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# Tools and Strategies for Examining the Relationship between Child Care Subsidy Policies and Trends in Child, Family, and Provider Outcomes

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# Executive Summary

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The Child Care Development Block Grant (CCDBG) authorizes the Child Care Development Fund (CCDF) program, which is the primary federal funding source for child care subsidies. These subsidies help eligible families with low incomes<sup>a</sup> who are working or in an education or training program access child care. In 2014, the CCDBG law was reauthorized, which included new requirements for states related to improving the health, safety, licensing, and quality of care, and created a need for increased funding. Since 2018, states and territories have received additional funding for CCDF to help address reauthorization requirements. Additionally, states have received over \$50 billion in CCDBG recovery funding following the COVID-19 pandemic to stabilize and support their child care system. While there are parameters on allowable uses, states can determine how the funds are prioritized and allocated. As a result, many states are seeking guidance on how they can better understand the relationship between specific CCDF policy choices and program outcomes for children, families, and providers—that is, which families and children can access child care subsidies and what types of care can they access.

Determining the relationship between specific CCDF policy choices and outcomes is complex. Over the past decade the Office of Planning, Research, and Evaluation (OPRE)—through the Child Care and Early Education Policy and Research Analysis (CCEPRA) project—has supported several efforts to explore this relationship.

A Child Trends-led research effort<sup>1</sup> in 2019 looked across states to determine if increases in eligibility were associated with increased numbers of children receiving subsidies. State-level data was collected from several sources (i.e., CCDF administrative data, data from the CCDF Policies Database, and information gathered from reports by the National Women’s Law Center). These data were used to conduct correlational, descriptive, and predictive analyses to explore cross-state associations between CCDF policies and trends in outcomes for children, families, and providers. **Ultimately, the team found that national trends in the associations between subsidy policies and subsequent outcomes were difficult to detect. This was largely attributed to the great variation in how states set and implemented subsidy policies, which made it difficult to isolate how changes to specific subsidy policies were associated with child, family, and provider outcomes.** The recommendation from this research effort was to pilot a mixed-method case study approach in order to couple state context with administrative data analyses.

Following the results and recommendations of the 2019 national data analyses, research teams from Minnesota and Oregon launched pilot case studies in 2020 to examine how state context, state CCDF subsidy priorities, and policy implementation were associated with trends in outcomes for children, families and providers. This work was guided by a common case study template, which provided an organizing set of key questions to describe the state context and to understand state-level findings about child care subsidy policy and outcomes—specifically, trends in (1) enrollment, (2) stability, and (3) type of care used. The case study approach enabled both teams to document trends over time within the context of the larger early childhood and CCDF subsidy system in the state.

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<sup>a</sup> States have flexibility to set income eligibility limits for families to qualify for child care subsidies—up to 85 percent of the state median income (SMI).

Upon completion of the case study effort, the Minnesota and Oregon research teams identified the following common lessons learned:

- First, teams found that **CCDF policies interact with one another to influence progress rather than a single policy producing direct effects.** For example, who is served by the subsidy program in a state is influenced by the program's priorities as well as major subsidy policy levers implemented—such as income eligibility limits and family copayment requirements. However, state priorities are often not explicit. The research teams suggest that states specify the outcomes the subsidy program is intended to achieve and how these outcomes relate to program goals.
- Second, **the teams noted the importance of the lag between when a program or policy change is implemented and when effects can be detected.** For example, the impact of changes implemented in Oregon in 2007 were observed in participation declines in 2012. Both teams also noted that policies determine who does and does not participate in the subsidy system, which can lead to different outcomes over time. For example, raising income eligibility limits may result in families receiving a subsidy for longer periods of time, as families with higher incomes may also have more stable employment.

Overall, despite the complexity of examining the relationship between CCDF policy choices and outcomes, the Minnesota and Oregon research teams felt the case study approach was helpful for mapping the state context, which in turn helped inform analytic approaches, interpretation of results, and the ability to map further questions. The two research teams provided feedback on how to improve upon the case study framework for use by other state research teams. This improved framework is presented in this report.

The analyses completed in both the national CCDF comparative analyses and the Minnesota and Oregon pilot case studies highlighted several needs. These included the need for tools and strategies that can help states identify goals for their CCDF program; policies and mechanisms for supporting those goals; and strategies for documenting progress and challenges related to CCDF policies and outcomes for children, families, and providers. This report, therefore, has two purposes:

- **The first purpose of this report is to describe findings, successes, challenges, and lessons learned from the national CCDF comparative analyses and the Minnesota and Oregon pilot case studies.**
- **The second purpose of this report, based on the lessons learned from these efforts, is to introduce two conceptual models to guide future state-level analyses of the relationship between CCDF policies and outcomes for children, families, and providers.**

The first conceptual model articulates the ecology of CCDF policy decision making, which will be unique for each state and territory, and may help to explain why aggregating the impact of policy decisions across states and territories can be so challenging. The second model is a partial logic model, which maps the outputs and outcomes that align with the goals of the CCDF program to support parents' access to affordable, stable, high-quality child care that meets their needs and preferences.<sup>2</sup>

Both models highlight the need for states to center equity in their approach to understanding the relationship between policy choices and outcomes. States can start by describing the diversity of families eligible for/receiving a subsidy and among the providers serving subsidized children. States can do this by examining the characteristics of children and families who are and are not participating in the subsidy system by different dimensions of identity such as race, ethnicity, home language, geography. If there are inequities in access across subgroups, states will need to develop strategies to understand and address the barriers families face that are rooted in systemically inequitable policies and practices. States can take a similar approach when examining the characteristics of providers who do and do not accept child care subsidies, which might include provider type, languages spoken, ages served, etc. These efforts will not only help to provide critical context for examining the relationship between policy choices and outcomes; they can also inform state efforts to reduce barriers to access and address inequities.

Understanding the relationship between CCDF policy choices and child, family, and provider outcomes is a complex and nuanced endeavor. It includes the need for current and historical state context and multiple decision points during the analysis process that will be unique to and informed by the specific policy environment and priorities within an individual state. As a result, a companion tool for this report, the [State Analysis Guide for Examining the Relationship between Child Care Subsidy Policies and Trends in Child, Family, and Provider Outcomes](#) is designed to support efforts to explore the relationship between CCDF policy decisions, implementation, and outcomes within the context of a state and its early childhood system. This analysis guide is provided in the Appendix.

The conceptual models presented in this report aim to support states in describing the most common and influential factors and pathways that affect CCDF policy decision making. This description provides a foundation for understanding influences on CCDF decision making, fostering more reliable cross-state comparisons, and for conducting more nuanced research. Examining a state's context also helps to position CCDF within child care and early education (CCEE) systems and state-administered employment support systems for families. Clearly delineating what programs/initiatives are (and are not) included in each of these systems and their roles can support outcome-based decision making that integrates programs and capitalizes on the unique strengths of each system. With limited program budgets, this broader approach of considering systems rather than individual programs/initiatives when setting program goals and policy priorities may yield more cost-effective services for families with low incomes.

## Introduction

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The Child Care Development Block Grant (CCDBG) authorizes the Child Care Development Fund (CCDF) program, which is the primary federal funding source for child care subsidies that help eligible working families with low incomes access child care. CCDF also aims to support the quality of care by supporting child care licensing, quality improvement systems that help programs meet higher quality standards, and training and education for the CCEE workforce.<sup>3</sup>

The 2014 CCDBG reauthorization law included new requirements for states related to health and safety, licensing, and the quality of care, creating a need for increased funding. In 2018, Congress appropriated an increase of more than \$2 billion to support states and territories in meeting the goals and requirements of the 2014 CCDBG reauthorization.<sup>4</sup> Since March 2020, Congress has allocated over \$52 billion to CCDBG to stabilize child care and support working families through the Coronavirus Aid, Relief, and Economic Security (CARES) Act; the Coronavirus Response and Relief Supplemental Appropriations (CCSRA) Act; and the American Rescue Plan Act (ARPA).

While there are parameters on allowable uses, states can determine how the funds are prioritized and allocated. As a result, many states are seeking guidance on how they can track the relationship between specific CCDF policy choices and outcomes for children, families, and providers. However, determining the relationship between specific CCDF policy choices and outcomes is complex.

There have been several efforts funded by the Office of Planning, Research, and Evaluation (OPRE) through the Child Care and Early Education Policy and Research Analysis (CCEEPRA) project to explore this relationship, which inform the development of the conceptual model and analysis guide presented in this report. These efforts include the following:

- [A Child Care Subsidy Literature Review](#), published in 2013, revealed that most studies examined subsidy receipt as a dichotomous variable, with little attention to the influence of specific policy choices or how policies were implemented.<sup>5</sup> This literature review was updated in 2019.
- In 2013, a workgroup of subsidy researchers convened by Child Trends on behalf of OPRE and the Child Care and Early Education Policy and Research Consortium (CCEEPRC) defined potential mechanisms for change underlying associations between CCDF policy levers and program outcomes.
- In 2019, funded by the CCEEPRA project, Child Trends used national data to examine associations

between CCDF policy levers and outcomes. Lessons learned from this study highlighted the need for a more contextualized and state-specific approach.<sup>6</sup>

- In 2020, two targeted state case studies were conducted by researchers at the University of Minnesota and Oregon State University in collaboration with the CCEPRA project to examine associations in Minnesota and Oregon using a contextualized approach.

Across the research activities, the case study approach emerged as an effective method to understand the effects of CCDF policy choices and outcomes for children, families, and providers. A case study approach provides the structure needed to document the unique context, goals, and complexities that exist within the larger early childhood system that state and territory CCDF policies sit within.

## Goals of this report

The first goal of this report is to summarize the findings and the successes, challenges, and lessons learned from the 2019 examination of national CCDF data, and the 2020 state case studies conducted in Minnesota and Oregon, to identify the relationship between CCDF policies and outcomes for children, families, and providers. Sharing the highlights of these efforts illustrates the limitations of and offers a justification for using a case study approach.

A second goal of this report is to introduce a conceptual framework that states can use to explore the relationship between CCDF policy decisions, implementation, and outcomes within the context of their state and their early childhood system. These resources build upon lessons learned from Child Trends' 2019 national CCDF data analyses, the 2020 Oregon and Minnesota case studies, and earlier work.

The conceptual framework is meant to help states:

- Clarify CCDF policy decisions with child, family, and community outcomes in mind;
- Identify factors that may affect how CCDF policies are implemented and possible challenges, barriers, or supports to achieving outputs/outcomes; and
- Identify metrics and qualitative data that are helpful for states to track related to improving access to care for children and families.

This report is organized into two parts and includes an Analysis Guide in the Appendix, which is designed to support state CCDF teams in their effort to apply the concepts presented in this report to their own state context. The two parts of the report cover:

- [A Review of Methods Examining the Relationship Between CCDF Policy and Trends in Child, Family, and Provider Outcomes](#): This section provides a high-level overview of the approaches that have been used in the past to examine the relationship between CCDF policy choices and outcomes for children, families, and providers.
- [Two Conceptual Models to Inform CCDF Policy, Practice, and Research](#): This section aims to provide a systematic way of describing the CCDF context and policy choices available to states, territories, and tribes.

# A Review of Methods Examining the Relationship Between CCDF Policy and Trends in Child, Family, and Provider Outcomes

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The CCEEPRA project has supported research, conference presentations, and research expert groups over the past decade with the purpose of understanding the relationship between CCDF policies and outcomes for children, families, and providers. This work has included looking across states as well as strategies to understand complex factors within states that are associated with subsidy payment policies and outcomes for children, families, and providers.

## National CCDF comparative analyses

In 2019, OPRE requested an effort through the CCEEPRA project to understand the extent to which children and families experienced similar outcomes when states implemented similar policy changes. For example, looking across states, were increases in eligibility associated with increased numbers of children receiving subsidies? This work included looking at patterns across states, accounting for the complex ways that states make changes to their subsidy policies (with some states, for example, requiring legislative approval of certain changes while other states can make administrative changes without requesting this layer of approval).

The Child Trends team utilized federal CCDF administrative data, data from the CCDF Policies Database, and information gathered from reports by the National Women's Law Center. Data from three years (i.e., 2012, 2014, and 2016) were used to explore how policies and outcomes changed in the years directly preceding the 2014 CCDBG reauthorization (i.e., 2012) to the initial implementation of policy changes (i.e., 2016). These data were used to conduct correlational, descriptive, and predictive analyses to explore cross-state associations between CCDF policies and trends in outcomes for children, families, and providers. The research questions used to guide these analyses included:

1. How have subsidy payment policies and related outcomes changed over the years preceding and following the 2014 reauthorization of the CCDBG?
2. Which subsidy payment policies individually or in combination differentiate meaningful variation across states in outcomes for children, families, and providers receiving subsidies?
3. What contextual and structural factors at the state level are associated with subsidy payment policy profiles and relevant outcomes?

Ultimately, the team found that national trends in the associations between subsidy policies and subsequent outcomes were difficult to detect. The administrative data used in the analysis and the statistical and methodological approaches selected did not yield clear associations between policy changes and expected outcomes. There was great variation in how states set and implemented their subsidy policies and thus it was difficult to isolate how changes to specific subsidy policies were associated with child, family, and provider outcomes. Rather, the analyses signaled that learning more about the nuanced ways states changed their subsidy policies and the goals underlying the changes would better explain the relationship between subsidy policies and the experiences of children, families, and providers.

## Minnesota & Oregon case studies

Following the results and recommendations of the 2019 national data analyses, research teams from Minnesota and Oregon launched pilot case studies in 2020 to examine how state context, state CCDF subsidy priorities, and policy implementation are associated with trends in outcomes for children, families, and providers. This work was guided by a common case study template, which provided an organizing set of key questions for understanding state-level findings about child care subsidy policy and outcomes, specifically trends in (1) enrollment; (2) stability; and (3) type of care used.

The case study approach enabled both teams to document trends over time within the context of the larger early childhood and CCDF subsidy system in the state. Examples of key contextual characteristics of the CCDF program in Oregon and Minnesota are provided in the following sections.

### Minnesota

#### Governance and structure of Minnesota's CCDF program

The Child Care Assistance Program (CCAP) in Minnesota, funded primarily by CCDF, is housed in the Department of Human Services (DHS), which puts it under the purview of the State Legislative committee on social services (rather than the committee overseeing education). The State Legislature has been mostly concerned with cost containment and fraud prevention, and it is the Legislature that determines the CCAP maximum payment rates to providers. Legislative proposals from DHS are not always passed; for example, for a number of years prior to 2020, DHS proposals to raise CCAP payment rates were not passed by the State Legislature. DHS must operate within the constraints of the budget and policies determined by the Legislature.

#### Minnesota's CCDF program purpose and goals

The stated goals of CCAP in Minnesota, according to the DHS website, are to provide “financial assistance to help families with low incomes pay for child care so that parents may pursue employment or education leading to employment, and that children are well cared for and prepared to enter school.”<sup>b</sup> As one of the programs in DHS serving families with low incomes, CCAP is largely viewed as an employment-support program and is part of the agency's efforts to increase family economic stability and reduce reliance on cash assistance. Nonetheless, DHS has also developed policies to support the goal of ensuring children are well cared for and prepared for school entry in addition to supporting parent employment. Development and funding of the Parent Aware Quality Rating and Improvement System and payment rate differentials for highly rated providers are two examples of ways in which DHS has supported the goal of increasing the quality of child care in Minnesota through the subsidy program.

#### Aspects of the larger early childhood system in Minnesota that shape subsidy policy

Unlike many states, Minnesota does not have a statewide or widespread public pre-K program for 3- and 4-year-olds. Minnesota does have a separate scholarship program for children in families with low incomes to attend high-quality programs. The Early Learning Scholarships (ELS) began as a public-private partnership in a pilot program and was expanded under the Race-to-the-Top Early Learning grant awarded by the federal government. The State Legislature appropriated funding for a state-funded scholarship program in 2013, expanding it to all counties by 2015. An eligible family can use scholarship funds to pay for copays, activity fees, and charges not covered by the CCAP maximum

<sup>b</sup> <https://mn.gov/dhs/partners-and-providers/policies-procedures/child-care-and-early-education/child-care-assistance-program/>. Accessed September 26, 2020.

rates or hours of care not authorized by CCAP. The ELS is not counted as income for CCAP eligibility purposes. At the child care program level, CCAP funds can be layered with ELS, Head Start, and Early Head Start funds. The ELS program is overseen by the Minnesota Department of Education. Not all children who are on CCAP receive an ELS scholarship (and not all receiving a scholarship are on CCAP), and there is no parental employment requirement associated with a scholarship.<sup>7</sup>

## **Subsidy policy and participation trends in Minnesota**

The overall number of households and children participating in CCAP has decreased substantially between 2011 and 2019, largely due to state budget constraints. Nonetheless, the changes in the characteristics of households and children receiving CCAP in Minnesota are generally consistent with underlying demographic shifts in the state's population. The most striking change is in the racial composition of households receiving CCAP. Between 2011 and 2019 the proportion of non-Hispanic White children in CCAP fell and non-Hispanic Black children became the most commonly represented. This trend reflects Minnesota's changing demographics, as ACS data shows that in Minnesota, an increasing proportion of children in families experiencing very low incomes are Black, and a decreasing proportion are White. Increases in income, decreases in the proportion of rural households, and slight decreases in the proportion of single-parent families in the subsidy program may also reflect underlying demographic changes. The decline in number of children served in MFIP-related child care is related to decline in MFIP cases (Minnesota's TANF [Temporary Assistance for Needy Families] program is called MFIP, Minnesota Family Investment Program).

In Minnesota, there are three main trends in the data on providers used by children receiving CCAP. First, family child care provider use has been gradually declining and center use gradually increasing. Second, there has been a dramatic fall in the use of license-exempt care (i.e. care provided by a relative, friend, or neighbor that is legally exempt from regulation). Third, statewide rollout of Minnesota's Parent Aware QRIS has been associated with an increase in the proportion of subsidized children using rated and highly-rated providers. Most subsidy arrangements use highly-rated center-based providers, and use of other providers has declined over the study period.

## **Oregon**

### **Governance and structure of Oregon's CCDF program**

Historically, Oregon's subsidy program governance has been the shared responsibility of two state agencies. The Early Learning Division (ELD) is the CCDF lead agency and is responsible for licensing, administering early learning programs, and supporting quality improvement efforts. CCDF dollars for subsidy have been transferred from ELD to the Oregon Department of Human Services (ODHS) through an Interagency Agreement. The work support team within ODHS has administered the program. In 2021 Oregon consolidated early care and education (ECE) governance into a new state agency, the Department of Early Learning and Care (DELIC), to be operational in 2023. Governance for early care and learning programs, including the subsidy program, will be completely within DELIC by mid-2023.

### **Oregon's CCDF program purpose and goals**

In Oregon, there has been a shared understanding that a primary purpose of the child care subsidy program is to support employment of parents with low incomes. Supporting child development has also been noted, but there has not been the same degree of consensus as to its importance. There has been no clear statement of program goals or outcomes.

## Aspects of the larger early childhood system in Oregon that shape subsidy policy

Historically, Oregon policy makers have tended to differentiate between early learning programs focused on child development and those focused on supporting parental employment. Different legislative committees have overseen the two types of programs. Policies and administrative structures for other early learning programs (e.g., Oregon Head Start, or Healthy Start) and the subsidy program have not been coordinated. This is changing with the creation of a new state agency that will better align and coordinate programming.

## Subsidy policy and participation trends in Oregon

Oregon subsidy policies cannot be easily categorized as generous or not generous. Since a 2007 increase in payment policy, Oregon has aimed to pay at the 75th percentile of the child care market rate. At the same time, Oregon has had among the highest copayments in the country. Historically, the state has had short redetermination periods<sup>c</sup> (six months), but in 2015 they were extended to 12 months (as required by the CCDF Reauthorization in 2014). Job search of one month was allowed as of 2013 and increased to three months in 2015 (also as required by the CCDF Reauthorization in 2014). Twelve-month eligibility and three-month job search policies have applied to parents enrolled in the employment-related subsidy program, not those in the TANF related program. A wait list was added in 2010 and priority was given to TANF and other families defined as high need. Eligibility has remained stable at 185 percent of the Federal Poverty Level (FPL) since 2007, with a higher percentage for requiring program exit as of 2015.

In Oregon, participation rates in subsidy programs have steadily declined for children, households, and providers. School-age children have seen a decrease in participation while participation of other age groups has held relatively stable. Over time, almost all households have been headed by a single parent and participated in another work support program. The decline in the number of participating providers has been strongly associated with a decline in participation of unregulated home-based caregivers. The number of licensed centers and licensed home-based programs has gradually increased or remained relatively steady.

## Lessons learned from the pilot state case study approach

Insights from the research teams across both case studies may help other states analyze CCDF implementation. The Minnesota and Oregon research teams reflected together to identify the following lessons learned.

**1. *There is interaction between policies that makes impact tracking difficult.*** Policies interact with one another to influence progress rather than a single policy producing direct effects. For example, who is served by the subsidy program in a state is influenced by the program's priorities as well as the major policy levers like income eligibility levels and copays. However, the program priorities are often not explicit. Deliberate consideration of what outcomes the subsidy program is intended to achieve and how these outcomes relate to program goals is necessary. Further, policies interact with the budget to determine the number of children and families served. In Minnesota, there is an adjustment across counties to address disparities; nonetheless, some counties have waiting lists while others may not spend all their funds in a given period. Tracking allocations and expenditures at the local level may provide information about how the proportion of eligible children served varies within the state.

Oregon reflected that in response to having budget resources insufficient to meet need, the state uses its policy levers to prevent overspending. The number of children served and for how long flows from the interaction of budget with policies, especially copayment, provider payment, redetermination period, and wait list policies. These policies do not work independently, and it is difficult to trace an outcome to a single policy change.

<sup>c</sup> The length of time a family is eligible to receive a subsidy.

**2. There is a lagging effect of policies that complicates the ability to track effects.** It is important to consider the time it takes for a program or policy change to be implemented, and to have an effect, in tracking program outcomes. For example, the effects of changes implemented in Oregon in 2007 were observed in participation declines in 2012. Specifically, the 2007 lowering of copays and increases in payment rates led to budgetary pressure which was addressed by instituting a wait list and increasing copays in 2012. Despite a slight increase in children served in 2009, these policy changes were associated with a 39 percent decline in the number of children served between 2010 and 2012. No single policy operating by itself led to the decline.

**3. Policies change who participates, which can lead to different outcomes.** For example, raising income eligibility limits may result in longer periods of participation, as families with higher incomes may also have more stable employment. Shifting priorities to fund families participating in TANF rather than working families with low incomes not participating in TANF also is likely to affect duration of subsidy participation. This finding is due to families receiving TANF having shorter periods of participation, on average, in several states. Across states, whether or not TANF funds are transferred to the child care subsidy program (as they are in Minnesota), may lead to differences in which children and families are included in the count of participating families for CCDF.

Moving forward, the Minnesota and Oregon research teams reflected on the need for states to engage in a process that would help to define their subsidy program goals and purpose (outcomes for children, families, and providers), align subsidy policies to those goals, and outline intended mechanisms for supporting improved outcomes. For example, in Oregon, the child care subsidy program is one of many public investments to improve long-term outcomes for children and families. These programs operate within multiple sectors and state agencies, including early care and education, education, health, human services, and housing. There is great potential in thinking of the subsidy program as a component of a larger effort and identifying the special strengths that it brings to the shared effort. Clarity in what outcomes are expected from subsidy program participation will strengthen the state's ability to focus on families and assess program effectiveness.

Ideally, delineation of program goals and focusing on specific populations would also result from shared decision making of agencies whose purpose is to improve child and family well-being and outcomes. Determination of shared and explicit program goals and population priorities is foundational for determining program policies. Ensuring accountability without measurement of goals is challenging. Clarity on goals and targeted populations gives guidance on where to set policy levels which, in turn, shape which families will be served, with what services, and for how long. A state's effectiveness in improving outcomes will be enhanced by coordinating and harmonizing these multi-sector, multi-agency investments. Use of an equity and a family lens will also enhance the likelihood of outcome achievement.

Based on the analyses completed in both the national CCDF comparative analyses and the case studies, a need emerged for tools and strategies that can help states identify goals, policies, and mechanisms for supporting those goals. Additionally, there is a need for strategies for documenting progress and challenges related to CCDF policies and outcomes for children, families, and providers. The section that follows presents two conceptual models to guide analyses of the relationship between CCDF policies and outcomes for children, families, and providers. The first conceptual model articulates the ecology of CCDF policy decision making within a state or territory, and the second model is a partial logic model, which maps the outputs and outcomes that align with the goals of the CCDF program to support families' access to affordable, stable, high-quality child care that meets their needs and preferences.

# Two Conceptual Models to Inform Analyses of CCDF Policies Research

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This section presents two conceptual models based on the lessons learned from the case studies and a review of subsidy research more broadly.

The first model identifies contextual factors that may affect CCDF decision making, and ultimately how families and providers experience CCDF. Understanding the context in which CCDF is embedded is important for multiple reasons. Due to the autonomy given to states in making CCDF policy decisions and the multiple policy levers involved, CCDF is uniquely complicated, making reliable comparisons across states difficult. This first model, and the case study guide that follows, offer a systematic way of describing the context in which the CCDF program operates within a state. This description provides a foundation for understanding influences on CCDF decision making, fostering more reliable cross-state comparisons, and for conducting more nuanced research. Looking at a state's context also helps to position CCDF within CCEE systems and work support systems. Clearly delineating which programs/initiatives are (and are not) included in each of these systems and their roles can support outcome-based decision making that integrates programs and capitalizes on the unique strengths of each. Positioning CCDF within early childhood/work support systems helps to identify how CCDF can be used to complement/supplement other services within the state. With limited program budgets, this broader approach of considering systems rather than individual programs/initiatives when setting program goals and policy priorities may yield more cost-effective services for low-income families.

The second model is a partial logic model that articulates outputs and equitable outcomes related to access to care. This model is presented to provide an example of outcome-based decision making. It accounts for the interrelated nature of CCDF policy levers, positioning CCDF in broader CCEE and work support systems, and acknowledging the influence of contextual factors on achieving CCDF outputs and equitable outcomes. Importantly, this decision making process begins with a goal towards equitable access.

There are several goals of these conceptual models. First, to articulate that CCDF has multiple “policy levers” that influence how families and providers experience CCDF subsidies. These policy levers are interrelated; a decision that affects one policy lever also affects other levers as they all share the same budget. The interrelatedness of CCDF policy levers is particularly important to consider for states in which CCDF decision making is split among multiple legislative committees/agencies. Application of these models may also help states examine their goals for CCDF and explore how best to achieve these goals, considering not only CCDF policy levers, but also complementary CCEE/work support programs in the state, which are foundational to an outcomes-based method for making policy decisions.

These models may also help states to think about policy choices with equity in mind. These models can help states consider who is being served, who is being left out, and the historical context of inequities that create barriers to subsidy use, and biases within the system. These models encourage states to consider setting goals for CCDF policy choices that will best promote equitable outcomes.

These models also position CCDF within a broader context that provides useful information that often is not articulated in policy decisions and analyses. Just as individuals' choices are influenced by their past and by their family culture and surroundings, CCDF policy decisions are influenced by the culture of the CCDF agency, statewide political contexts, and many other factors that are often unspoken. Knowing the context in which CCDF occurs supports transparency in decision making. Due to the dynamic nature of an ecological context, understanding the context of CCDF is an ongoing activity. These models also aim to remind us that families eligible to receive CCDF subsidies are a diverse group. Unique characteristics and needs of families within this group should be acknowledged so that equity in accessing and using subsidies can be promoted.

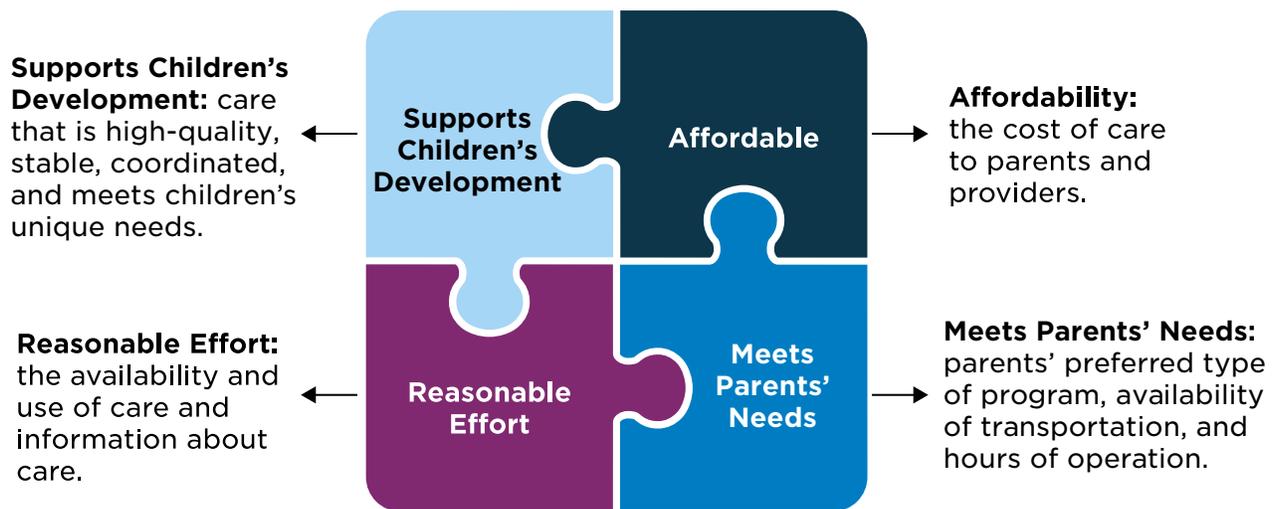
Prior to introducing each model, we offer two definitions for foundational concepts represented in these models: equity and equitable access (see Box 1). These terms are explained in detail here and referred to in each model and in the case study guide that follows.

**Table 1.** Examples of provider and family characteristics to consider when examining equitable outcomes

Program and Provider Characteristics	Family and Child Characteristics
<ul style="list-style-type: none"> <li>• Care type (i.e., center-based care; family child care; and family, friend, neighbor care, if applicable)</li> <li>• Provider capacity</li> <li>• Geographic location</li> <li>• Subsidy receipt</li> <li>• Child Care and Adult Food Program (CACFP) participation</li> <li>• Provider race/ethnicity</li> <li>• Service for infants/toddlers</li> <li>• Provision of non-standard hours of care</li> <li>• Provisions to serve children with disabilities</li> <li>• Languages spoken</li> <li>• Provider gender</li> <li>• Income level of children served</li> <li>• Quality Rating and Improvement System (QRIS) rating</li> </ul>	<ul style="list-style-type: none"> <li>• Income level</li> <li>• Race/ethnicity</li> <li>• Child’s gender</li> <li>• Geographic location (census tract, urban/rural)</li> <li>• Languages spoken</li> <li>• Family composition</li> <li>• Experience with foster Care</li> <li>• Experience with homelessness</li> <li>• Presence of disabilities</li> </ul>

Source: Adapted from Banghart, P., King, C., & Daily, S. (2022). *State guidebook for measuring progress toward equitably supporting child care stabilization*. Child Trends. <https://www.childtrends.org/publications/state-guidebook-measuring-progress-toward-equitably-supporting-child-care-stabilization>

**Figure 1.** The Access Framework



**Source:** Adapted from Banghart, P., King, C., & Daily, S. (2022). *State guidebook for measuring progress toward equitably supporting child care stabilization*. Child Trends. <https://www.childtrends.org/publications/state-guidebook-measuring-progress-toward-equitably-supporting-child-care-stabilization>

# Model 1. Contexts that influence CCDF decision making

Before presenting these conceptual models, a few caveats warrant mention. The first model, (Contexts that influence CCDF Decision Making) provides an extensive list of factors that might affect CCDF policymaking, administration, implementation, and outcomes. For the second model (Partial Logic Model for CCDF), we did not list all CCDF policy levers, administrative practices, implementation approaches, outputs, and outcomes. Rather, we used a targeted approach of focusing on major policy levers and using a CCEE access framework to frame our outputs or outcomes of interest. Additionally, we did not extend the partial logic model to long-term outcomes for families or children.

## Model 1. Factors affecting CCDF policymaking, administration, implementation and outcomes

Model 1, as depicted in Figure 2, highlights the interconnected contexts that may affect CCDF policymaking, administration, implementation, and outcomes. This model consists of four concentric boxes that are positioned within a historical and temporal context. The four boxes are: 1) eligible families and participating providers, 2) interrelated CCDF policies, 3) other early childhood/family support programs and systems, and 4) local and state contexts. These boxes are embedded in the historical context of the state and previous policy decisions. Each contextual layer lists specific factors that may affect CCDF policymaking (as well as administration, implementation, and associated outcomes). The factors that are listed in this model should be seen as dynamic and as interacting in a bidirectional way with factors in other contexts. Further, the rate of change in any of the factors listed is unknown, and a change in any factor listed in the model may yield changes in other factors.

### Eligible families and providers

The center box in the model includes both participating families and providers. Both have independent and interrelated experiences with the CCDF program that are affected by current and historical contexts. States determine eligibility criteria for both providers and families. Eligible providers make decisions about whether they will accept children receiving subsidies, and if so, what percentage of the children served will be subsidized, whether providers will participate in quality improvement systems, how much providers will charge families in additional fees, and how providers will use available quality incentives. Understanding the characteristics of the providers who are (or are not) participating in the subsidy system relates to questions about the extent to which families have equitable access to high-quality programs that accept child care subsidies. Program and provider characteristics include descriptors such as care type (i.e., center-based care; family child care; and family, friend, neighbor care, if applicable); geographic location; race/ethnicity of the provider; service for infants and toddlers; provision of non-standard hours of care; accommodations for children with disabilities; languages spoken; provider gender; income level of children served; and Quality Rating and Improvement System (QRIS) rating.<sup>8</sup>

States determine the family eligibility criteria and play a large role in helping families learn about and access subsidies. Some families may choose whether or not to participate in the subsidy system, for how long, and which provider(s) they will use. However, some eligible families may face barriers in equitably accessing care even after they receive a subsidy (e.g., they cannot find high-quality care that meets their needs and preferences). In these cases, lack of participation may be more indicative of these barriers than of a choice not to participate. Identifying the characteristics of children and families who are (or are not) participating in the child care subsidy system can provide a valuable starting point for examining the extent to which some subgroups of children and families may face inequitable barriers to access. These characteristics include indicators such as income level; race/ethnicity; geographic location (census tract, urban/rural); languages spoken; family structure; experience with foster care; experience with homelessness; and needs for disability accommodation. Families and providers are placed in the most central box in this model to highlight the importance of taking their perspectives into consideration when implementing and examining policy decisions and outcomes.

## Interrelated CCDF policies and administrative practices

The policies of CCDF are central to the model. States are given guidance, but also latitude, in how to allocate funding in CCDF policy levers. The major CCDF policy levers are represented in the model under “Interrelated CCDF Policies and Administrative Practices” with the phrase “policy levers,” which could include:

- Eligibility Criteria (income eligibility and activity requirements)
- Redetermination Period Length and Policies (how long families are approved to receive a subsidy, whether time is given for job search activities, and whether there is a graduated phase out of benefits)
- Copayment scales/Policies (copayment rates, allowable exemptions from copays, how copayment amounts are calculated, whether providers can charge additional fees to cover the difference between reimbursement rates and the provider’s price of care)
- Wait Lists (for CCDF eligible families and if priority groups are exempt from wait lists)
- Provider Requirements (types of providers that can participate, training required, whether participation in QRIS is required)
- Provider Reimbursement Rates/Tiered Reimbursement (amount providers are reimbursed for providing subsidized care as a percentage of the market rate, use and recency of market rate survey, differences in reimbursement rates by care characteristics)
- Quality Incentives for providers

As CCDF has a constrained budget, choices on each of these policy levers do not stand alone, but rather are interdependent. If a state offers more generous income eligibility criteria, a wait list of eligible families may result because the state can’t serve all eligible families. Likewise, if a state chooses to reduce copayments to parents, provider reimbursement rates may be lowered to offset the cost. It should be noted that choices among CCDF policy levers may be disjointed because multiple entities are responsible for decision making. In addition to federal regulations and guidelines, state legislatures may pass statutes related to policy levers, which cannot be changed without legislative action. CCDF administrators are responsible for regulations, which are under the auspice of the agency (or agencies) administering CCDF subsidies. However, some states have multiple administrators, who are sometimes located in different offices/agencies. Finally, the agency implementing decisions may be different from the agency making decisions, which leaves room for variation in implementation fidelity and administrative practices.

Though not central to funding decisions, administrative practices warrant attention, particularly with a lens toward equity, as they can greatly affect families’ and providers’ experience with CCDF subsidies.<sup>9d</sup> Administrative practices include accessibility and paperwork burden required for the application process, whether certain groups of eligible families are prioritized (e.g., families receiving TANF, children with disabilities, families experiencing very low income, children in Child Protective Services, or teen parents), who collects parent copayments (provider or agency), and how providers are paid (grant, contract, money collected from agency or parent).

## Other early childhood/family support programs and systems

The second concentric box in this model is “Other Early Childhood/Family Support Programs and Systems.” This box includes any program or initiative that contributes to supporting child care and early education or family economic stability. The specific programs/initiatives/committees included here may vary by state. Some examples of what may be included are: Early Childhood Advisory Councils; Early Learning Coalitions; work support programs, early learning, and family support programs; Head Start; QRIS; and state-funded pre-K. Ideally, each of these organizations/programs would collaborate and coordinate to capitalize on program strengths, promote access, attenuate gaps in services, and minimize duplication. For example, subsidy-eligible families engaged in part-day

<sup>d</sup> The role of implementation of policies will be discussed in the second conceptual model.

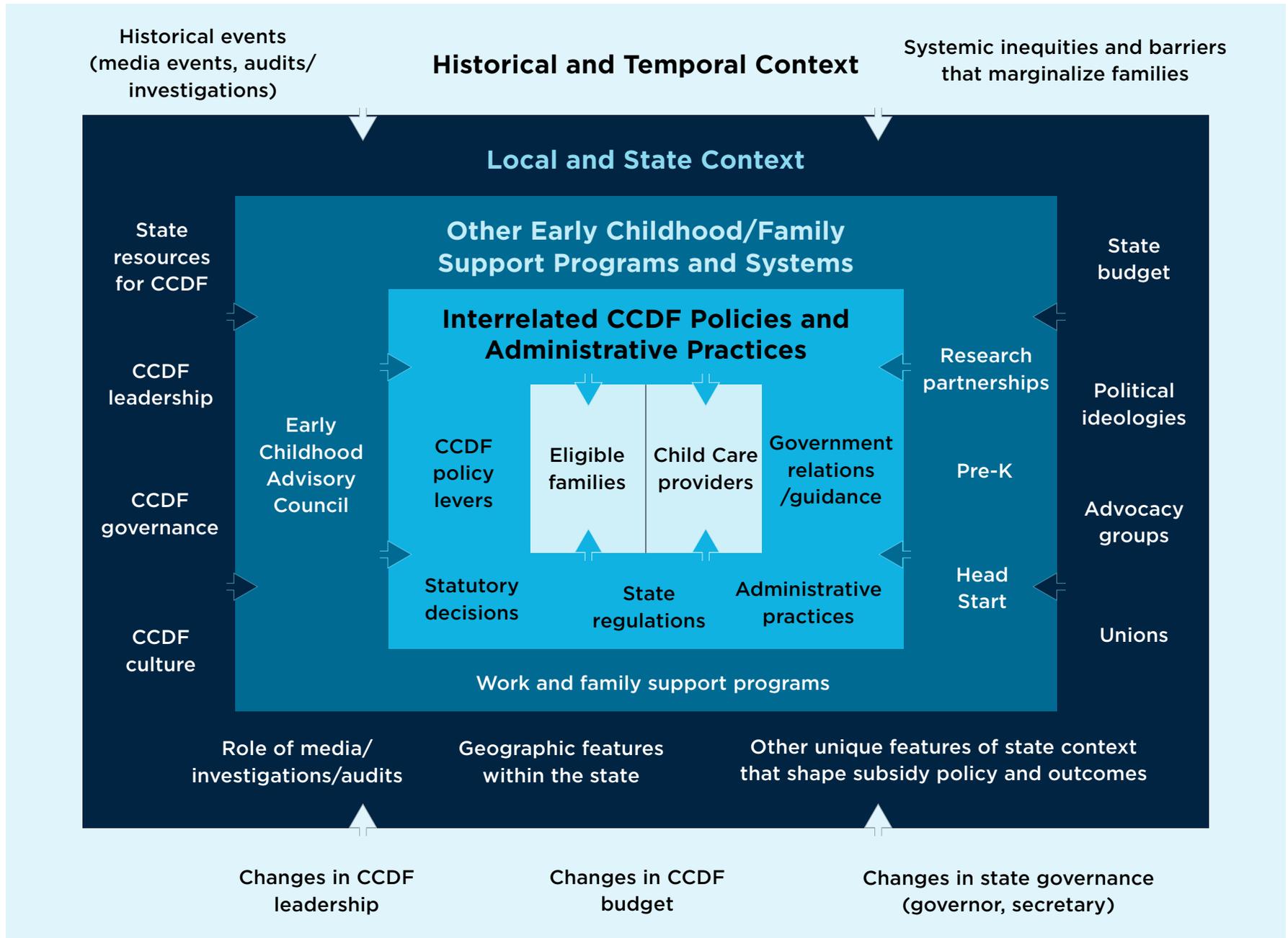
pre-K might be offered a subsidy to cover the remaining hours of a parent's workday, to both support parental employment and children's access to pre-K. We have also included research partnerships in this list as they can help in identifying program strengths, gaps in services offered, and best practices through implementation and evaluation research and research reviews. Researchers can also help to unify multiple programs/initiatives (e.g., through community-based needs assessments).

## Local and State context

The third concentric box is "Local and State Context". These are geographic, political, or fiscal features of a state or locality that may affect CCDF policymaking, implementation, or results. The factors in this box may include:

- State resources for CCDF
- CCDF leadership and CCDF governance (how many agencies are responsible for administering CCDF, how are funds transferred from TANF/CCDF, whether implementation of CCDF occur at a local or centralized location)
- CCDF culture
- Role of media/investigations/audits
- Geographic features within the state (e.g., urbanicity, transportation challenges)
- Other unique features of state context that shape subsidy policy and outcomes (e.g., prevalence of unlicensed care/nonstandard hour jobs)
- Unions
- Advocacy groups
- Political ideologies
- State budget

**Figure 2.** Contexts that influence CCDF decision making



These factors can influence available resources/political power, how CCDF is perceived, and how and why CCDF decisions are made and implemented. For example, state budget cuts may result in an imposed wait list for CCDF subsidies. Strength of unions and advocacy groups can affect political decisions. The structure of CCDF governance and leadership can affect how integrated CCDF policies are treated when making statutes and regulations. Additionally, central vs. local CCDF implementation may yield differences in terms of consistency and fidelity in implementing CCDF rules across local agencies. The CCDF culture (past and present) may affect choices among policy levers as well as administrative practices and implementation. For example, if regulatory CCDF decision making is the responsibility of a Department of Human Services, a state may prioritize using subsidies to support a parent's ability to work or go to school, whereas CCDF housed in the Department of Education may put more emphasis on supporting children's development. Similarly, the dominant political ideologies of the state may impact which CCDF goals are emphasized. Geographic features such as rurality within regions of the state can affect CCEE supply and accessibility. As with each of the other levels described, the factors in this level are dynamic and interrelated.

## Historical and temporal context

The historical context surrounds the concentric boxes. The historical context offers three perspectives that are applicable across the model. First, time is dynamic. We live in a world of constant change. State leadership (e.g., governor, secretary of state), CCDF administrators, and budgets all change over time. These changes may affect factors in each of the concentric boxes in this model. Additionally, these changes may affect the degree to which services/programs are integrated with one another. Secondly, significant historical events will alter people's experiences/behaviors, perceptions, or resources. These events may be as widespread as the COVID-19 pandemic or more locally concentrated such as poor results from audits/investigations that affect the behaviors of frontline staff for years to come. Thirdly, the role of time lags is often ignored when looking for program effects. Lags are likely to occur between policy change and implementation and between implementation and achieving outcomes.

## Model 2. CCDF partial logic model

The second model is a partial logic model. We took a broad approach in presenting this model to support applicability across any combination of CCDF policy levers (i.e., provider reimbursement rates, family copayment, family eligibility).<sup>10</sup> Rather than focus on a specific constellation of policy levers, we focused building the model on the outputs and outcomes that align with the goals of the CCDF program, and goals to support equitable access, as defined by the Access Framework. Understanding outcomes requires examining who does and does not have equitable access to affordable, stable, high-quality child care that meets their needs and preferences.<sup>11</sup> In addition to focusing on CCEE access, we incorporate the overarching theme of using an equity lens. For this model, an equity lens refers to awareness and proactivity in minimizing potential barriers to accessing/using CCDF subsidies. One dimension of having an equity lens is recognizing diversity among families eligible for/receiving a subsidy and providers serving subsidized children. Once subgroups are defined, equity is maximized by identifying and minimizing challenges and barriers families and providers may experience when accessing or receiving CCDF subsidies. As states make decisions with outcomes in mind, they will have to think through how policy and implementation decisions may affect subgroups differently. As a helpful resource, [\*Assessing Child Care Subsidies through an Equity Lens: A Review of Policies and Practices in the Child Care and Development Fund\*](#) by Adams and Pratt offers practical guidance for supporting equity, particularly for Black, Hispanic, and immigrant families.

## CCDF policies embedded in the contextual framework

Model 2 is depicted in Figure 3. On the far left of the partial logic model are CCDF subsidy policies and practices embedded in the contextual framework presented in Figure 3. Multiple studies have found associations between CCDF policy levers and program outputs and outcomes, however, most of these studies have examined policy levers independently. For example, the recertification period (the time when families' subsidy is expiring and the family needs to complete paperwork to be issued a new one) has been positively associated with subsidy exits across multiple research studies.<sup>12-15,e</sup> As CCDF policy levers are interdependent (funding decisions on one policy lever affect funding decisions on another), one way to think about policy levers is as packages or constellations. One recent study of data from the National Survey of Early Care and Education and the CCDF Policies Database compared CCDF policy profiles to measures of child care access.<sup>16</sup> This study's findings yielded information related to families' use of center-based care, preferred care, and whether they perceived having multiple options while searching for child care. Of the five profiles identified, subsidy eligible families experienced the greatest equity in accessing care (compared to higher income families) in states that set higher income eligibility thresholds, lower center reimbursement rates, and higher family copays compared to other states.<sup>17</sup> Extending these findings, policymakers and administrators could consider how CCDF policy packages could be combined with other early childhood and work support programs to improve outcomes for eligible families.

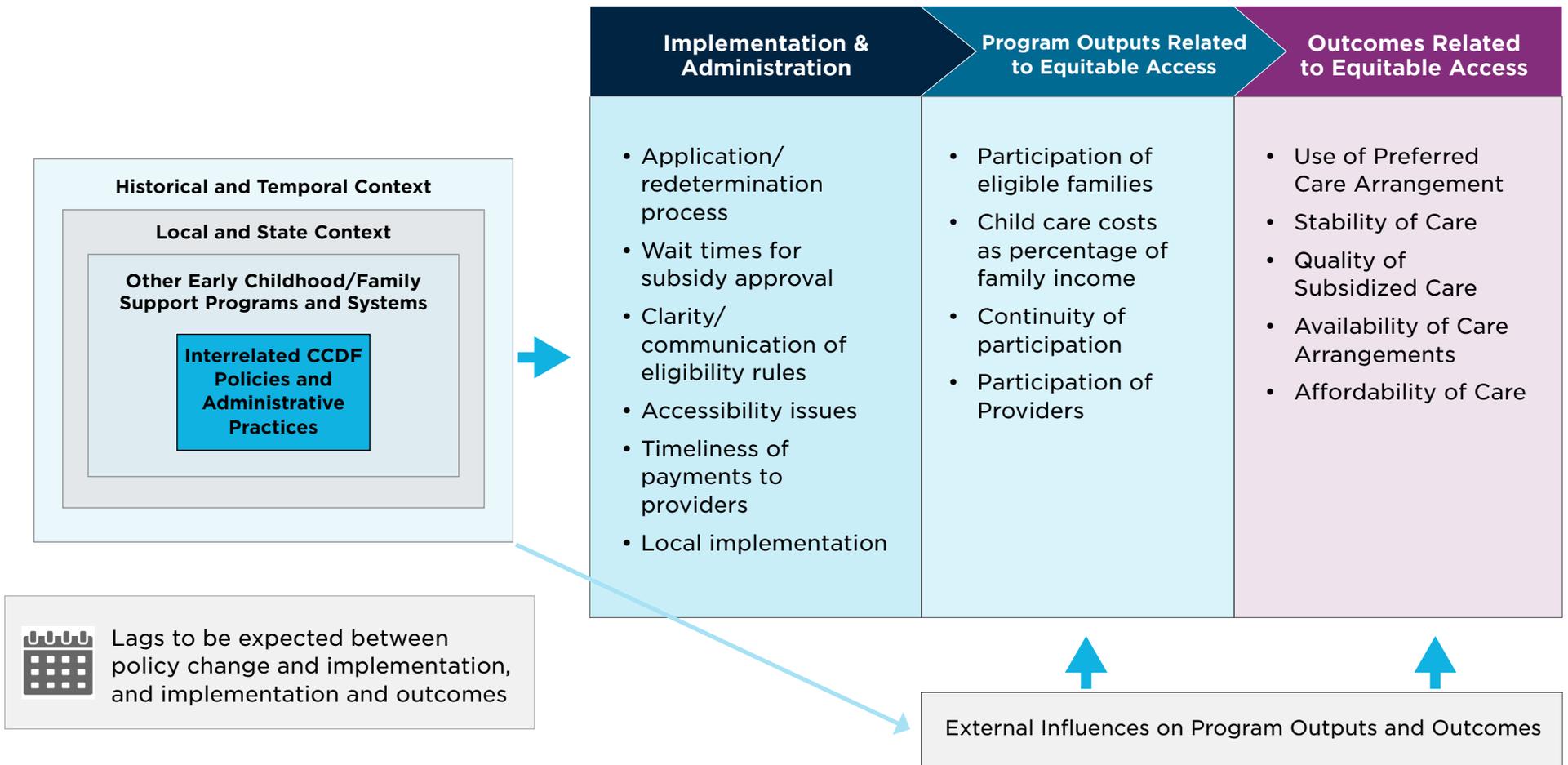
### Implementation

CCDF policies and administrative practices are linked to outputs via implementation. In the partial logic model, we highlight six implementation issues that have been discussed in empirical literature: application/ redetermination process, wait times for subsidy approval, clarity/communication of eligibility rules, accessibility issues, timeliness of payments to providers, and local vs. centralized implementation. Application/redetermination process refers to the amount of paperwork, visits to different agencies, and updates that are required during the application/redetermination process. Research has shown that having difficulty with the application process is associated with subsidy exits<sup>18</sup> and conversely, easing the redetermination process by allowing families to complete applications at their child care setting is associated with fewer subsidy exits.<sup>19</sup> Confusion about eligibility rules has also been documented as a barrier to subsidy continuity.<sup>20,21</sup> Similarly, parents have reported long wait times for subsidy approval as a barrier to subsidy receipt.<sup>22</sup> Davis and colleagues<sup>23</sup> found centralized subsidy administration (as compared to administration through local DHS offices) yielded more consistent implementation of state policies. Delays in payments to providers have been documented as a barrier to provider participation in the subsidy system.<sup>24,25</sup>

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<sup>e</sup> For this reason, the 2016 CCDF Final Rule specified a requirement of 12-month subsidy eligibility (Office of Child Care, 2016).

**Figure 3. CCDF Partial Logic Model**



## CCDF outputs

CCDF outputs refer to the measurable products of CCDF subsidies. There are four outputs, each linked to elements from the CCEE Access Framework included in the partial logic model: program participation among eligible families, continuity of participation (subsidy duration), child care costs (copays/fees) as a percentage of family income, and participation of providers. Measuring outputs, particularly among subgroups of subsidy recipients, is one way to assess equity in CCDF uptake. For example, a recent study comparing eligible populations and subsidy receipt found in an average month, in any state, fewer than 25 percent of children eligible to receive subsidies (based on federal eligibility requirements) actually received one.<sup>26</sup> This low uptake rate may be explained by refusal to apply for subsidies (due to administrative burden or lack of need due to the availability of other early/work support resources [e.g., TANF funds, pre-K, Head Start]), wait lists, or an inability to find care. Discrepancies in uptake rate found by ethnicity indicate systemic biases in the system. In an analysis comparing the number of Hispanic children eligible to receive a child care subsidy to the number of Hispanic children receiving a subsidy in 44 states,<sup>f</sup> significant differences indicating underrepresentation of Hispanic children were found in 22 of the states analyzed. More research is necessary to understand the reasons for this underrepresentation. Continuity of participation (subsidy duration) has been associated with child care arrangement stability in multiple studies.<sup>28-30</sup> Additionally, stability in subsidy has been associated with positive employment outcomes (higher earnings and greater likelihood of employment).<sup>31</sup> Child care cost as a percentage of family income is another important output to track among subsidy recipients for two reasons. First, it has been associated with continuity in subsidy receipt.<sup>32</sup> Second, it aligns with the affordability dimension of the early childhood access framework. When considering child care costs, it is important to consider both policies about family co-payments and whether families are paying the difference between the state provider reimbursement rate and providers' price of care. Some states have a subsidy co-payment that exceeds 7 percent of their family income, the benchmark of what may be considered an affordable co-payment.<sup>33</sup> Finally, the participation of providers in CCDF is important as the number of subsidy-accepting providers may constrain eligible families' CCEE options, which corresponds to the reasonable effort dimension in the early childhood access framework. Whether providers are willing to participate could be affected by state-determined provider payment rates, which are often are not sufficient due to limited funding to cover the high cost of providing quality care.<sup>34</sup> While there has been an emphasis on increasing payment rates to cover the true cost of care,<sup>35</sup> very little is known about whether raising payment rates expands the overall supply of care or certain types of care.<sup>36</sup>

In measuring participation of providers, it is helpful to know not just the number of providers, but also how many subsidized children they are willing to serve (subsidy density) and the quality of the providers.

## External influences on program outputs and outcomes

In addition to the impact of CCDF, characteristics and perceptions of subsidized families, community characteristics, and supply may affect CCDF program outputs and outcomes. Studies have found families receiving subsidies through TANF and those working non-standard hours have shorter subsidy periods of participation compared to those receiving subsidies for employment or working during standard hours.<sup>37-43</sup> Additionally, families who reported having an easier time finding a child care provider and who perceived their child's care arrangement to be safe were less likely to have a subsidy exit.<sup>44</sup> Among those that did exit subsidies, studies have found between one-quarter and one-half of families return to subsidies within one year.<sup>9</sup> Demographic features have also been associated with returns to subsidy after leaving. Using administrative data to examine factors associated with returns to subsidy after an exit lasting four weeks or more in Maryland, one study found single parent families, families with four or more children, families receiving TANF, families using center-based care, and families needing care for infants had an increased likelihood of return to subsidy use after a break. It is unclear from this study whether families exiting subsidies and not returning within a year were no

<sup>f</sup> Data limitations prevented analyses in the remaining six states.

<sup>9</sup> Variation in return rate is dependent upon study methodology and the duration used to define a subsidy break.

longer eligible for subsidies, or if they chose not to return to the program for other reasons.<sup>45</sup> Changes in child care preference/availability of informal care have been associated with subsidy use as well.<sup>46</sup> Features of the community, such as employment rates and employment growth rates, have been associated with an increased likelihood of subsidy exits.<sup>47,48</sup> Conversely, communities with greater child care supply were less likely to see subsidy exits.<sup>49</sup>

## **Program outcomes**

CCDF program outcomes refer to the effect of CCDF subsidies. It should be noted that logic models often distinguish between short-term and long-term outcomes. In our partial logic model, we focus solely on short-term outcomes related to the family-centered early childhood Access Framework. As CCDF is multi-faceted, there are multiple short-term outcomes that could be included in this text box. For ease of presentation, we use the early childhood Access Framework to select equitable outcomes of interest. It should be noted that the outcomes are interrelated (e.g., use of high-quality care is associated with more stable care; greater child care supply is associated with parents' ease in finding care).<sup>50</sup> Outcomes are also correlated to the amount of "churn"<sup>h,51</sup> among families participating in the subsidy program. Families may lose eligibility because they lost employment, may no longer be eligible due to an increase in household income, or might not reapply for subsidy in time to be eligible. Understanding who is participating in the subsidy program and for how long is an important context to document for understanding equitable outcomes. Finally, though CCDF subsidies may have an effect on low-income communities, for the purpose of this partial logic model, we are focused on outcomes among subsidized families only. In the sections that follow, we share research findings justifying the relevance of each access dimension in the context of the logic model.

## **Use of preferred care arrangement (Meets parents' needs)**

Parents' preferred care arrangements vary widely, though some themes in preference have been identified.<sup>52</sup> For example, child care preferences tend to vary by child age, with parents of infants and toddlers preferring parental/relative care and parents of preschoolers preferring center-based care.<sup>53,54</sup> Child care subsidy receipt has been positively associated with the use of licensed/regulated care in multiple studies.<sup>55-57</sup> Additionally, research among families with subsidized care has documented parents' preferences for caring and trustworthy caregivers that are conveniently located and have characteristics that align with structural measures of quality often found in Quality Rating and Improvement Systems (QRIS).<sup>58,59</sup>

## **Stability of care (Supports child's development)**

Studies have found that stability in high-quality care arrangements is associated with multiple positive outcomes for children, including positive cognitive development, social emotional development, and overall child well-being.<sup>60-63</sup> Among low-income families, non-parental care is more stable among children with a subsidy than those without.<sup>64,65</sup> Among families receiving a subsidy, continuity of participation (subsidy duration) is positively associated with duration in a care arrangement.<sup>66-68</sup>

## **Quality of subsidized care (Support's child's development)**

Evidence on the quality of the CCDF-subsidized arrangements families select is mixed. One study found families who use subsidies to have higher-quality care in that they were more likely to use center-based care. This study found families who receive subsidies tended to use higher-quality home-based care than families without subsidies using home-based care, but families with subsidies who used center-based care tended to choose lower-quality care than non-subsidized families using center-based care.<sup>69</sup> This may be due to subsidy-eligible families choosing state pre-K and Head Start programs if they have access to these programs. Another study, using fixed effects with a longitudinal sample, also found a positive association between subsidy receipt and quality of care.<sup>70</sup>

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<sup>h</sup> Churn refers to families who stop participating in the subsidy system but later return.

The relationship between CCDF subsidies and quality of care is difficult to assess. Due to blended and braided funding, it is difficult to identify a valid comparison group (subsidized vs. non-subsidized care arrangements) as some center-based arrangements that do not accept CCDF subsidies are at least partially funded through early education programs (Head Start/pre-K). A study by Antle et al.<sup>71</sup> found that when Head Start and public pre-K programs were excluded from comparisons, quality ratings in programs serving subsidized children were higher than quality ratings in programs serving non-subsidized children from low-income families. Additionally, differences in quality may vary with the amount of subsidy density in an arrangement, with higher subsidy density being associated with lower quality ratings.<sup>72,73</sup> Finally, differences in quality may be tied to specific CCDF policy levers. For example, Greenberg et al.<sup>74</sup> found higher base reimbursement rates and tiered reimbursement, with a \$100 difference between lowest and highest tiered subsidy rates, positively associated with higher quality care in center-based programs.

## **Availability of care (Reasonable effort)**

Research on the availability of care options for families is difficult to measure as it occurs on a local level and is not necessarily contained within commonly used geocodes (e.g., a family may travel outside their zip code to access care).<sup>75</sup> Additionally, as evident by comparisons of center and home-based care in the 2012 and 2019 National Surveys of Early Care and Education, characteristics and density of both home- and center-based supply are dynamic.<sup>76-78</sup> When measuring availability of care, consideration should be given to areas of the state that may have limited supply. Some reports have used zip codes to identify the presence of “child care deserts” (areas that have inadequate child care supply). A recent report of the U.S. Department of Treasury<sup>79</sup> found that nationwide, over half of Americans live in child care deserts. A study of seven states found child care deserts to be most prevalent in rural zip codes, communities with a high proportion of Hispanic people, and communities with moderate poverty rates (10-20% of the population living in poverty).<sup>80</sup> To assist in measuring ECE supply, researchers have recently developed new methods. For example, Davis, Lee and Sojourner<sup>81</sup> developed a family-centered measure of supply that reflects the quantity, cost, and quality dimensions of access to ECE. Despite methodological challenges, research has found child care subsidies increase parents’ access to care, particularly to formal (licensed) care providers.<sup>82</sup>

## **Affordability of care (Affordable)**

The fourth component of the ECE Access framework is affordability. According to nationally representative data collected in 2019, 26 percent of households spent at least 10 percent of their household income on ECE for all of their children aged 13 or below.<sup>83</sup> Though the majority (73%) of impoverished households ( $\leq$  100% of the Federal Poverty Level [FPL]) had no child care expenses due to using informal providers or publicly funded programs, households at 100-200 percent of the FPL spent at least 20 percent of their household income on child care/early education.<sup>84</sup> The U.S. Department of Health and Human Services has set an affordability threshold of seven percent of family income for subsidy copayments. However, there is no defined threshold for affordability of care outside of this guideline.<sup>85</sup> In thinking about how to measure affordability of care among subsidy recipients, special attention should be given to areas of a state that may have atypical features affecting child care affordability such as competition for slots. Recent research has demonstrated the potential of using community-based measures of affordability. For example, Azuma et al. used information on supply, demand, and cost (as a percentage of median family income) to develop a measure of child care affordability. Azuma et al.<sup>86</sup> were also able to identify “hot spots” or areas with worse than average affordability. These “hot spots” were in many, but not all, low-income areas.

## **Distal outcomes for families and children**

Many researchers have documented associations between CCDF subsidies and long-term outcomes such as parental employment/earnings and children’s developmental skills. We have not included these distal outcomes in the partial logic model for three reasons. First, we believe as states make policy choices, they should focus on systematically documenting how policy packages, administrative practices, and subsequent implementation are related to program outputs and proximal outcomes

before extending to more distal outcomes. Second, we wanted to keep our partial logic model in close alignment with the stated purposes of the CCDF Program (see CCDF Purposes box below). Finally, we caution against research that attributes long-term effects to CCDF unless it uses an experimental/quasi-experimental/econometric design due to the many contextual and selection effects that could bias results.

According to the Office of Child Care: “The law enhanced the statutory purposes of the CCDF program to better balance the dual purposes of promoting children’s healthy development and school success and to support parents who are working or in training or education: (new language indicated in bold)<sup>87</sup>

1. To allow each state maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that state;
2. To promote parental choice to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs;
3. To encourage states to provide consumer education information to help parents make informed choices about child care **services and to promote involvement by parents and family members in the development of their children in child care settings;**
4. To assist states **in delivering high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance;**
5. To assist states **in improving the overall quality of child care services and programs** by implementing the health, safety, licensing, training, and oversight standards established in this subchapter and in state law (including state regulations);
6. **To improve child care and development of participating children; and**
7. **To increase the number and percentage of low-income children in high-quality child care settings.”**

## Using the CCDF Conceptual Models to inform goals and expectations

The two conceptual models presented in this brief can be used to support an understanding of CCDF decision making and ultimately analysis of outcomes for children, families, and providers. The first used a modified ecological model to delineate factors influencing CCDF decision making and how families and providers experience CCDF. The goal of this model is to foster a contextualized understanding and description of CCDF. This model highlights the role of often unspoken influential factors on CCDF policy, including the culture of the administering agency or agencies. It also situates CCDF as part of state early childhood and work support systems and recognizes the multiple entities that make CCDF decisions (regulatory, statutory, and administrative practices).

The second model, a partial logic model, delineates the distinct roles of policies, administrative practices, and implementation in yielding equitable outcomes related to the ECE Access Framework. The goal of this model is to facilitate application of an equity lens to policymaking that is inclusive of and sensitive to the unique needs of special populations. In the Appendix we provide an analysis guide to support CCDF state administrators and their teams in applying the principles and concepts presented in this report to their own state context.

We hope acknowledging the reality that there are limited funds to distribute across all policy levers may help policymakers, legislative committees, and advocates clarify their goals and expectations. These models, and the analysis guide in the Appendix, can also help policymakers understand the extent to which critical contexts such as funding (or rather, the history of underfunding) affects equitable access to the subsidy system for children, families, and providers. Finally, we hope researchers will use the information in both models to help define what context to include when publishing CCDF studies, identify gaps in knowledge, and inform future research.

# Appendix: State Analysis Guide for Examining the Relationship between Child Care Subsidy Policies and Trends in Child, Family, and Provider Outcomes

State analysis guide for examining the relationship between child care subsidy policies and trends in child, family, and provider outcomes

This guide is offered to support state CCDF administrators and their teams. It is intended to both help inform CCDF policy goals and efforts to track progress toward outcomes over time. This guide aims to situate the current status of a state’s CCDF implementation within the contexts that influence CCDF decision making. When this context is described, states can assess implementation challenges, barriers, or supports to achieving outputs and equitable outcomes within this context. From there, states will be better able to facilitate policy-making decisions. Further, this guide uses a family-centered definition of access and equity together to inform how states examine their goals and progress toward equitably supporting child, family, provider, and program outcomes.

Completing the following steps through discussion, documentation, and by obtaining and analyzing the data and information necessary may be best suited for a multi-disciplinary team. Leadership within the CCDF state team, data analysts, and potentially external research teams and members of the larger early childhood community may be best equipped to describe and document the state context and examine existing data related to subsidy participation. This data should be disaggregated by as many of the characteristics identified in Table 1 as possible. From there, leadership within the CCDF state team will be able to assess gaps in understanding and opportunities to engage families and providers in understanding barriers, needs, and preferences to inform future decision making.

## Step 1: Describe the context of the state subsidy program

To better understand how outward factors can influence CCDF policy implementation and outcomes, states can describe the context of the state’s subsidy program. This includes examining the factors in the two most outer concentric boxes in the conceptual model—the historical/temporal context and the local and state contexts. For each of these levels, we highlight the questions that states can explore to describe the context of their subsidy system.

<b>Historical and Temporal Context</b> <b>(Changes that affect multiple factors such as policymaking, resources, program implementation, and people’s experiences)</b>	
<b>Element</b>	<b>Questions</b>
Changes in state budget and CCDF budget	<p>How has the state budget changed (and how has this directly/indirectly affected CCDF)?</p> <p>How has the CCDF budget changed and how has this affected CCDF policy decisions?</p>
Historical events	How have historical events affected CCDF administration, the ECE market/employment market (e.g., COVID-19)?

**Historical and Temporal Context**  
**(Changes that affect multiple factors such as policymaking, resources, program implementation, and people's experiences)**

Element	Questions
Changes in state governance	How have leadership changes outside of the CCDF lead agency shaped the subsidy program? How have governance changes influenced the subsidy program (e.g. changes to the department where the subsidy program is located, presence of a state children's cabinet or advisory council)?
Changes in CCDF leadership	How do leadership changes within the CCDF program influence the CCDF lead agency and subsidy program (e.g., changes to governor, secretary, CCDF administrator)?

**Local and State Context**  
**(These are geographic, political, or fiscal features of a state or locality that may affect CCDF policymaking, implementation, or effects)**

Element	Questions
CCDF Leadership & Governance	How is CCDF administered (e.g., centralized, regional hubs, counties) and how might that influence CCDF policies and implementation?
	How are Temporary Assistance for Needy Families (TANF) funds used for CCDF?
	How might a state's governance structure influence the state's subsidy program (e.g., the department where the subsidy program is located; presence of a state children's cabinet or the CCDF required State Advisory Council on Early Care and Education or a similar coordinating body)?
CCDF Culture	<p>How has the culture of collaboration, coordination, and shared leadership within the CCDF lead agency or the culture/focus of the department in which the CCDF lead agency is housed influenced the CCDF program? For example, how have teams worked to solve problems?</p> <p>Are there opportunities for leadership within the CCDF office?</p> <p>Is there a focus on staff well-being?</p> <p>Does leadership support the growth of staff?</p>
Other political features	How do advocacy efforts and unions within the state shape CCDF policies?

**Other ECE/Family Support Programs and Systems**  
 (This includes any other program or initiative that contributes to supporting child care and early education or family economic stability in the state)

Element	Questions
Early Childhood programs: state-pre-K, QRIS, Early Head Start/Head Start, Home visiting, Early Intervention, Family Child Care Networks, Child Care Resource and Referral, etc.	What are the unique features of the ECE/Family Support programs and initiatives in the state that shape subsidy policy and outcomes (e.g., state pre-K, QRIS, home visiting, etc.)?
Early Childhood initiatives: Early Childhood Advisory Councils or Coalitions, PDG, etc.	To what extent do early childhood programs like CCDF-funded child care, work support programs like TANF, and family support programs like home-visiting collaborate to help children and families thrive?
Work support and family support programs	

## Step 2: Define the purpose and goals of the state subsidy program

In order for states to measure their progress toward outcomes, it's important for states to establish goals for their CCDF program. These include the goals stated in federal and/or state legislation and the CCDF final rule, and established by program supports developed by the CCDF state team. Establishing goals can then also help guide policy decision making. As a second step, states can explore if and how the CCDF lead agency sets its goals and policies. States can describe the factors in the interrelated CCDF policies and administrative practices' inner concentric box in the conceptual model (i.e., CCDF policy levers, statutory decisions, state regulations, and administrative practices) as they relate to how states set their CCDF goals. Below we highlight the questions that states can explore to describe how they determine their CCDF goals.

**Interrelated CCDF Policies and Administrative Practices**

Element	Questions
CCDF program goals	What is the purpose of the CCDF program in the state? What is it designed to achieve?
	What are the program goals? What are CCDF's short-term and long-term goals? What outcomes are prioritized?
	Which populations have been designated as priority populations? How do policies vary for these populations?
Statutory decisions	Are there CCDF policies that need legislative approval? If so, which policies? How does that shape policy decisions and goals?
Budget constraints and trade offs	How do budget constraints and tradeoffs shape the CCDF program?

## Step 3: Examine major changes to policies and practices over time

Considerations around which CCDF policies were implemented and the timeframe that we might expect to see changes to program outcomes occur are also linked to the interrelated CCDF policies box in the conceptual model. As the MN and OR case studies found, changes in family and provider participation occurred more slowly than expected (see Strategies for Examining the Relationship between Child Care Subsidy Policies and Trends in Child, Family, and Provider Outcomes). Examining the changes to major policy levers over time, however, revealed how changes in participation occurred. In this step, states can describe changes to CCDF (and related) policies over time to better understand changes in family and provider participation that occur. The following questions can help guide states through this process.

Interrelated CCDF Policies and Administrative Practices	
Element	Questions
CCDF program policies	What have been the major policy levers over time (e.g., eligibility, length of redetermination periods, job search, copayment policy/scale, provider reimbursement rate, waitlist, etc.)? Creating a policy timeline that identifies when key policy changes were put in place and if known, the impetus or rationale for the changes may help provide track changes and the relationship to observed outcomes.
	What is required for child care providers to participate in the subsidy system (e.g., licensing/monitoring, training, background check/fingerprinting, QRIS participation) and how might these requirements influence provider participation in the subsidy program or not?
	What quality initiatives have been implemented and how have those shaped provider participation?
	How have administrative practices evolved over time and how might that influence the families, children and providers who do and do not access subsidies and do and do not participate in the subsidy system over time (e.g., implementing a family and/or provider online portal to simplify the application/payment process)? This question could examine the dimensions of the Access Framework with both Families and Providers.
	When looking at a timeline of CCDF policy decisions and changes, how might policies interact to influence provider and family/child participation over time?  Mapping output data identified in Step 4 to key points in the timeline can help support an understanding of trends in participation as they relate to key policy decisions.

## Step 4: Examine trends in program participants: Families, children and providers who receive child care subsidies

In this step, states can explore the elements of the “program outputs related to access” described in the CCDF partial logic model, which includes examining trends in CCDF program participation among eligible families and providers, examining continuity of participation, and exploring child care costs for families and interpreting findings with an equity lens.

Program Outputs Related to Access	
Element	Questions
Program participation among eligible families	<p>What is the number of families participating? What is the percentage of participating families in various eligibility categories (e.g., employment, TANF, etc.)?</p> <p>What is the percentage of single parents participating?</p> <p>What is the mean family income of families participating?</p> <p>Where are participating families geographically located (e.g., metro, micro, noncore areas)?</p> <p>Is there a waitlist for families to participate?</p>
Program participation among eligible children	<p>What is the number of children participating? What is the percentage of participating children in each age category?</p> <p>What is the average number of children in the household receiving a subsidy?</p> <p>What type of subsidized care is the child enrolled in: a licensed center, a licensed home-based program, a legally exempt center (i.e. Boys &amp; Girls Clubs, public parks &amp; rec, etc.), or a legally-exempt relative or nonrelative?</p> <p>What is the quality rating of subsidized program child is enrolled in?</p> <p>What is the number of hours subsidized care is provided?</p>

**Program Outputs Related to Access**

<b>Element</b>	<b>Questions</b>
Program participation of providers	<p>What is the number/percentage of participating providers/programs?</p> <p>What is the number/percentage of participating providers by provider type: licensed centers and family child care homes, exempt relatives and nonrelatives?</p> <p>What is the size/capacity of participating providers and the desired percentage of children receiving a subsidy?</p> <p>Where are participating providers located within the state?</p> <p>How many participating providers also participate in the state's QRIS and of those participating in QRIS, what is their rating?</p> <p>What is the percentage of participating providers/ programs that serve infants and toddlers, offer non-standard hour care, and serve children with disabilities?</p>
Continuity of participation among participating families	<p>What is the mean length of families' participation in the subsidy system?</p> <p>Do families remain in the subsidy system for their full eligibility period?</p> <p>How might subsidy participation duration differ after changes to policies and administrative practices?</p>
Child care costs as percentage of family income	<p>What is the percentage of families' income needed to pay for care while receiving a subsidy?</p>

## Step 5: Explore the perspectives of families and providers receiving a subsidy

Families and CCEE providers participating in the subsidy program are central to the model. There are nuanced factors that influence their access or barriers to child care subsidies; and if, how, when, and for how long they participate in the subsidy system. In this step, states can use participatory research methods, town halls, surveys, and other engagement strategies to hear the perspectives of eligible families and providers.

Eligible Families & Providers	
Element	Questions
Families & Providers	What are the major benefits of receiving a subsidy?
	What are the major challenges experienced?
	What are the characteristics of the families who are (and are not) participating in the subsidy system? See Table 1 below for a list of suggested program, provider, family, and child characteristics.
	What improvements would families like to see?

**Table A1.** Examples of provider and family characteristics to consider when examining equitable outcomes

Program and Provider Characteristics	Family and Child Characteristics
<ul style="list-style-type: none"> <li>• Care type (i.e., center-based care; family childcare; and family, friend, neighbor care, if applicable)</li> <li>• Provider capacity</li> <li>• Geographic location</li> <li>• Subsidy receipt</li> <li>• Child Care and Adult Food Program (CACFP) participation</li> <li>• Provider race/ethnicity</li> <li>• Service for infants/toddlers</li> <li>• Provision of non-standard hours of care</li> <li>• Provision to serve children with disabilities</li> <li>• Languages spoken</li> <li>• Provider gender</li> <li>• Income level of children served</li> <li>• Quality Rating and Improvement System (QRIS) rating</li> </ul>	<ul style="list-style-type: none"> <li>• Income level</li> <li>• Race/ethnicity</li> <li>• Child’s gender</li> <li>• Geographic location (census tract, urban/rural) Languages spoken</li> <li>• Family composition</li> <li>• Experience with foster Care</li> <li>• Experience with homelessness</li> <li>• Presence of disabilities</li> </ul>

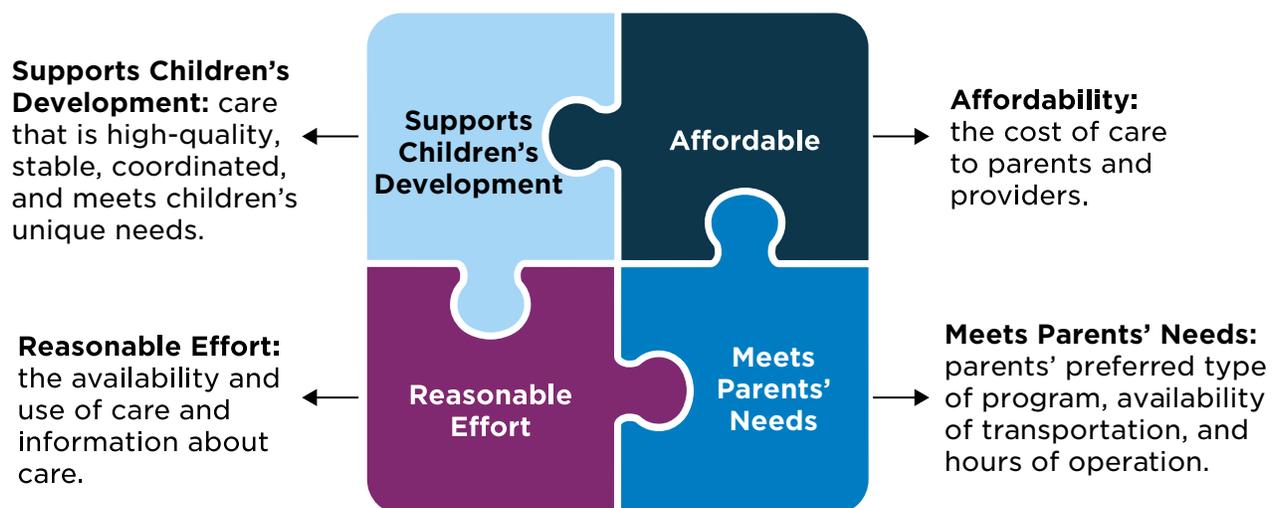
**Source:** Adapted from Banghart, P., King, C., & Daily, S. (2022). *State guidebook for measuring progress toward equitably supporting child care stabilization*. Child Trends. <https://www.childtrends.org/publications/state-guidebook-measuring-progress-toward-equitably-supporting-child-care-stabilization>

## Step 6: Use the Access Framework to explore outcomes aligned with CCDF goals

For states to track how they are meeting their CCDF program goals, states can explore the elements of the outcomes related to access described in the CCDF partial logic model. These outcomes align with the dimensions of the Access Framework and the goals of the CCDF program.

The Access Framework is a multi-dimensional way to think about what it means for families to have access to ECE. The Access Framework (see Figure 1) can serve as a tool to help states assess strengths or gaps in policies that support access to ECE. Access is typically measured along a single dimension, such as availability of child care slots or cost of care. However, this approach does not align with the complex process that families experience in finding and using child care. To address gaps and inconsistencies in tracking access, the Early Care and Education (ECE) Access project—supported by the Office of Research, Planning, and Evaluation in the U.S. Department of Health and Human Services and managed by Child Trends—developed an Access Framework that conceptualizes a definition of access with four interrelated dimensions of access.<sup>89</sup>

Figure 1. The Access Framework



**Source:** Adapted from: Banghart, P., King, C., & Daily, S. (2022). *State guidebook for measuring progress toward equitably supporting child care stabilization*. Child Trends. <https://www.childtrends.org/publications/state-guidebook-measuring-progress-toward-equitably-supporting-child-care-stabilization>

**CCDF policy outcomes related to access**

Element	Example Questions
Affordable	<p>To what extent have the state's CCDF policies:</p> <ul style="list-style-type: none"> <li>• Decreased costs for parents, especially those who face greater barriers to accessing care (such as families with low incomes, families with infants and toddlers, families who have a child with disabilities, or families who live in rural areas)?</li> <li>• Decreased costs for providers and for the types of child care programs who have faced greater inequities (e.g., home-based providers) in accessing resources?</li> </ul>
Reasonable Effort	<p>To what extent have the state's CCDF policies:</p> <ul style="list-style-type: none"> <li>• Increased the supply of child care options for families? Increased the supply of child care options in areas with less supply (e.g., high-poverty areas or rural areas)?</li> <li>• Increased child care options for types of care that are harder to find or in short supply (e.g., infant and toddler care, care offered during nontraditional hours, or care for children with disabilities)?</li> <li>• Increased information for parents about available ECE options, while also considering the need to translate the information into the languages families speak or the best means to share this information (e.g., online, by phone, etc.)?</li> </ul>
Meets Parent's Needs	<p>To what extent have the state's CCDF policies:</p> <ul style="list-style-type: none"> <li>• Increased the availability of care for certain age groups of children, particularly in areas with lower supply of care for infants and toddlers (e.g., high-poverty areas or rural areas)?</li> <li>• Increased the availability of care offered during weekends, evenings, and overnight?</li> <li>• Been informed by families' input on their needs and preferences for care (e.g., center-based or home-based), particularly those who face considerable barriers to accessing care?</li> </ul>
Supports Children's Development	<p>To what extent have the state's CCDF policies:</p> <ul style="list-style-type: none"> <li>• Supported children in historically marginalized communities, and programs that have historically had less access to systemic resources, including family child care and other home-based providers?</li> <li>• Increased provider participation in quality improvement efforts (e.g., QRIS); increased the supply of high-quality (i.e., quality-rated) care, particularly in areas with lower supply of high-quality care (e.g., high-poverty areas or rural areas); or increased the supply of high-quality care for certain age groups of children with limited access to care, such as infants and toddlers?</li> </ul>

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