No minimum ¹⁵	No minimum ¹⁶	No minimum ¹⁶
Oklahoma	No minimum	No minimum	No minimum	No minimum	No minimum

Table D-1. Minimum Work Hours Per Week Required for CCDF Eligibility, 2012-2016 ¹

State	2012	2013	2014	2015	2016
Oregon	No minimum	No minimum	No minimum	No minimum	No minimum
Pennsylvania	20 ¹⁷	20 ¹⁷	20 ¹⁷	20 ¹⁷	20 ¹⁷
Rhode Island	20 ¹⁸	20 ¹⁸	20 ¹⁸	20 ¹⁸	20 ¹⁸
South Carolina	15	15	15	15	15
South Dakota	20 ¹⁹	20 ¹⁹	20 ¹⁹	20 ¹⁹	20 ²⁰
Tennessee	30	30	30	30	30
Texas	25	25	25 ²¹	25 ²¹	25 ²¹
Utah	15	15	15	15	15
Vermont	No minimum	No minimum	No minimum	No minimum	No minimum
Virginia	No minimum	No minimum	No minimum	No minimum	No minimum
Washington	No minimum	No minimum	No minimum ²²	No minimum ²²	No minimum ²²
West Virginia	No minimum	No minimum	No minimum	No minimum	20
Wisconsin	No minimum	No minimum	No minimum	No minimum	No minimum
Wyoming	No minimum	No minimum	No minimum	No minimum	No minimum
American Samoa	20	20	20	20	20
Guam	NA	NA	NA	NA	No minimum
No Mariana Islands	30	30	30	30	30
Puerto Rico	No minimum	15	15	15	20 ²³
Virgin Islands	30 ²⁴	30 ²⁴	30 ²⁴	30 ²⁴	30 ²⁴

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ This table captures whether there is an explicit policy for the minimum number of work hours required. This table does not capture work requirement differences for students or different eligibility groups, such as TANF recipients. Work exemptions for parents with special needs are captured in Table 5. The minimum work hour requirement for qualifying for any amount of child care assistance is captured here. This table is not intended to capture the states' definitions of full-time and part-time care.

² Parents or guardians must enter the program with a minimum of 20 hours of combined approved activities, but they may remain eligible at a minimum of 15 hours if their hours are reduced by an employer due to circumstances beyond their control. If individuals are employed and also in school or an approved training program, they can work less than 20 hours, as long as their combined participation in approved activities is at least 20 hours per week.

³ If individuals are employed and also in school or an approved training program, they can work less than 20 hours, as long as their combined participation in approved activities is at least 20 hours per week.

⁴ Each parent must participate in one or more approved activities for a minimum average of 30 hours per week. A parent participating in training activities only needs to average 24 hours a week of approved activities. Approved activities include employment, job search, education, and training. If a participant's work hours are reduced for economic hardship related reasons only, they must average 25 hours per week as long as they remain with the same employer. New applicants must still meet the 30 hour requirement.

⁵ Each parent must participate in one or more approved activities for a minimum average of 24 hours per week. Approved activities include employment, job search, education, and training. New applicants must still meet the 24-hour requirement.

⁶ For participants who are working and in school or in a training program, a minimum of 28 hours of school and work combined confers eligibility.

⁷ Applicants who are self-employed must participate in a self-employment activity a minimum average of 20 hours per week.

⁸ Families in transitional child care do not need to meet the work hours requirement. The 25-hours-per-week work requirement is reduced for foreign students who hold a VISA because they are permitted to work only on campus for 20 hours per week. In order to remain eligible a copy of the VISA must be submitted annually to make sure it is current.

⁹ Individuals must work an average of 20 hours per week. If individuals are employed and also participating in another eligibility activity, they can work fewer than 20 hours, as long as their combined hours of participation in all activities is at least 20 hours per week. If individuals are self-employed, they must be earning at least the equivalent of minimum wage, net after business expenses.

¹⁰ The work requirement is monthly. Two-parent households must work 120 hours per month. Single parents must work 60 hours per month. Single parents attending school full time are required to work 40 hours per month. The recipient must earn at least the current applicable minimum wage to be eligible for assistance.

¹¹ The work requirement is monthly. Two-parent households must work 120 hours per month. Single parents must work 60 hours per month. The recipient must earn at least the current applicable minimum wage to be eligible for assistance.

¹² A parent or applicant is considered to be working full time if work and education or training activities combine to equal 30 hours per week.

¹³ Policy coded for New York City. New York State allows districts to set their own general work requirements.

¹⁴ In general, there is no minimum number of hours a recipient must work to receive a subsidy. In order to receive full-time care though, a recipient must work an average of 30 hours or more per week. Part-time care is approved for any number of hours less than full time.

¹⁵ For non-TANF two-parent families, both parents must be engaged in an activity and have a need for care. For TANF two-parent families, the parents collectively must be engaged in 55 hours of TANF activities per week.

¹⁶ Both parents must be engaged in an activity and have a need for care.

¹⁷ Ten hours of training may be substituted for 10 hours of the 20-hour work requirement.

¹⁸ Income eligible parents must work an average of at least 20 hours per week in a month.

¹⁹ Applicants must work a minimum of 80 hours per month. Applicants must also receive a salary equivalent to the federal minimum wage.

²⁰ Applicants must work a minimum of 80 hours per month.

²¹ A higher number of hours may be required by the local department.

²² When a non-TANF client is receiving care for education or training, he or she must work a minimum of 20 hours a week or 16 hours in a federal or state work study program.

²³ Parents must participate in work or another eligible activity for a minimum of 20 hours per week.

²⁴ A parent or applicant is considered to be working full time if work and education or training activities combine to equal 30 hours per week.

Table D-2. Job Search as an Approved Activity for CCDF Eligibility, 2012-2016

State	2012	2013	2014	2015	2016
Alabama	No	No	No	No	Yes, only for continuing eligibility
Alaska	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Arizona	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
Arkansas	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
California	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Colorado	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Connecticut	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
Delaware	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
DC	Yes, for initial and continuing eligibility ¹	Yes, for initial and continuing eligibility ¹	Yes, for initial and continuing eligibility ¹	Yes, for initial and continuing eligibility ¹	Yes, for initial and continuing eligibility ¹
Florida	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²
Georgia	Yes, only for continuing eligibility ³	Yes, only for continuing eligibility ³	Yes, only for continuing eligibility ³	Yes, only for continuing eligibility ³	Yes, only for continuing eligibility⁴
Hawaii	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Idaho	No	No	No	No	Yes, only for continuing eligibility
Illinois	Yes, only for continuing eligibility ⁵	Yes, only for continuing eligibility ⁵	Yes, only for continuing eligibility ⁵	Yes, only for continuing eligibility ⁵	Yes, only for continuing eligibility ⁵
Indiana	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility

Table D-2. Job Search as an Approved Activity for CCDF Eligibility, 2012-2016

State	2012	2013	2014	2015	2016
Iowa	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Kansas	No ²	No ²	No ²	No ²	Yes, only for continuing eligibility ²
Kentucky	Yes, for initial and continuing eligibility ⁶	Yes, for initial and continuing eligibility ⁶	Yes, for initial and continuing eligibility ⁶	Yes, for initial and continuing eligibility ⁶	Yes, for initial and continuing eligibility ⁷
Louisiana	No	No	No	No	No
Maine	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility ⁸	Yes, only for continuing eligibility ⁸
Maryland	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Massachusetts	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Michigan	No	No ⁹	No ⁹	Yes, only for continuing eligibility ¹⁰	Yes, only for continuing eligibility ¹⁰
Minnesota	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Mississippi	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Missouri	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²
Montana	Yes, only for continuing eligibility ¹¹	Yes, only for continuing eligibility ¹¹	Yes, only for continuing eligibility ¹¹	Yes, only for continuing eligibility ¹¹	Yes, only for continuing eligibility ¹¹
Nebraska	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Nevada	Yes, for initial and continuing eligibility ¹²	Yes, for initial and continuing eligibility ¹²	Yes, for initial and continuing eligibility ¹²	Yes, for initial and continuing eligibility ¹²	Yes, for initial and continuing eligibility ¹²
New Hampshire	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility

Table D-2. Job Search as an Approved Activity for CCDF Eligibility, 2012-2016

State	2012	2013	2014	2015	2016
New Jersey	No ²	No ²	No ²	No ²	No ²
New Mexico	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
New York	No ¹³	No ¹³	No ¹³	No ¹³	No ¹³
North Carolina	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
North Dakota	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, only for continuing eligibility ¹⁴
Ohio	No ¹⁵	No ¹⁵	Yes, only for continuing eligibility ¹⁶	Yes, only for continuing eligibility ¹⁶	Yes, only for continuing eligibility ¹⁶
Oklahoma	Yes, only for continuing eligibility ¹⁷	Yes, only for continuing eligibility ¹⁷	Yes, only for continuing eligibility ¹⁷	Yes, only for continuing eligibility ¹⁸	No ¹⁹
Oregon	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
Pennsylvania	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
Rhode Island	Yes, only for continuing eligibility ²⁰	Yes, only for continuing eligibility ²⁰	Yes, only for continuing eligibility ²⁰	Yes, only for continuing eligibility ²⁰	Yes, only for continuing eligibility ²⁰
South Carolina	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
South Dakota	Yes, only for continuing eligibility ²¹	Yes, only for continuing eligibility ²¹	Yes, only for continuing eligibility ²¹	Yes, only for continuing eligibility ²¹	Yes, only for continuing eligibility ²²
Tennessee	No ²³	No ²³	No ²³	No ²³	No ²³
Texas	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility
Utah	No ²⁴	No ²⁴	No ²⁴	Yes, only for continuing eligibility ²⁵	Yes, only for continuing eligibility ²⁶
Vermont	Yes, for initial and continuing eligibility ²⁷	Yes, for initial and continuing eligibility ²⁷	Yes, for initial and continuing eligibility ²⁷	Yes, for initial and continuing eligibility ²⁷	Yes, for initial and continuing eligibility

Table D-2. Job Search as an Approved Activity for CCDF Eligibility, 2012-2016

State	2012	2013	2014	2015	2016
Virginia	No ²⁸	No ²⁸	No ²⁸	No ²⁸	No ²⁸
Washington	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²	Yes, only for continuing eligibility ²
West Virginia	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, only for continuing eligibility	Yes, for initial and continuing eligibility
Wisconsin	No ²⁸	No ²⁸	No ²⁸	No ²⁸	No ²⁸
Wyoming	No	No	No	No	Yes, only for continuing eligibility
American Samoa	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Guam	No	No	No	No	No
No Mariana Islands	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility	Yes, for initial and continuing eligibility
Puerto Rico	Yes, for initial and continuing eligibility	No	No	No	Yes, only for continuing eligibility
Virgin Islands	No	No	No	No	No

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ Job search is approved if parents lose employment through no fault of their own. Job search is not approved when parents resign or are dismissed for cause.

² For TANF clients, job search is an eligible activity for initial and continuing eligibility.

³ Each parent must participate in one or more approved activities for a minimum average of 24 hours per week. Approved activities include employment, job search, education, and training. Only clients with continuing eligibility can count job search hours towards their hours requirement.

⁴ Each parent must participate in one or more approved activities for a minimum average of 24 hours per week. Approved activities include employment, job search, education, and training. Job search qualifies as an initial eligibility activity for clients who receive priority due to TANF, homelessness, or domestic violence. Clients with job search as an activity for continuing eligibility can count job search hours towards their hours requirement.

⁵ For TANF clients participating in an approved agency program, job search is an eligible activity for initial and continuing eligibility if listed in their plan.

⁶ The parent must have lost employment within four weeks of application to initially qualify for job search activities.

⁷ The parent must have lost employment or training within 90 days of application through no fault of the recipient to initially qualify for job search activities.

⁸ Job search activities may be approved for a maximum of twelve weeks for current recipients who have lost work or who have completed school and are looking for work. Coverage starts on the first day of unemployment, and parents are granted up to 20 hours of care per week. Families are eligible for care during one of three breaks in eligibility (maternal/paternal leave, short-term medical leave, or job search) within a six month period.

- ⁹ Job search activities are approved only when part of a TANF participant's employment plan.
- ¹⁰ For TANF work program families, job search is an eligible activity for initial and continuing eligibility if it is part of their work requirement.
- ¹¹ For TANF recipients, job search activities are only approved for applicants who have job search in their family investment agreement or employability plan.
- ¹² Families are not eligible for job search if the eligible child is school age (between 6 and 12 years old) or has special needs (over 13 years old). If the child is not in school due to school breaks or holidays, child care is approved during job search activities.
- ¹³ Policy coded for New York City. Job search activities can be approved for up to six months if a district selects this option in its Child and Family Services Plan and has funds available. Districts can limit job search activities to less than six months. This limitation is per year, unless otherwise noted in the district's Child and Family Services Plan.
- ¹⁴ Job search is an approved activity for initial eligibility only for TANF and Transitional Child Care families who have job search listed on their employment plan.
- ¹⁵ Job search activities are approved only when they are part of the person's TANF self-sufficiency contract.
- ¹⁶ When an approved activity ends, child care can be continued for up to 13 weeks. These 13 weeks may not extend beyond the eligibility period and only one extension is permitted per year.
- ¹⁷ The individual must have received child care benefits for at least 30 calendar days prior to losing employment or completing a training or education program. Job search activities may be approved for 30 days and no more than twice per calendar year, for a total of 60 days per year, and only if the individual was employed or attending school for at least 90 days between job search activities.
- ¹⁸ The individual must have received child care benefits for at least 30 calendar days prior to losing employment or completing a training or education program. Job search activities may be approved for 90 days and no more than twice per calendar year, for a total of 180 days per year, and only if the individual was employed or attending school for at least 90 days between job search activities.
- ¹⁹ Job search activities are approved if they are part of a TANF work assignment.
- ²⁰ Income-eligible parents receiving a child care subsidy may be granted a grace period not to exceed 21 days when experiencing temporary unemployment or a transition between jobs.
- ²¹ If a person is already receiving child care assistance and suffers a loss of employment, 30 days of continued assistance can be granted from the last day of employment.
- ²² If a person is already receiving child care assistance and suffers a loss of employment, three months of continued assistance can be granted from the last day of employment.
- ²³ Job search activities are approved for TANF recipients.
- ²⁴ Job search activities are approved only for homeless families.
- ²⁵ Single parent clients who lose eligibility for employment-related child care due to job loss can be approved to receive child care during a job search. In order to be eligible, clients must have been working at least 32 hours per week, report the job termination within 10 days of the last day worked, and formally request continued assistance during the job search period.
- ²⁶ Single parent clients who lose eligibility for employment-related child care due to job loss can be approved to receive child care during a job search. In order to be eligible, clients must have been working at least 15 hours per week, report the job termination within 10 days of the last day worked or the date of termination (whichever is later), and formally request continued assistance during the job search period.
- ²⁷ Parents must demonstrate involvement in activities generally recognized as necessary to obtain employment or training leading to employment. Job search activities are not authorized for care of school-age children during the school year or if both caretakers are seeking employment. Job search extensions may be authorized.
- ²⁸ Job search activities are only approved if they are part of a TANF or SNAP work program.

Table D-3. Initial and Continuing Eligibility Thresholds for Family Size Three: Maximum Monthly Countable Income, 2012-2016¹

State	2012		2013		2014		2015		2016	
	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing
Alabama	2,007	2,316	2,116	2,441	2,144	2,474	2,176	2,511	2,184	3,942
Alaska	4,524	-	4,524	-	4,524	-	4,524	-	4,524	-
Arizona ²	2,626	-	2,687	-	2,723	-	2,764	-	2,772	4,004
Arkansas	2,480	-	2,480	-	2,480	-	2,480	-	2,578	-
California	3,518	-	3,518	-	3,518	-	3,518	-	3,518	-
Colorado ³	2,625	-	3,579	-	3,662	-	3,767	-	3,780	-
Connecticut ⁴	3,569	5,354	3,611	-	3,647	-	3,717	-	3,801	6,461
Delaware	3,182	-	3,255	-	3,299	-	3,349	-	3,360	-
DC	3,815	4,258	3,815	4,258	3,815	4,258	3,815	4,258	3,815	4,258
Florida ⁵	2,386	3,182	2,441	3,255	2,474	3,298	2,511	3,348	2,520	3,913
Georgia ⁶	2,347	-	2,347	-	2,347	-	2,347	-	2,455	4,173
Hawaii	3,927	-	3,927	-	3,927	-	3,927	-	3,927	-
Idaho ⁷	2,069	-	2,116	-	2,144	-	2,177	-	2,184	3,822
Illinois ⁸	2,944	-	3,011	-	3,051	-	838	3,098	2,722	3,108
Indiana	2,020	2,704	2,067	2,767	2,094	2,804	2,126	2,846	2,134	4,302
Iowa ⁹	2,307	-	2,361	-	2,393	-	2,428	-	2,436	4,718
Kansas ¹⁰	2,943	-	3,012	-	3,051	-	3,097	-	3,108	4,505
Kentucky ¹¹	2,317	2,549	1,545	-	2,162	-	2,317	2,549	2,688	2,772
Louisiana ¹²	2,545	-	2,545	-	2,545	-	2,545	-	2,656	3,983
Maine	3,860	-	4,069	-	4,069	-	4,549	-	4,549	-
Maryland	2,499	-	2,499	-	2,499	-	2,499	-	2,499	-
Massachusetts	3,508	5,964	3,597	6,115	3,659	6,220	3,716	6,317	3,814	6,484
Michigan	1,990	-	1,990	-	1,990	-	1,990	4,069	1,990	4,069
Minnesota	2,816	4,014	2,816	4,014	2,872	4,094	2,955	4,213	3,030	4,320

Table D-3. Initial and Continuing Eligibility Thresholds for Family Size Three: Maximum Monthly Countable Income, 2012-2016¹

State	2012		2013		2014		2015		2016	
	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing
Mississippi	2,917	-	2,917	-	2,917	-	2,917	-	2,917	-
Missouri ¹³	1,960	2,145	2,002	2,198	2,028	2,886	2,059	2,930	2,318	3,612
Montana ¹⁴	2,289	-	2,386	-	2,474	-	2,511	-	2,520	3,108
Nebraska ¹⁵	1,854	2,858	2,034	3,011	2,144	3,051	2,176	3,097	2,184	3,108
Nevada	3,633	-	3,647	-	3,647	-	3,954	-	4,104	-
New Hampshire	3,978	-	4,069	-	4,123	-	4,186	-	4,200	-
New Jersey ¹⁶	3,088	3,860	3,255	4,069	3,255	4,069	3,298	4,123	3,360	4,200
New Mexico	3,182	-	2,441	3,255	2,474	3,298	2,511	3,348	2,520	3,360
New York	3,182	-	3,255	-	3,298	-	3,348	-	3,360	-
North Carolina ¹⁷	3,568	-	3,517	-	3,298	-	3,348	-	3,348	-
North Dakota	2,548	-	4,915	-	4,915	-	5,279	-	3,727	-
Ohio	1,931	3,090	2,035	3,256	2,061	3,298	2,177	5,022	2,184	5,040
Oklahoma ¹⁸	2,925	-	2,925	-	2,925	-	2,925	-	2,925	-
Oregon	2,944	-	3,011	-	3,051	-	3,099	4,362	3,108	4,200
Pennsylvania	3,182	3,739	3,255	3,825	3,298	3,876	3,348	3,934	3,360	3,948
Rhode Island	2,864	-	2,930	3,662	2,969	3,711	3,014	3,767	3,024	3,780
South Carolina	2,386	2,784	2,441	2,848	2,474	2,886	2,511	2,930	2,520	3,959
South Dakota	2,784	-	2,849	-	2,886	-	2,930	-	2,940	-
Tennessee	2,641	-	2,689	-	2,688	-	2,775	-	2,815	-
Texas ¹⁹	3,182	3,933	3,255	3,979	3,298	4,032	3,348	4,136	3,360	4,243
Utah	2,668	3,335	2,666	3,333	2,667	3,334	2,773	3,466	2,773	3,466
Vermont	3,050	-	3,255	-	3,298	-	3,298	-	5,040	-
Virginia ²⁰	2,823	-	3,011	-	3,011	-	3,098	-	3,108	-
Washington ²¹	3,182	-	3,256	-	3,298	-	3,350	-	3,348	5,058
West Virginia	2,386	2,943	2,386	2,943	2,474	3,051	2,474	3,051	2,474	3,051

Table D-3. Initial and Continuing Eligibility Thresholds for Family Size Three: Maximum Monthly Countable Income, 2012-2016 ¹										
	2012		2013		2014		2015		2016	
State	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing	Initial	Higher Continuing
Wisconsin ²²	2,943	3,182	3,011	3,255	3,051	3,298	3,097	3,348	3,108	3,360
Wyoming	3,580	-	2,849	3,663	2,886	3,711	2,930	3,767	2,940	3,780
American Samoa	3,927	-	3,927	-	3,927	-	3,927	-	3,927	-
Guam	2,316	-	2,283	-	2,283	-	2,283	-	2,283	-
No Mariana Islands	1,986	-	1,986	-	2,126	-	2,126	-	2,192	-
Puerto Rico	1,423	-	1,423	-	1,423	-	1,423	-	1,423	-
Virgin Islands	2,752	-	2,752	-	2,752	-	2,752	-	2,752	-

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ Family size refers to the number of household members included in the unit for determining eligibility. States determine which household members are included in the unit. This table captures the continuing eligibility thresholds used during the family's eligibility period. If different continuing eligibility thresholds are used at the end of the eligibility period (i.e., at redetermination), they are noted. This table does not capture eligibility threshold differences between various eligibility groups, such as TANF recipients.

² In 2016, families can continue to receive child care subsidies with income up to 85 percent of the state median income during their eligibility period. At redetermination, continuing eligibility thresholds are set at 165 percent of the federal poverty guidelines. At redetermination, if the family's income exceeds 165 percent of the federal poverty guidelines, but is below 85 percent of the state median income, the family will receive a graduated phase out period of three months.

³ Policy coded for Denver County. Counties can establish initial eligibility thresholds between 130 and 225 percent of the Federal Poverty Guidelines, not to exceed 85 percent of state median income. In 2012, 2013, 2014, and 2015, counties could establish continuing eligibility thresholds between 130 percent of the Federal Poverty Guidelines and 85 percent of state median income. In 2016, Counties must set continuing eligibility thresholds between 185 percent of the Federal Poverty Guidelines and 85 percent of state median income.

⁴ In 2012, continuing eligibility thresholds are set at 75 percent of the state median income. Families receiving benefits whose income was already above 50 percent of the state median income before Aug. 1, 2013 will continue to receive benefits until their income exceeds 75 percent of the state median income. In 2016, Families can continue to receive child care subsidies with income up to 85 percent of the state median income during their eligibility period. At redetermination, continuing eligibility thresholds are set at 50 percent of the state median income.

⁵ Eligibility for families who are not TANF, transitional child care, or child protective services families is capped at 150 percent of the Federal Poverty Guidelines. Eligibility for TANF and transitional child care families is capped at 185 percent of the Federal Poverty Guidelines. There is no income requirement for eligibility for child protective services families. In 2012, 2013, 2014, and 2015, continuing eligibility for all families is capped at 200 percent of the Federal Poverty Guidelines. In 2016, continuing eligibility for all families is capped at 200 percent of the Federal Poverty Guidelines.

⁶ In 2016, if a family's gross income exceeds 50 percent of the state median income and is below 85 percent of state median income, families may receive services for up to twelve months as part of a graduated phase out.

⁷ In 2016, Continuing eligibility thresholds are set at 85 percent of the state median income. If at the time of redetermination, a family's income exceeds 130 percent of the Federal Poverty Guidelines but is below 85 percent of the state median income, the family will continue to receive benefits for three months.

⁸ In 2015 and 2016, new applications exceeding the initial eligibility thresholds by family size will not be approved unless that family receives TANF, has a special needs child, or is a teen parent enrolled in high school or GED courses full time. A family that submits a change of information or a redetermination form will be considered income eligible based on the continuing eligibility thresholds by family size.

⁹ Families requiring care for children with special needs use a different set of eligibility thresholds. If a family has children that meet the criteria for special needs and children that do not meet the criteria for special needs, the caseworker uses both sets of thresholds to determine eligibility.

¹⁰ In 2016, at redetermination, families may be eligible for three additional months of child care assistance if their income exceeds 185 percent of the Federal Poverty Guidelines but is below 85 percent of the state median income.

¹¹ In 2012, 2013, 2014, and 2015, applicants whose state temporary assistance benefits were discontinued within 12 months of applying for child care are eligible if their income is at or below 165 percent of the Federal Poverty Guidelines.

¹² In 2016, families can continue to receive child care subsidies with income up to 85 percent of the state median income during their eligibility period. At redetermination, continuing eligibility thresholds are set at 55 percent of the state median income.

¹³ In 2012, if an applicant is already receiving child care and his or her income increases to between 127 percent and 139 percent of the Federal Poverty Guidelines in 2012, between 124 percent and 150 percent in 2013 and 2014, and between 139 percent and 165 percent in 2015 and 2016, he or she is classified under transitional child care in 2012 and 2013, the first transitional child care level in 2013 and 2014, and transitional child care level 1 in 2015 and 2016. The applicant will then receive 75 percent of the calculated benefit amount. If an applicant is already receiving child care and his or her income increases to between 151 percent and 175 percent of the Federal Poverty Guidelines in 2014, and between 166 percent and 190 percent in 2015 and 2016, he or she is classified under the second transitional child care level in 2014, and under transitional child care level 2 in 2015 and 2016. The applicant will then receive 50 percent of the calculated benefit amount. In 2016, if an applicant is already receiving child care and his or her income increases to between 191 percent and 215 percent of the Federal Poverty Guidelines, he or she is classified under transitional child care level 3. The applicant will then receive 25 percent of the calculated benefit amount. In 2012, 2013, 2014, 2015, and 2016, as a result of the reduced reimbursement rate, the individual may be responsible for paying the provider more than the copayment amount required by the agency. In 2015 and 2016, families in the first income category are not assigned a daily copayment; they pay one dollar per year.

¹⁴ In 2016, families with income between 150 and 185 percent of the Federal Poverty Guidelines are eligible for a six-month eligibility period.

¹⁵ A family whose income exceeds 130 percent of the Federal Poverty Guidelines may receive subsidies for up to 24 consecutive months or until the family's income exceeds 185 percent of the Federal Poverty Guidelines, whichever occurs first. If the family's income falls to or below 130 percent of the Federal Poverty Guidelines during that time, the child care agency will re-determine the family's eligibility and eligibility is no longer time-limited.

¹⁶ In 2014, 2015, and 2016, the eligibility thresholds shown are for non-school-age children (children through age five) and children of all ages with special needs and are set at 200 percent of the Federal Poverty Guidelines. For school-age children (children ages six through twelve), eligibility is set at 133 percent of the Federal Poverty Guidelines.

¹⁷ Eligibility thresholds vary based on both family size and the number of children in care. These thresholds assume a family size three has two children in care. The threshold for any family size with one child in care is \$2,425 per month. The threshold for any family size with two children in care is \$2,925 per month. The threshold for any family size with three or more children in care is \$3,625 per month.

¹⁸ Policies coded for the Gulf Coast Region. Local boards have the authority to establish eligibility thresholds as a percent of either the Federal Poverty Guidelines or the state median income, but not to exceed 85 percent of state median income.

¹⁹ Policies coded for areas in Group III. Across Virginia, eligibility thresholds range from 150 to 250 percent of the Federal Poverty Guidelines. Group III's eligibility thresholds are set at 185 percent of the Federal Poverty Guidelines. There is an exception for applicants that are considered not financially responsible for the child in need of care under Virginia law. For these individuals, eligibility is set at 250 percent of the Federal Poverty Guidelines, not to exceed 85 percent of state median income.

²⁰ In 2016, if a family's income exceeds 85 percent of the state median income at any time during the eligibility period, that family is no longer eligible to receive child care subsidies. If a family's income is greater than 200 percent but below 220 percent of the Federal Poverty Guidelines, they may be eligible for three months of service.

²¹ In 2012, 2013, 2014, and 2015, family income for initial eligibility cannot exceed 185 percent of the Federal Poverty Guidelines, unless the family is providing foster or kinship care (set at 200 percent of the Federal Poverty Guidelines). Families' income for continuing eligible cannot exceed 200 percent of the Federal Poverty Guidelines. If a family's income exceeds 200 percent of the Federal Poverty Guidelines for two consecutive months, the subsidy will be discontinued. In 2016, the maximum gross income for a family to remain eligible for child care assistance is 200 percent of the Federal Poverty Guidelines. For non-court-ordered kinship care, if a family's income exceeds 200 percent of the Federal Poverty Guidelines for two consecutive months, the subsidy will be discontinued.

²² In 2016, at redetermination, families may be eligible for three additional months if their income exceeds 85 percent of the state median income.

Table D-4. Within How Many Days the Family Must Notify the Agency of Changes, 2012-2016

State	2012	2013	2014	2015	2016
Alabama	10	10	10	10	10
Alaska	10	10	10	10	10
Arizona	2	2	2	2	5
Arkansas	10	10	10	10	10
California	5 ¹	5 ¹	5 ¹	5 ¹	5 ¹
Colorado	Other ²	Other ²	Other ²	Other ²	Other ²
Connecticut	10	10	10	10	10
Delaware	10	10	10	10	10
DC	3	3	3	3	10
Florida	10	10	10	10	10
Georgia	10	10	10	10	10
Hawaii	10	10	10	10	10
Idaho	Other ³	Other ³	Other ³	Other ³	Other ³
Illinois	10	10	10	10	10
Indiana	10	10	10	10	10
Iowa	10	10	10	10	10
Kansas	10	10	10	10	10
Kentucky	10	10	10	10	10
Louisiana	10	10	10	10	10
Maine	10	10	10	10	10
Maryland	10	10	10	10	10
Massachusetts	10	14	14	14	14
Michigan	10 ⁴	10 ⁴	10 ⁴	10	10
Minnesota	10	10	10	10	10
Mississippi	10	10	10	10	10
Missouri	10	10	10	10	10
Montana	10 ⁵	10 ⁵	10 ⁵	10 ⁵	10 ⁵
Nebraska	10	10	10	10	10
Nevada	10	10	10	10	10
New Hampshire	10	10	10	10	10
New Jersey	10	10	10	10	10
New Mexico	14	5	5	5	5
New York	Other ⁶	Other ⁶	Other ⁶	Other ⁶	Other ⁶
North Carolina	5	5	5	5	5
North Dakota	10	10	10	10	10
Ohio	10	10	10	10	10
Oklahoma	10	10	10	10	10

Table D-4. Within How Many Days the Family Must Notify the Agency of Changes, 2012-2016					
State	2012	2013	2014	2015	2016
Oregon	10 ⁷	10 ⁷	10 ⁷	10	10
Pennsylvania	10	10	10	10	10
Rhode Island	10	10	10	10	10
South Carolina	10	10	10	10	10
South Dakota	10 ⁸	10 ⁸	10	10	10
Tennessee	10	10	10	10	10
Texas	10	10	10	10	14
Utah	10	10	10	10	10
Vermont	10	10	10	10	10
Virginia	5	5	5	5	10
Washington	10 ⁹	10 ⁹	10 ⁹	10 ⁹	10 ⁹
West Virginia	5	5	5	5	5
Wisconsin	10	10	10	10	10
Wyoming	10	10	10	10	10
American Samoa	10	10	10	10	10
Guam	10	10	10	10	10
No Mariana Islands	10	10	10	10	10
Puerto Rico	10	10	10	10	10
Virgin Islands	10 ¹⁰	10 ¹⁰	10 ¹⁰	10 ¹⁰	10 ¹⁰

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ Families must report changes in income, family size, and need within five days, unless they receive care based on child protective services; risk of abuse, neglect, or exploitation; homelessness; or receipt of cash assistance.

² Participants must report and verify changes in income that exceed 85 percent of the state median income within 10 calendar days of the change. If the parent or caretaker is no longer in his or her qualifying activity, the change must be reported in writing within four calendar weeks.

³ Parents must report changes by the 10th day of the month following the month in which the change occurred.

⁴ Clients must report changes in circumstances that potentially affect eligibility or benefit amount.

⁵ Parents must report a change in provider within one business day.

⁶ The client must report changes immediately.

⁷ Changes in the state's change reporting system must be reported within 10 days. Clients with companion SNAP cases using the state's simplified reporting system have until the 10th of the month following the change to report it.

⁸ Most changes must be reported by the individual within 10 days. All changes in child care provider arrangements must be reported in writing within five days of the change.

⁹ A change in providers must be reported within five days.

¹⁰ The parent must notify the department of any change in family circumstances immediately but not later than 10 days from the occurrence.

Table D-5. Redetermination Period (in months), 2012-2016¹

State	2012	2013	2014	2015	2016
Alabama	6	6	12 ²	12 ²	12 ²
Alaska	6	6	6	6	6
Arizona	6	6	6	6	12
Arkansas	6 ³	6 ³	6 ³	6 ³	6 ³
California	12 ⁴	12 ⁴	12 ⁴	12 ⁴	12 ⁵
Colorado	12	12	12	12	12
Connecticut	8	8	8	12	12
Delaware	12 ⁶	12 ⁶	12 ⁶	12 ⁶	12 ⁶
DC	12	12	12	12	12
Florida	12 ⁷	12 ⁸	12 ⁹	12 ⁹	12 ¹⁰
Georgia	12	12	12	12	12
Hawaii	6	6	6	6	6
Idaho	6 ¹¹	6 ¹¹	6 ¹¹	6 ¹¹	12
Illinois	6 ¹²	6 ¹³	6 ¹³	6 ¹³	6 ¹³
Indiana	6	6	6	6	12 ¹⁴
Iowa	6 ¹⁵	6 ¹⁵	6 ¹⁵	6 ¹⁵	12 ¹⁶
Kansas	12	12	12	12	12
Kentucky	12 ¹⁷	12 ¹⁷	12 ¹⁷	12 ¹⁷	12
Louisiana	12	12	12	12	12
Maine	12 ¹⁸	12 ¹⁸	12 ¹⁸	12 ¹⁸	12 ¹⁸
Maryland	12	12	12	12	12
Massachusetts	12 ¹⁹	12 ¹⁹	12 ¹⁹	12 ¹⁹	12 ¹⁹
Michigan	12 ²⁰	12 ²⁰	12 ²⁰	12	12
Minnesota	6 ²¹	6 ²¹	6 ²¹	6 ²¹	6 ²¹
Mississippi	12 ²²	12 ²²	12 ²²	12 ²²	12
Missouri	12	12	12	12	12
Montana	6 ²³	6 ²³	12	12	12
Nebraska	12	12	12	12	12
Nevada	6 ²⁴	6 ²⁴	6 ²⁴	12 ²⁴	12 ²⁴
New Hampshire	12	12	12	12	12
New Jersey	12	12	12	12	12
New Mexico	6 ²⁵	6	6	6	12
New York	12	12	12	12	12
North Carolina	12	12	12	12	12
North Dakota	6	6	6	6	12
Ohio	12	12	12	12 ²⁶	12 ²⁶
Oklahoma	6 ²⁷	6 ²⁷	6 ²⁷	6 ²⁷	12

Table D-5. Redetermination Period (in months), 2012-2016 ¹					
State	2012	2013	2014	2015	2016
Oregon	6 ²⁸	6 ²⁸	6 ²⁸	12	12
Pennsylvania	6	6	6	6	12
Rhode Island	12 ²⁹	12 ²⁹	12 ²⁹	12 ²⁹	12 ²⁹
South Carolina	12 ³⁰	12 ³⁰	12 ³⁰	12 ³⁰	12
South Dakota	6 ³¹	6 ³¹	6 ³¹	6 ³¹	12
Tennessee	6 ³²	6 ³²	6 ³²	6 ³²	12
Texas	12 ³³	12 ³³	12 ³³	12 ³³	12 ³³
Utah	6	6	6	6	12
Vermont	12	12	12	12	12
Virginia	12	12	12	12	12
Washington	12	12	12	12	12
West Virginia	6	6	6	6	6
Wisconsin	6	6	6	6	12
Wyoming	6	6	6	6	12
American Samoa	6	6	6	6	6
Guam	12	12	12	12	12
No Mariana Islands	6	6	12	12	12
Puerto Rico	6	6	6	6	12
Virgin Islands	6	6	6	12	12

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ The redetermination period is how often the family's eligibility must be reviewed in order to continue receiving care.

² The redetermination period may be shorter than 12 months if the parent's authorized activity will last fewer than 12 months or if the parent fails to comply with program requirements.

³ Students must complete the redetermination process before the start of each new school semester.

⁴ If employment hours are unpredictable, redetermination must take place at least every four months. If a child is receiving care due to risk of abuse, neglect, or exploitation, eligibility is limited to three months, at which point the family must be redetermined eligible under a different need criteria.

⁵ If employment hours are unpredictable, redetermination must take place at least every four months. If a child is receiving care due to risk of abuse, neglect, or exploitation, eligibility is limited to six months, at which point the family must be redetermined eligible under a different need criteria.

⁶ Parents must complete an interim form every six months.

⁷ Redetermination for protective services is every six months. Redetermination periods may vary by coalition, but must be completed at least every 12 months.

⁸ Redetermination for protective services must be completed every six months. Each coalition must also conduct redetermination every six months for half of all other families receiving subsidies, using statistically valid random sampling to select families. Redetermination periods for the remaining families may vary by coalition, but must be completed at least every 12 months.

⁹ Redetermination for families in TANF and protective services must be completed every six months. Each coalition must also conduct redetermination every six months for half of all other families receiving subsidies, using statistically valid random sampling to select families. Redetermination periods for the remaining families may vary by coalition, but must be completed at least every 12 months.

¹⁰ Redetermination for families in TANF must be completed every six months.

¹¹ Redetermination is completed at least every six months. Redetermination is completed every three months for protective service cases.

¹² Families must be redetermined every six months except when parents are enrolled in an education or training program that lasts less than six months or the family has a service plan that indicates the activity lasts less than six months. Families must be redetermined every 12 months when the children are in a collaborative child care arrangement between child care and early education providers.

¹³ Families must be redetermined every six months except when parents are enrolled in an education or training program that lasts less than six months or the family has a service plan that indicates the activity lasts less than six months. Families must be redetermined every 12 months when the children are in a collaborative child care arrangement between child care and early education providers. If the participant has not worked two full pay periods at the time of application or redetermination, redetermination is required in three months.

¹⁴ Redetermination is required at least every 53 weeks.

¹⁵ Families are certified for a period of up to six months. Families may have shorter certification periods depending on their need for child care.

¹⁶ Families are certified for a period of 12 months, except when the applicant meets one of three criteria at the time of application. If the applicant is conducting a job search, then the family is certified for a period of 30 days. If the child who will be receiving care will turn 13 within 6 months after the end of a 12 month certification period, then the family is certified for a period of up to 18 months. For families attending post-secondary education, if the 24-month funding limit will be reached within 6 months after the end of a 12 month period, then the family is certified for a period of up to 18 months.

¹⁷ Redetermination for protection and permanency cases is every six months.

¹⁸ Full redetermination is done at 12 months. At six months, the family must indicate that the information on file is still correct.

¹⁹ Families are reassessed for eligibility every 12 months, unless the activity is scheduled to last fewer than 12 months (end of the semester for school activities), the activity is only authorized for 12 weeks (job search, maternal leave), or if the parent is newly employed (reassessed after eight weeks and then every 12 months). Families authorized by the TANF or child welfare agencies may be authorized for less than 12 months, depending on their needs. Families can request extensions for redetermination due to extraordinary circumstances such as the death or illness of a family member, a natural disaster, etc.

²⁰ Families are also subject to a mid-redetermination contact, during which verification of any changes in employment, need for care, or hours of care is required.

²¹ Redetermination of eligibility for some high school students under the age of 21 is deferred beyond 6 months, not to exceed 12 months, to the end of the student's school year.

²² Redetermination of working parent's eligibility occurs in the months of February, March, April and May. Redetermination of a student parent's eligibility is established every semester or quarter. In addition to redetermination after 12 months, if the next year's state funds are not enough to serve all eligible families and their providers, current parents' and providers' child care certificates will end September 30. Parents and providers are required to re-apply beginning October 1, and parents are rolled-over based upon the established priorities.

²³ Recertification is conducted periodically, usually every six months.

²⁴ Redetermination for minor students is required every school period (i.e. semester or quarter).

²⁵ Participants in high school may recertify at the end of the school year. Clients who have received child care assistance continuously for at least two years, have been employed at the same location for at least two years, and who have not had frequent changes to their cases, may recertify every 12 months.

²⁶ The eligibility period extends to the Saturday after the last day of the 12th month of eligibility.

²⁷ Redetermination is completed every 6 months, except for families receiving TANF or a state supplemental payment, in which case redetermination is completed every 12 months.

²⁸ Recertification is generally required at six months. If the client has a companion SNAP case and is using the state's simplified reporting system, the recertification period is 12 months with changes reported at 6 months. The recertification period may be shorter if care is needed for fewer than six months.

²⁹ Certification periods cannot exceed 12 months. Income eligible families are subject to redetermination every 6 to 12 months depending on employment circumstances. For those with a 12-month certification period, a 6-month interim report is required.

³⁰ Child care is authorized for 26 weeks at a time for TANF recipients.

³¹ Assistance can be granted for a period of 12 months for applicants utilizing child care providers participating in the Head Start full-day/full-year program. Families transitioning off TANF receive one year of continuous eligibility.

³² The redetermination period for TANF families is 12 months.

³³ 2012, 2013, 2014, and 2015 Policy coded for the Gulf Coast Region. 2016 Policy coded for the entire state.

Table D-6. If the State Uses a Waiting List When Needed, 2012-2016 ¹

State	2012	2013	2014	2015	2016
Alabama	Yes	Yes	Yes	Yes	Yes
Alaska	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²
Arizona	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes
California	Yes ³	Yes ³	Yes ³	Yes ³	Yes ³
Colorado	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes
Delaware	Yes ⁴	Yes ⁴	Yes ⁴	Yes ⁴	Yes ⁴
DC	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	Yes
Georgia	No	No	No	No	No
Hawaii	No	No	No	No	No
Idaho	No	No	No	No	No
Illinois	No	No	No	No	No
Indiana	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	No	No	No	No	No
Louisiana	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes
Michigan	No	No	No	No	No
Minnesota	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes
Montana	Yes ⁵	Yes ⁵	Yes ⁵	Yes ⁵	Yes ⁵
Nebraska	No	No	No	No	No
Nevada	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes
New York	Yes ⁶	Yes ⁶	Yes ⁶	Yes ⁶	Yes ⁶
North Carolina	Yes	Yes	Yes	Yes	Yes
North Dakota	No	No	No	No	No
Ohio	No	No	No	No	No
Oklahoma	No	No	No	No	No

Table D-6. If the State Uses a Waiting List When Needed, 2012-2016 ¹

State	2012	2013	2014	2015	2016
Oregon	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes
Rhode Island	No	No	No	No	No
South Carolina	No	No	No	No	No
South Dakota	No	No	No	No	No
Tennessee	No	No	No	No	No
Texas	Yes	Yes	Yes	Yes	Yes
Utah	No	No	No	No	No
Vermont	No	No	No	No	No
Virginia	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes
West Virginia	No	No	No	No	No
Wisconsin	No	No	No	No	No
Wyoming	No	No	No	No	No
American Samoa	Yes	Yes	Yes	Yes	Yes
Guam	Yes	Yes	Yes	Yes	Yes
No Mariana Islands	No	No	No	No	No
Puerto Rico	Yes	Yes	Yes	Yes	Yes
Virgin Islands	Yes	Yes	Yes	Yes	Yes

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ Written policies concerning the maintenance and review of a waiting list are captured. The policies reflect whether or not states use a waiting list when funds are not available to serve all families. A state may appear on this list as having waiting list policies, even if no family is currently on the waiting list. Exemptions to the waiting list requirements are not shown in this table.

² If available funding is not sufficient to provide full program benefits for participating families, or to add new families, one or more of the following actions may be taken: terminate program benefits for participating families; limit the eligible activities required for program benefits; establish a wait list; reduce program benefits for all participating families by a percentage based on any shortfall in available funding; establish an alternative plan for the necessary or required actions.

³ Policy coded for Non-CalWORKs Alternative Payment Program. Child care agencies are required to maintain a waiting list. This requirement may be satisfied by participating in a county child care centralized eligibility list, where available.

⁴ Families are placed on a waiting list either because funds are not available or because the agency cannot match the child's need with an available provider at that time.

⁵ A statewide waiting list is maintained for non-TANF families when the demand for non-TANF subsidies exceeds the resources.

⁶ Districts may maintain waiting lists when funds are not available for all eligible families.

Table D-7. Copayment Amount for a Three-Person Family Earning \$15,000 Annually, with a Single Parent with a Two-Year-Old Child and a Four-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2012-2016 ¹

State	2012	2013	2014	2015	2016
Alabama	91	91	91	91	91
Alaska	24	24	24	24	24
Arizona	43	43	43	43	43
Arkansas ²	0	0	0	0	0
California	0	0	0	0	0
Colorado ³	118	118	118	13	13
Connecticut	25	25	25	25	25
Delaware ⁴	138	138	138	115	115
DC	48	48	48	48	48
Florida ⁵	78	78	78	52	52
Georgia	139	139	139	139	139
Hawaii ⁶	414	414	414	414	414
Idaho	217	217	80	80	80
Illinois	33	33	30	Not Eligible	35
Indiana ⁷	0	0	0	0	0
Iowa ⁸	0	0	0	0	0
Kansas	22	22	22	22	22
Kentucky	108	108	108	108	108
Louisiana ⁹	158	158	158	158	0
Maine	75	75	75	63	63
Maryland ¹⁰	103	103	103	103	103
Massachusetts	65	65	65	65	65
Michigan ¹¹	54	54	54	54	65
Minnesota	4	4	4	4	0
Mississippi	65	65	65	65	65
Missouri ⁸	132	132	132	132	132
Montana	13	13	13	13	13
Nebraska	0	0	0	0	0
Nevada ¹²	55	55	55	55	55
New Hampshire	66	59	59	59	59
New Jersey	0	0	0	0	0
New Mexico	63	62	60	59	59
New York ¹³	65	65	65	65	65
North Carolina	125	125	125	125	125
North Dakota	62	35	35	38	75
Ohio	74	68	69	0	0

Table D-7. Copayment Amount for a Three-Person Family Earning \$15,000 Annually, with a Single Parent with a Two-Year-Old Child and a Four-Year-Old Child in Full-Time Care (Monthly Dollar Amounts), 2012-2016 ¹

State	2012	2013	2014	2015	2016
Oklahoma	95	95	95	95	95
Oregon	81	81	81	81	81
Pennsylvania	69	74	74	74	74
Rhode Island	0	0	0	0	0
South Carolina	95	95	95	95	95
South Dakota	0	0	0	0	0
Tennessee ¹⁴	159	159	159	151	151
Texas ¹⁵	160	160	160	160	85
Utah	17	18	18	18	0
Vermont ¹⁶	0	0	0	0	0
Virginia ¹⁷	125	125	63	63	63
Washington	15	15	15	15	15
West Virginia	108	108	108	108	108
Wisconsin ¹⁸	65	65	65	60	60
Wyoming	0	0	0	0	0
American Samoa ¹⁹	0	0	0	0	0
Guam ²⁰	0	0	0	0	0
No Mariana Islands	120	120	21	21	21
Puerto Rico	60	66	66	66	66
Virgin Islands ²¹	0	0	0	0	0

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ Numbers are rounded to the nearest dollar amount. In calculating the monthly copayment, the following assumptions were made. The family consists of one parent and two children. The children are 24 and 48 months old and do not have any special needs. The family receives full-time care. The family is receiving subsidized child care for the first time, and eligibility is determined under initial eligibility thresholds. Families who already receive subsidized care may be eligible at somewhat higher income levels in some states. Families receiving additional assistance, such as transitional child care or TANF, may also qualify for child care subsidies at higher income levels than shown here. All income is earned. If the state uses an income disregard for calculating copayments, the disregard was applied. The earnings level shown (\$15,000) is approximately equal to full-time full-year pay at the federal minimum wage of \$7.25 per hour. Unless noted, the calculation for monthly copayments uses 8 hours per day, 5 days per week, and 4.333 weeks per month when hourly, daily, or weekly copayments were provided.

² In 2014, copayment amounts based on center rates for providers with no additional quality incentive rating in Pulaski County. Beginning January 1, 2014 all new providers must be certified at Better Beginnings Star level 1 or higher. Providers already participating in the program may continue to provide care with no Better Beginnings quality incentive rating through January 1, 2016. In 2016, copayment amounts based on center rates for providers certified at Better Beginnings Star level 1 in Pulaski County.

³ Based on income eligibility thresholds for Denver.

- ⁴ Copayment amounts based on center reimbursement rates for New Castle.
- ⁵ Copayment amounts for Miami-Dade County.
- ⁶ Copayment amounts based on reimbursement rates for licensed centers and center based infant and toddler care.
- ⁷ Copayment amounts based on first year of assistance.
- ⁸ Copayments are calculated using a multiplier of 22 days per month.
- ⁹ Copayment amounts based on center reimbursement rates.
- ¹⁰ Copayment amounts for center care in the Baltimore City Region.
- ¹¹ In 2012 and 2013, copayment amounts based on center reimbursement rates. In 2014 and 2015, copayment amounts based on licensed one-star center reimbursement rates.
- ¹² Copayment amounts based on licensed center reimbursement rates for Clark County.
- ¹³ Copayment amounts for New York City.
- ¹⁴ Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.
- ¹⁵ Copayment amounts and income eligibility thresholds for the Gulf Coast Region.
- ¹⁶ Copayment amounts based on licensed center reimbursement rates. Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.
- ¹⁷ In 2012 and 2013, copayment amounts and income eligibility thresholds for Group III. The state-wide standard copayment for families receiving child care subsidies is 10 percent of their countable monthly gross income. Local departments have the option to use a different amount established by a state approved local alternate copayment schedule. In 2014, income eligibility thresholds for Group III and copayment amounts for all sub-state entities except Fairfax County. In 2015 and 2016, copayment amounts based on income eligibility thresholds for Group III.
- ¹⁸ Copayments are calculated using a multiplier of 4.3 to convert weekly rates to monthly rates. In 2016, for counties participating in the state's Electronic Benefit Transfer card pilot program, each family is assigned a base copayment determined by the family's monthly child care hours with an additional per-child amount determined by the monthly hours for the individual child.
- ¹⁹ American Samoa serves only families with income below the Federal Poverty Guidelines and waives the copayment for all participating families.
- ²⁰ Copayment amounts based on reimbursement rates used for all providers.
- ²¹ Copayments are calculated using a multiplier of 4 to convert weekly rates to monthly rates.

Table D-8. Maximum Licensed Center Reimbursement Rate for Toddlers (Monthly Dollar Amounts), 2012-2016 ¹

State	2012		2013		2014		2015		2016	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Alabama ²	442	442	442	442	442	442	442	442	468	468
Alaska ³	800	800	800	800	800	800	800	800	800	800
Arizona ⁴	576	634	576	634	576	634	576	634	576	634
Arkansas ⁵	531	531	531	531	531	664	531	664	578	664
California ⁶	744	744	744	744	744	744	889	889	889	889
Colorado ⁷	520	697	672	888	672	888	672	888	672	888
Connecticut ⁸	976	1,025	976	1,025	1,006	1,057	1,036	1,088	1,036	1,088
Delaware ⁹	574	574	574	574	574	574	574	574	574	574
DC ¹⁰	863	1,102	992	1,267	992	1,267	992	1,267	992	1,267
Florida ¹¹	429	515	429	515	429	515	450	540	450	540
Georgia ¹²	559	559	559	615	559	615	559	615	559	615
Hawaii ¹³	675	710	675	710	675	710	675	710	675	710
Idaho ¹⁴	492	492	492	492	492	492	492	492	623	623
Illinois ¹⁵	851	851	851	851	851	851	851	851	851	851
Indiana ¹⁶	815	897	815	897	906	1,179	906	1,179	906	1,270
Iowa ¹⁷	552	552	586	586	586	586	586	586	586	758
Kansas ¹⁸	395	395	395	395	395	395	395	395	468	468
Kentucky ¹⁹	520	520	520	520	520	520	520	520	542	542
Louisiana ²⁰	407	407	407	407	407	407	407	407	495	495
Maine ²¹	910	910	932	932	932	932	932	932	984	984
Maryland ²²	474	597	474	597	474	597	486	612	486	612
Massachusetts ²³	795	795	795	1,080	840	1,157	840	1,157	870	1,199
Michigan ²⁴	433	433	433	433	433	563	433	607	433	607
Minnesota ²⁵	838	964	838	964	871	1,045	871	1,045	871	1,045
Mississippi ²⁶	326	357	326	357	326	357	326	357	326	357

Table D-8. Maximum Licensed Center Reimbursement Rate for Toddlers (Monthly Dollar Amounts), 2012-2016 ¹

State	2012		2013		2014		2015		2016	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Missouri ²⁷	354	424	364	437	364	437	364	437	413	495
Montana ²⁸	624	624	636	636	649	649	649	649	662	662
Nebraska ²⁹	704	737	780	845	780	845	854	929	854	929
Nevada ³⁰	607	607	607	607	607	607	607	607	607	607
New Hampshire ³¹	809	809	827	827	827	827	888	888	888	888
New Jersey ³²	573	604	573	604	573	604	573	604	573	604
New Mexico ³³	471	603	471	621	590	840	590	1,140	590	1,140
New York ³⁴	1,105	1,105	1,105	1,105	1,105	1,105	1,105	1,105	1,161	1,161
North Carolina ³⁵	676	751	676	751	676	751	754	822	754	822
North Dakota	600	600	600	600	600	600	600	600	600	600
Ohio ³⁶	652	776	652	815	652	815	652	815	652	916
Oklahoma ³⁷	311	638	311	638	311	662	311	662	311	662
Oregon ³⁸	894	894	894	894	1,037	1,037	1,037	1,037	1,237	1,237
Pennsylvania ³⁹	780	834	772	881	772	881	772	951	772	951
Rhode Island ⁴⁰	815	815	815	815	815	815	815	815	839	839
South Carolina ⁴¹	455	650	455	650	455	650	455	650	628	819
South Dakota ⁴²	650	650	650	650	685	685	685	685	685	685
Tennessee ⁴³	426	512	426	512	426	512	426	512	426	512
Texas ⁴⁴	586	615	586	615	586	615	613	670	613	670
Utah ⁴⁰	525	525	525	525	550	550	638	638	638	638
Vermont ⁴⁵	574	803	574	803	591	827	591	827	591	827
Virginia ⁴⁶	845	845	1,018	1,018	1,148	1,148	1,148	1,148	1,148	1,148
Washington ⁴⁷	684	684	729	744	759	872	789	907	805	926
West Virginia ⁴⁸	480	560	480	560	480	560	480	560	600	680
Wisconsin ⁴⁹	817	946	817	1,075	821	1,080	899	1,183	899	1,183

Table D-8. Maximum Licensed Center Reimbursement Rate for Toddlers (Monthly Dollar Amounts), 2012-2016 ¹										
State	2012		2013		2014		2015		2016	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Wyoming ⁴⁰	531	531	531	531	531	531	531	531	531	531
American Samoa	200	200	180	180	180	180	180	180	180	180
Guam	470	470	450	450	450	450	450	450	450	450
No Mariana Islands	300	300	300	300	350	350	350	350	400	400
Puerto Rico ⁴⁰	280	280	343	343	343	343	343	343	351	351
Virgin Islands	300	300	300	300	300	300	300	300	300	300

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ For the purposes of the tables, toddlers are defined as children through 35 months of age. The rates represent the maximum reimbursement rates for licensed child care providers. For states that have tiered reimbursement systems, the base rates reflect the base licensed rates and the highest rates reflect the highest tiered or accredited rates available. For states that do not have tiered reimbursement systems, the base and highest rates are identical. For states that do not specify reimbursement rates for licensed providers, the rates for registered or certified providers are used. Rates for the largest, most populous area are provided for states in which rates vary at a sub-state level. Numbers are rounded to the nearest dollar amount. Maximum rates may be higher for special needs children or for care during non-traditional hours. For the purposes of calculating the monthly rate, the following assumptions were made. The child receives full-time center based child care. The child is in care for 8 hours per day, 5 days per week.

² Center reimbursement rates for the Birmingham Region.

³ Center reimbursement rates for Anchorage.

⁴ Base rates are licensed center reimbursement rates for District 1. Highest rates are licensed accredited center reimbursement rates for District 1.

⁵ In 2012 and 2013, center reimbursement rates for Pulaski. In 2014 and 2015, base rates are center rates with no additional quality incentive rating in Pulaski County. Highest rates are Better Beginnings quality incentive rate level 3 for urban areas. Beginning January 1, 2014 all new providers must be certified at Better Beginnings Star level 1 or higher. Providers already participating in the program may continue to provide care with no Better Beginnings quality incentive rating through January 1, 2016. In 2016, base rates are Better Beginnings quality incentive level 1 rates for centers in urban areas. Highest rates are Better Beginnings quality incentive level 3 rates for centers in urban areas.

⁶ Center reimbursement rates for Los Angeles.

⁷ Base rates are reimbursement rates for centers with no additional rating in Denver, and highest rates are tier five center reimbursement rates for Denver.

⁸ Base rates are licensed center reimbursement rates for the Southwest Region. Highest rates are licensed accredited center reimbursement rates for the Southwest Region. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁹ Center reimbursement rates for New Castle.

- ¹⁰ Base rates are bronze tier center reimbursement rates. Highest rates are gold tier center reimbursement rates.
- ¹¹ Base rates are licensed or exempt center reimbursement rates for Miami-Dade Coalition. Highest rates are Gold Seal center reimbursement rates for the Miami-Dade Coalition.
- ¹² For 2012, the rates are center reimbursement rates for Zone 1. In 2013, 2014, 2015, and 2016, base rates are center rates with no additional star rating for Zone 1, and highest rates are three-star center rates for Zone 1.
- ¹³ Base rates are licensed center reimbursement rates. Highest rates are licensed accredited center reimbursement rates.
- ¹⁴ In 2012, 2013, 2014, and 2015 reimbursement rates for Region 4. In 2016, reimbursement rates for Cluster 2.
- ¹⁵ Licensed center reimbursement rates for Group 1A. The state sets a number of days each month that families may be eligible for care. The daily rate is then multiplied by the number of eligible days in the month. The rate may vary each month, depending on the number of eligible days.
- ¹⁶ In 2012 and 2013, base rates are licensed center reimbursement rates for Marion, and highest rates are accredited center reimbursement rates for Marion. In 2014, 2015, and 2016 base rates are licensed center reimbursement rates for Marion, and highest rates are licensed, level four center reimbursement rates for Marion.
- ¹⁷ In 2016, base rates are basic care center rates. Highest rates are Quality Rating System level 5 center rates.
- ¹⁸ Center reimbursement rates for Sedgwick County.
- ¹⁹ In 2012 and 2013, licensed center reimbursement rates for Central Region Urban Counties. In 2014, 2015, and 2016, licensed center reimbursement rates for Jefferson County. Providers participating in the STARS for KIDS NOW program receive an initial achievement payment based on the number of children served, an annual payment based on the number of children served, and a monthly quality incentive payment per subsidized child based on the percentage of children served who are receiving subsidies and the age of the child. These payments also vary based on the STARS level, from level one through four.
- ²⁰ This state authorizes a maximum of 22 days per month. The multiplier for converting maximum daily rates to maximum monthly rates is 22.
- ²¹ Licensed center reimbursement rates for Cumberland County.
- ²² In 2012, 2013, and 2014, base rates are unaccredited center reimbursement rates for Baltimore City, and highest rates are level four center reimbursement rates for Baltimore City. In 2015 and 2016, base rates are unaccredited center reimbursement rates for Baltimore City, and highest rates are level five center reimbursement rates for Baltimore City.
- ²³ In 2012, rates are center reimbursement rates for Region 6. In 2013, 2014, 2015, and 2016, base rates are reimbursement rates for centers with no additional rating in Region 6, and highest rates are QRIS level two and above center reimbursement rates for Region 6.
- ²⁴ In 2012 and 2013, center reimbursement rates. In 2014, 2015, and 2016 base rates are licensed blank-star and one-star center reimbursement rates, and highest rates are licensed five-star center reimbursement rates.
- ²⁵ In 2012 and 2013, base rates are unaccredited center reimbursement rates for Hennepin County, and highest rates are accredited center reimbursement rates for Hennepin County. In 2014, 2015, and 2016, base rates are unaccredited center reimbursement rates for Hennepin County, and highest rates are four-star center reimbursement rates for Hennepin County.
- ²⁶ Base rates are tier two center reimbursement rates. Highest rates are tier one center reimbursement rates.

- ²⁷ Base rates are licensed center reimbursement rates for St. Louis County. Highest rates are licensed accredited center reimbursement rates for St. Louis County. Rates were calculated using a multiplier of 22 days per month.
- ²⁸ Center reimbursement rates for the Billings Region. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ²⁹ Base rates are unaccredited center reimbursement rates for Lancaster, Dakota, Douglas, and Sarpy Counties. Highest rates are accredited center reimbursement rates for the entire state.
- ³⁰ Licensed center reimbursement rates for Clark County.
- ³¹ Licensed center reimbursement rates. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ³² Base rates are licensed center reimbursement rates. Highest rates are accredited center reimbursement rates.
- ³³ In 2012, 2013, and 2014, base rates are licensed center reimbursement rates for Metro Areas, and highest rates are five-star licensed center reimbursement rates for Metro Areas. In 2015 and 2016, base rates are licensed center reimbursement rates, and highest rates are FOCUS (the state's quality rating system) five-star center reimbursement rates.
- ³⁴ Day care center reimbursement rates for Group 5 counties: New York, Bronx, Kings, Queens, and Richmond.
- ³⁵ In 2012, base rates are licensed one-star center reimbursement rates for Mecklenburg County, and highest rates are licensed five-star center reimbursement rates for Mecklenburg County. In 2013, 2014, 2015, and 2016, base rates are licensed three-star center reimbursement rates for Mecklenburg County, and highest rates are licensed five-star center reimbursement rates for Mecklenburg County.
- ³⁶ Base rates are licensed center reimbursement rates for Cuyahoga County. In 2012, highest rates are three-star center reimbursement rates for Cuyahoga County. In 2013, 2014, 2015, and 2016, highest rates are five-star center reimbursement rates for Cuyahoga County.
- ³⁷ Base rates are one-star center reimbursement rates for Enhanced Areas. Highest rates are three-star center reimbursement rates for Enhanced Areas. The multiplier for converting maximum daily rates to maximum monthly rates is 23.
- ³⁸ Certified center reimbursement rates for Group Area A.
- ³⁹ Base rates are reimbursement rates for centers with no additional rating for Philadelphia. Highest rates are star four center reimbursement rates for Philadelphia.
- ⁴⁰ Licensed center reimbursement rates.
- ⁴¹ Base rates are level C licensed center reimbursement rates for urban counties. In 2012, highest rates are level AA highest achieving center reimbursement rates for urban counties. In 2013, 2014, 2015, and 2016, highest rates are level A+ highest achieving center reimbursement rates for urban counties. The highest reimbursement rates include a quality incentive bonus of an additional \$20 for full-time care and \$10 for part-time care. Providers who do not receive the quality incentive bonus are reimbursed at \$10 to \$20 less per week.
- ⁴² Licensed center reimbursement rates for Minnehaha County.
- ⁴³ Base rates are reimbursement rates for centers with no star rating for the Top Tier counties. Highest rates are three-star center reimbursement rates for the Top Tier counties. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.
- ⁴⁴ Base rates are licensed center rates for the Gulf Coast Region. In 2012, 2013, and 2014, highest rates are licensed reimbursement rates for centers with Texas Rising Star Certification for the Gulf Coast Region. In 2015 and 2016, highest rates are tier four center rates for the Gulf Coast Region.

⁴⁵ Base rates are licensed center reimbursement rates. Highest rates are licensed five-star center reimbursement rates. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁶ Level two center reimbursement rates for Fairfax.

⁴⁷ In 2012, center reimbursement rates for Region 4. In 2013, base rates are Early Achievers Level 1 licensed center reimbursement rates for Region 4, and highest rates are Early Achievers Level 2 licensed center reimbursement rates for Region 4. In 2014, 2015, and 2016, base rates are Early Achievers Level 1 licensed center reimbursement rates for Region 4, and highest rates are Early Achievers Level 5 licensed center reimbursement rates for Region 4. In 2012, and 2013, rates were calculated using a multiplier of 22 days per month. In 2014 and 2015, rates were calculated using a multiplier of 23 days per month.

⁴⁸ Base rates are tier one center reimbursement rates. Highest rates are tier three center reimbursement rates. In 2016, rates were calculated using a multiplier of 20 days per month.

⁴⁹ Base rates are licensed two-star center rates for Milwaukee, and highest rates are licensed five-star center rates for Milwaukee. This state uses a multiplier of 4.3 to convert weekly rates to monthly rates.

Table D-9. Maximum Licensed Family Child Care Home Reimbursement Rate for Toddlers (Monthly Dollar Amounts), 2012-2016 ¹

State	2012		2013		2014		2015		2016	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Alabama ²	360	360	360	360	360	360	360	360	381	381
Alaska ³	650	650	650	650	650	650	650	650	650	650
Arizona ⁴	433	477	433	477	433	477	433	477	433	477
Arkansas ⁵	487	487	487	487	487	664	487	664	578	664
California ⁶	683	683	683	683	683	683	741	741	741	741
Colorado ⁷	456	573	585	737	585	737	585	737	585	737
Connecticut ⁸	744	781	744	781	830	871	925	971	1,049	1,102
Delaware ⁹	448	448	448	448	448	448	448	448	448	448
DC ¹⁰	588	737	676	847	676	847	676	847	676	847
Florida ¹¹	386	463	386	463	386	463	405	486	405	486
Georgia ¹²	433	433	433	477	433	477	433	477	433	477
Hawaii ¹³	600	600	600	600	600	600	600	600	600	600
Idaho ¹⁴	460	460	460	460	460	460	460	460	555	555
Illinois ¹⁵	656	656	676	676	676	676	713	713	713	713
Indiana ¹⁶	542	598	542	598	542	706	542	706	542	758
Iowa ¹⁷	497	497	528	528	528	528	528	528	528	585
Kansas ¹⁸	347	347	347	347	347	347	347	347	383	383
Kentucky ¹⁹	455	455	455	455	455	455	455	455	477	477
Louisiana ²⁰	352	352	352	352	352	352	352	352	352	352
Maine ²¹	650	650	672	672	672	672	672	672	693	693
Maryland ²²	450	576	450	576	450	576	461	590	461	590
Massachusetts ²³	837	837	837	856	890	909	913	933	946	966
Michigan ²⁴	416	416	416	416	416	546	416	589	416	589
Minnesota ²⁵	615	707	615	707	615	738	615	738	615	738
Mississippi ²⁶	237	259	237	259	237	259	237	259	237	259

Table D-9. Maximum Licensed Family Child Care Home Reimbursement Rate for Toddlers (Monthly Dollar Amounts), 2012-2016 ¹

State	2012		2013		2014		2015		2016	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Missouri ²⁷	300	360	309	371	309	371	309	371	350	420
Montana ²⁸	541	541	552	552	563	563	563	563	574	574
Nebraska ²⁹	542	542	563	607	563	607	624	667	624	667
Nevada ³⁰	585	585	585	585	585	585	585	585	585	585
New Hampshire ³¹	650	650	660	660	660	660	725	725	725	725
New Jersey ³²	514	538	514	538	527	550	527	550	527	550
New Mexico ³³	370	502	370	520	464	714	464	714	464	714
New York ³⁴	693	693	693	693	693	693	693	693	802	802
North Carolina ³⁵	504	538	504	538	504	538	550	587	550	587
North Dakota ¹³	470	470	470	470	470	470	470	470	470	470
Ohio ³⁶	547	585	547	602	547	684	547	684	547	768
Oklahoma ³⁷	282	546	282	546	283	570	283	570	283	570
Oregon ³⁸	745	745	900	900	900	900	900	900	1,000	1,000
Pennsylvania ³⁹	650	704	642	751	642	751	642	821	642	821
Rhode Island ⁴⁰	672	672	672	672	672	672	672	672	736	736
South Carolina ⁴¹	377	494	377	494	377	494	377	494	498	585
South Dakota ⁴²	477	477	477	477	485	485	485	485	494	494
Tennessee ⁴³	366	439	366	439	366	439	366	439	366	439
Texas ⁴⁴	402	426	402	426	402	426	523	572	523	572
Utah	493	493	493	493	493	493	540	540	540	540
Vermont ⁴⁵	473	662	473	662	487	682	487	682	487	682
Virginia ⁴⁶	715	715	715	715	802	802	802	802	802	802
Washington ⁴⁷	645	645	688	702	716	823	744	856	920	1,104
West Virginia ⁴⁸	400	480	400	480	400	480	400	480	440	520
Wisconsin ⁴⁹	715	828	715	941	715	941	723	951	723	951

Table D-9. Maximum Licensed Family Child Care Home Reimbursement Rate for Toddlers (Monthly Dollar Amounts), 2012-2016 ¹

State	2012		2013		2014		2015		2016	
	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate	Base Rate	Highest Rate
Wyoming ¹³	488	488	488	488	488	488	488	488	488	488
American Samoa	200	200	180	180	180	180	180	180	180	180
Guam	470	470	450	450	450	450	450	450	450	450
No Mariana Islands	300	300	300	300	350	350	350	350	400	400
Puerto Rico	217	217	270	270	270	270	270	270	270	270
Virgin Islands	300	300	300	300	300	300	300	300	300	300

Source: CCDF Policies Database. Data as of October 1 of each year.

¹ For the purposes of the tables, toddlers are defined as children through 35 months of age. The rates represent the maximum reimbursement rate for licensed child care providers. For states that have tiered reimbursement systems, the base rates reflect the base licensed rates and the highest rates reflect the highest tiered or accredited rates available. For states that do not have tiered reimbursement systems, the base and highest rates are identical. For states that do not specify reimbursement rates for licensed providers, the rates for registered or certified providers are used. Rates for the largest, most populous area are provided for states in which rates vary at a sub-state level. Numbers are rounded to the nearest dollar amount. Maximum rates may be higher for special needs children or for care during non-traditional hours. For the purposes of calculating the monthly rate, the following assumptions were made. The child receives full-time care in a family child care home. The child is in care for 8 hours per day, 5 days per week.

² Family day care rates for the Birmingham Region.

³ Family home care rates for Anchorage.

⁴ Base rates are certified family child care home rates for District 1. Highest rates are accredited family child care home rates for District 1.

⁵ In 2012 and 2013, licensed and registered family child care home rates for Pulaski. In 2014 and 2015, base rates are licensed family child care home rates with no additional quality incentive rating in Pulaski County. Highest rates are Better Beginnings quality incentive rate level 3 for urban areas. Beginning January 1, 2014 all new providers must be certified at Better Beginnings Star level 1 or higher. Providers already participating in the program may continue to provide care with no Better Beginnings quality incentive rating through January 1, 2016. In 2016, base rates are Better Beginnings quality incentive level 1 rates for family child care homes in urban areas. Highest rates are Better Beginnings quality incentive level 3 rates for family child care homes in urban areas.

⁶ Licensed family child care home rates for Los Angeles.

⁷ Highest rates are tier five family child care home rates for Denver. In 2012, 2013, 2014, and 2015, base rates are reimbursement rates for family child care homes with no additional rating for Denver. In 2016, base rates are tier zero family child care home rates for Denver.

⁸ Base rates are licensed family child care home rates for the Southwest Region. Highest rates are licensed accredited family child care home rates for the Southwest Region. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁹ Licensed family child care home rates for New Castle.

¹⁰ Base rates are bronze tier family child care home reimbursement rates. Highest rates are gold tier family child care home reimbursement rates.

¹¹ Base rates are licensed family child care home reimbursement rates for Miami-Dade Coalition. Highest rates are Gold Seal family child care home rates for the Miami-Dade Coalition.

¹² In 2012, rates are family child care home rates for Zone 1. In 2013, 2014, 2015, and 2016, base rates are family child care home rates with no additional star rating for Zone 1, and highest rates are three-star family child care home rates for Zone 1.

¹³ Licensed family child care home rates.

¹⁴ In 2012, 2013, 2014, and 2015, family child care home rates for Region 4. In 2016, family child care home rates for Cluster 2.

¹⁵ Licensed family child care home rates for Group 1A. The state sets a number of days each month that families may be eligible for care. The daily rate is then multiplied by the number of eligible days in the month. The rate may vary each month, depending on the number of eligible days.

¹⁶ In 2012 and 2013, base rates are licensed family child care home rates for Marion, and highest rates are accredited family child care home rates for Marion. In 2014, 2015, and 2016, base rates are licensed family child care home rates for Marion, and highest rates are licensed, level four family child care home rates for Marion.

¹⁷ In 2012, 2013, 2014, and 2015, registered Child Development Home category A and B rates. In 2016, base rates are registered Child Development Home category A and B basic rates. Highest rates are registered Child Development Home category A and B Quality Rating System level 5 rates.

¹⁸ Licensed family child care home rates for Sedgwick County.

¹⁹ In 2012 and 2013, certified family child care home rates for Central Region Urban Counties. In 2014, 2015, and 2016, certified family child care home rates for Jefferson County. Providers participating in the STARS for KIDS NOW program receive an initial achievement payment, an annual payment, and a monthly quality incentive payment per subsidized child based on the age of the child. These payments vary based on the STARS level, from level one through four.

²⁰ This state authorizes a maximum of 22 days per month. The multiplier for converting maximum daily rates to maximum monthly rates is 22.

²¹ Licensed family child care home rates for Cumberland County.

²² In 2012, 2013, and 2014, base rates are unaccredited family child care home rates for Baltimore City, and highest rates are level four family child care home rates for Baltimore City. In 2015 and 2016, base rates are unaccredited family child care home rates for Baltimore City, and highest rates are level five family child care home rates for Baltimore City.

²³ In 2012, rates are systems family child care home rates for Region 6. In 2013, 2014, 2015, and 2016, base rates are reimbursement rates for systems family child care homes with no additional rating in Region 6, and highest rates are QRIS level two and above systems family child care home rates for Region 6.

²⁴ In 2012 and 2013, base and highest rates are family child care home reimbursement rates. In 2014 and 2015, base rates are licensed one-star family child care home reimbursement rates, and highest rates are licensed five-star family child care home reimbursement rates. In 2016, base rates are licensed blank-star and one-star child care center reimbursement rates. Highest rates are licensed five-star child care center reimbursement rates.

²⁵ In 2012 and 2013, base rates are licensed unaccredited family child care home rates for Hennepin County, and highest rates are licensed accredited family child care home rates for Hennepin County. In 2014, 2015, and 2016, base rates are licensed unaccredited family child care home rates for Hennepin County, and highest rates are licensed four-star family child care home rates for Hennepin County.

- ²⁶ Base rates are tier two family child care home rates. Highest rates are tier one family child care home rates.
- ²⁷ Base rates are licensed family home rates for St. Louis County. Highest rates are licensed accredited family home rates for St. Louis County. All rates were calculated using a multiplier of 22 days per month.
- ²⁸ Family child care home rates for the Billings Region. In 2016, rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ²⁹ Base rates are licensed family child care home rates for Lancaster, Dakota, Douglas, and Sarpy Counties. Highest rate are accredited family child care home rates for the entire state.
- ³⁰ Licensed family child care home rates for Clark County.
- ³¹ Licensed family child care home rates. Rates were calculated using a multiplier of 4.33 to convert weekly rates to monthly rates.
- ³² Base rates are registered family child care home rates. Highest rates are accredited family child care home rates.
- ³³ In 2012, 2013, and 2014, base rates are licensed family child care home rates for Metro Areas, and highest rates are licensed five-star family child care home rates for Metro Areas. In 2015 and 2016, base rates are licensed family child care home rates, and highest rates are FOCUS (the state's quality rating system) five-star family child care home rates.
- ³⁴ Registered family day care rates for Group 5 counties: New York, Bronx, Kings, Queens, and Richmond.
- ³⁵ In 2012, base rates are licensed one-star family child care home rates for Mecklenburg County, and highest rates are licensed five-star family child care home rates for Mecklenburg County. In 2013, 2014, 2015, and 2016, base rates are licensed three-star family child care home rates for Mecklenburg County, and highest rates are licensed five-star family child care home rates for Mecklenburg County.
- ³⁶ In 2012, rates are Certified Professional Type B home rates for Cuyahoga County. In 2013, base rates are certified professional Type B home rates for Cuyahoga County, and highest rates are certified professional accredited Type B home rates for Cuyahoga County. In 2014, 2015, and 2016, base rates are licensed Type B home rates for Cuyahoga County, and highest rates are licensed five-star Type B home rates for Cuyahoga County.
- ³⁷ Base rates are one-star family child care home rates for Enhanced Areas. Highest rates are three-star family child care home rates for Enhanced Areas. The multiplier for converting maximum daily rates to maximum monthly rates is 23.
- ³⁸ Certified family child care home rates for Group Area A.
- ³⁹ Base rates are reimbursement rates for family child care homes with no additional rating for Philadelphia. Highest rates are star four family child care home rates for Philadelphia.
- ⁴⁰ In 2012, rates are certified family child care home rates. In 2013, 2014, 2015, and 2016, rates are licensed family child care home rates.
- ⁴¹ In 2012, base rates are level CC licensed family child care home rates for urban counties, and highest rates are level BB enhanced licensed family child care home rates for urban counties. In 2013, 2014, and 2015 base rates are level C+ licensed family child care home rates for urban counties, and highest rates are level B+ enhanced licensed family child care home rates for urban counties. The highest reimbursement rates include a quality incentive bonus of an additional \$20 for full-time care and \$10 for part-time care. Providers who do not receive the quality incentive bonus are reimbursed at \$10 to \$20 less per week. In 2016, base rates are level C licensed family child care home rates for urban counties. Highest rates are level B+ enhanced licensed family child care home rates for urban counties. The highest reimbursement rates include a quality incentive bonus of an additional \$20 for full-time care and \$10 for part-time care. Providers who do not receive the quality incentive bonus are reimbursed at \$10 to \$20 less per week.

⁴² Regulated family child care home rates for Minnehaha County.

⁴³ Base rates are reimbursement rates for family child care homes with no additional rating for the Top Tier counties. Highest rates are three-star family child care home rates for the Top Tier counties. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁴ Base rates are registered family child care home rates for the Gulf Coast Region. In 2012, 2013, and 2014, highest rates are Gulf Coast Region rates for registered family homes with Texas Rising Star Certification. In 2015 and 2016, highest rates are tier four family child care home rates for the Gulf Coast Region.

⁴⁵ Base rates are registered family child care home rates. Highest rates are registered five-star family child care home rates. Rates were calculated using a multiplier of 4.3 to convert weekly rates to monthly rates.

⁴⁶ Level two family day home rates for Fairfax.

⁴⁷ In 2012, licensed family child care home rates for Region 4. In 2013, base rates are Early Achievers Level 1 licensed family child care home reimbursement rates for Region 4, and highest rates are Early Achievers Level 2 licensed family child care home reimbursement rates for Region 4. In 2014, 2015, and 2016, base rates are Early Achievers Level 1 licensed family child care home reimbursement rates for Region 4, and highest rates are Early Achievers Level 5 licensed family child care home reimbursement rates for Region 4. In 2012, and 2013, rates were calculated using a multiplier of 22 days per month. In 2014, 2015, and 2016, rates were calculated using a multiplier of 23 days per month.

⁴⁸ Base rates are tier one family child care home rates. Highest rates are tier three family child care home rates. In 2016, rates were calculated using a multiplier of 20 days per month.

⁴⁹ Base rates are licensed two-star family child care home rates for Milwaukee, and highest rates are licensed five-star family child care home rates for Milwaukee. This state uses a multiplier of 4.3 to convert weekly rates to monthly rates.

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