

Child Care and Development Fund (CCDF)

Report to Congress

for FY 2004 and FY 2005



**Administration for Children and Families
U.S. Department of Health and Human Services**

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INTRODUCTION

This report to Congress is required by Section 658L of the Child Care and Development Block Grant Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104–193) and the Balanced Budget Act of 1997 (P.L. 105–33). The report describes and analyzes current information about the Child Care and Development Fund (CCDF) from a variety of sources, including State plans, expenditure reports, administrative data reports, and research. The report also includes information about training and technical assistance that is provided to States, Territories, and Tribes.

CCDF is a significant source of Federal support to improve the affordability, availability, and quality of child care in the United States. CCDF assists low-income families, including families receiving or transitioning from temporary public assistance, in obtaining child care so they can work, or at State option, attend training or education.

For both Fiscal Years (FY) 2004 and 2005, \$4.8 billion in Federal CCDF funding was available through block grants to all 50 States, the District of Columbia, 5 Territories, and 261 Tribal grantees in FY 2004 and 265 Tribal grantees in FY 2005 (representing over 500 Indian Tribes). Through CCDF and other funding streams available for child care—including State Matching and Maintenance of Effort (MOE) funds, Temporary Assistance for Needy Families (TANF) dollars transferred to CCDF or spent directly by States on child care services, and Social Services Block Grant (SSBG) funds—over \$11 billion was available for child care in FY 2004 and FY 2005.¹

Child Care and Development Fund Grantees

- 50 States
- District of Columbia
- Five Territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Virgin Islands)
- Tribal grantees providing services to about 500 Indian Tribes, many through consortia arrangements (261 grantees in FY 2004 and 265 grantees in FY 2005)

¹Estimates of available funding for child care do not match actual State expenditures reported in Part III of this report since States have more than one year to liquidate their CCDF funds, and thus can spend dollars from both current and prior fiscal year appropriations.

CCDF is administered at the Federal level by the Child Care Bureau (CCB), Office of Family Assistance in the Administration for Children and Families (ACF). States, Territories, and Tribes are responsible for ensuring that their CCDF grants are administered in compliance with statutory and regulatory requirements. In administering CCDF, States have significant discretion in how funds are used and where emphasis is placed in achieving the overall goals of CCDF.

CCDF funds are used primarily to provide subsidized child care services through vouchers or certificates to low-income working families with children under age 13. Parents may select any legally operating child care provider, including child care centers, family members, neighbors, family child care homes, afterschool programs, and faith-based programs.

Providers serving children funded by CCDF must meet basic health and safety requirements set by States, Territories, and Tribes. Within general Federal rules, States decide how their subsidy system will be administered and determine payment rates for providers, the copayment amounts that parents pay, specific eligibility requirements that a family must meet to receive a subsidy, and how CCDF services will be prioritized.

CCDF Lead Agencies must use a minimum of 4 percent of CCDF funds to improve the quality of child care. CCDF also includes targeted funds for specific purposes: quality enhancement, improving the quality of care for infants and toddlers, improving school-age care, and child care resource and referral services. Quality activities include provider staff training, grants and loans to providers, health and safety improvements, monitoring of licensing requirements, and other initiatives.

What Data Sources Are Used in This Report?

This report is largely based on information and data reported by States to CCB, including:

- Biennial State plans effective for the period October 1, 2003, through September 30, 2005 (FY 2004 and FY 2005);
- State CCDF expenditure reports for FY 2004 and FY 2005; and
- Administrative data about the families and children receiving CCDF services in FY 2004 and FY 2005.

The report also describes the Child Care Bureau's research and technical assistance efforts in FY 2004 and FY 2005.

OVERVIEW OF THE REPORT

This report consists of eight parts:

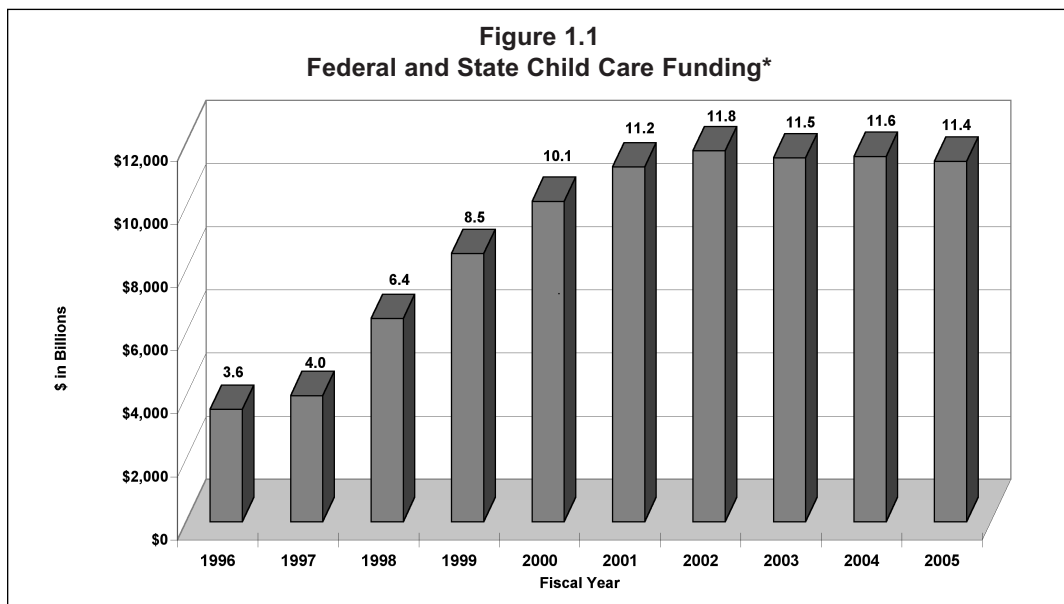
- Part I provides background on the CCDF program including funding, eligibility requirements, a description of how funds may be used, information about program administration, and key child care and CCDF terms.
- Part II provides information from aggregate and case-level data reported by States for FY 2004 and FY 2005, including information about children receiving subsidized care and the providers who cared for them.
- Part III summarizes expenditure data obtained from State quarterly financial reports on expenditures in FY 2004 and FY 2005.
- Part IV summarizes information reported by States in their CCDF plans for FY 2004 and FY 2005. States are required to submit plans every 2 years that describe how they will implement CCDF policies and services.
- Part V describes child care services provided by Indian Tribes that receive CCDF funding.
- Part VI describes ongoing research efforts, highlighting projects funded by the U.S. Department of Health and Human Services (HHS), and summarizing some of the latest research findings about child care.
- Part VII describes training and technical assistance provided by CCB to assist States, Territories, and Tribes in administering CCDF.
- Part VIII, the Appendix, provides reporting overviews for States, Territories, and Tribes, information about CCB-funded research grantees, and administrative data on the children and families served through CCDF from FY 2004 and FY 2005 State aggregate and case-level reports.

HIGHLIGHTS FROM THE REPORT

Child care funding is at a historically high level. There has been a significant increase in Federal and State funds available for child care over the past decade, particularly since 1996 welfare reform legislation was enacted. Figure 1.1, "Federal and State Child Care Funding," includes Federal CCDF funds appropriated for child care, State Matching and MOE funds for child care, TANF dollars transferred to CCDF and spent directly on child care, and SSBG funds for child care. This figure represents an estimate of funds available for child care in a given fiscal year, not actual State expenditures.

Key Developments in FY 2004 and FY 2005

- States maintained their high level of TANF investments in child care.
- State spending continued to focus on improving child care quality, totaling \$920 million, or 10 percent of total spending.
- Under OMB's Program Assessment Rating Tool (PART), CCDF received a score of 81 percent in recognition of its program management and performance.
- States began studying ways to examine the risk of improper payments in the CCDF program.
- States made significant progress on efforts to promote children's early literacy and school readiness in support of the President's Good Start, Grow Smart initiative.

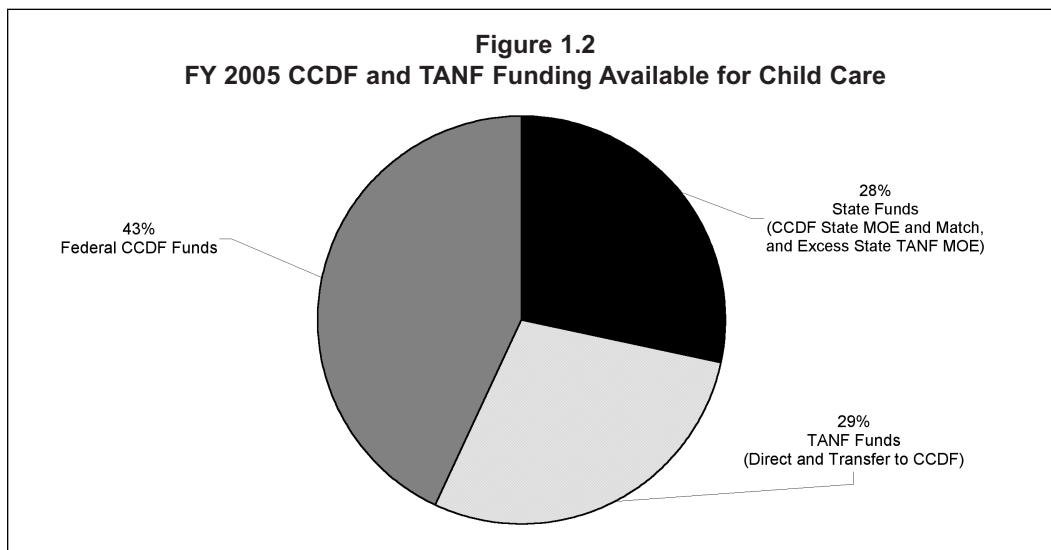


*Estimates of funds available for child care include mandatory and discretionary Child Care and Development Fund (CCDF) Federal appropriations; State Matching and MOE funds for CCDF; Temporary Assistance for Needy Families (TANF) transfers to CCDF and direct spending on child care; State excess MOE funds for child care in the TANF program; and Social Services Block Grant funds for child care.

The following sources provided significant funding available for child care subsidies, quality improvements, and related activities in FY 2004 and FY 2005.

- **Child Care and Development Fund:** Since 1996 Federal funding specifically appropriated for child care has more than doubled—from \$2.2 billion in 1996 (includes CCDBG appropriation and AFDC-related child care spending) to \$4.8 billion (CCDF) in each of FY 2004 and FY 2005.
- **Temporary Assistance for Needy Families (TANF):** States can transfer up to 30 percent of their Federal TANF dollars to CCDF and spend TANF funds directly for child care. (See more detailed discussion of TANF funding below.)
- **State spending associated with CCDF and TANF:** State spending accounts for nearly a third of total State and Federal child care expenditures under CCDF and TANF. In both FY 2004 and FY 2005, States reported spending a total of \$2.5 billion and \$2.4 billion, respectively, in State funds under CCDF, exceeding the aggregate amount required to access the maximum amount of available Federal funds. As discussed below, States also include additional child care expenditures in reports of State MOE funds for the TANF program.
- **Social Services Block Grant (SSBG or Title XX):** The Social Services Block Grant funds a broad range of social services, including child care. In FY 2005, States reported spending \$241 million of SSBG funds for child care.
- **State prekindergarten programs:** According to a report published by the National Institute for Early Education Research, 38 States spent \$2.8 billion for prekindergarten during the 2004–2005 school year, while 10 States accounted for over 80 percent of this amount. A portion of these funds is reported as State spending under CCDF to meet State Match and MOE requirements.
- **Other Federal sources:** Head Start, a \$6.8 billion dollar program in FY 2005, works directly and through referrals to other programs to provide comprehensive developmental services for low-income preschool children and social services for their families. Additionally, the U.S. Department of Education provided nearly \$1 billion for afterschool programs through its 21st Century Community Learning Centers in both FY 2004 and FY 2005.

States are using significant amounts of Temporary Assistance for Needy Families funds for child care. Through transfers to CCDF and direct spending, many States rely on TANF as a major funding source for child care. In FY 2004, 37 States transferred \$1.9 billion in TANF funds to CCDF and spent approximately \$1.4 billion in TANF funds directly on child care. In FY 2005, 36 States transferred \$1.9 billion in TANF funds to CCDF and spent roughly \$1.3 billion directly on child care services. In total, States invested nearly \$3.3 billion in TANF (transfers and direct spending) in FY 2004 and \$3.2 billion in FY 2005—representing almost a third of all Federal and State child care funding available through CCDF and TANF in each of these 2 years. (See Figure 1.2.)



States have MOE requirements for both the CCDF and TANF programs. State spending on child care can dually qualify toward both the CCDF and TANF MOE requirements. ACF considers State spending on child care reported in their TANF MOE reports to be additional State spending on child care only to the extent that it exceeds the CCDF MOE requirement in the State. ACF estimates that in FY 2005, States spent approximately \$1.1 billion in child care services that met TANF State spending requirements but also exceeded the required CCDF State spending. This is a conservative estimate because it assumes that, of the TANF MOE funds spent on child care, 100 percent also are reported as CCDF MOE.

State policy decisions result in a wide variety of State subsidy systems and coverage patterns. States have a great deal of flexibility under CCDF to develop child care programs and policies to suit the needs of individual children and parents they serve. States have flexibility in at least four key areas: income eligibility, target population, parent copayments, and provider reimbursement rates.

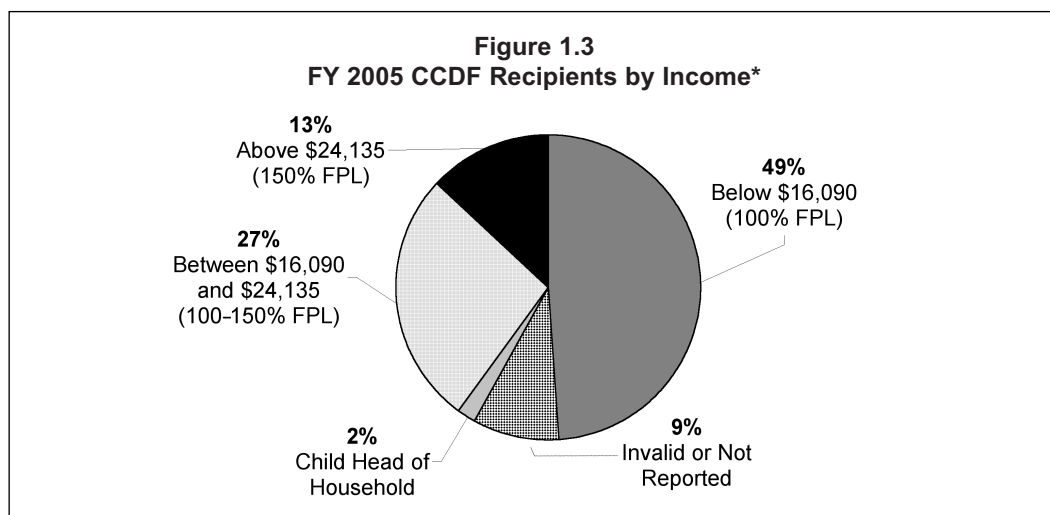
- **Income eligibility:** States have authority to set income eligibility up to 85 percent of the State median income. Most States set program eligibility below 85 percent of the Federal maximum in order to concentrate the funding on families with very low incomes.
- **Priorities and target population:** States decide whether to target certain populations—for example, whether to focus on families transitioning off TANF or to treat all families the same, regardless of TANF status or history. Some States serve all eligible families who apply, while others have waiting lists of eligible families. States must give priority to children with special needs and children from very low-income families but have the flexibility to define “special needs” and “very low-income” in their biennial State plans.
- **Parent copayments:** Some States have copayment schedules that are designed to gradually ease families into paying child care costs, while others require very small copayments even for families well above the poverty line. Of those families with reported income in FY 2004 and FY 2005, approximately 71 percent paid a copayment. Of the families with copayments, child care payments represented on average 6 percent of family income in FY 2004 and FY 2005. A majority of States and Territories served families where the assessed family copayment was 5 percent or less of family income.
- **Provider reimbursement:** In setting reimbursement rates, States must ensure that eligible children have equal access to child care services comparable to those available to children whose parents are not eligible to receive CCDF assistance. Twenty-three States reported capping rates at the 75th percentile or higher in their FY 2004–FY 2005 State plans.² This means that families in these States should have access to at least 75 percent of the care in the local market. A growing number of States create incentives for quality improvements and increased supply by paying higher provider rates for meeting quality benchmarks (such as accreditation) or serving children with special needs or during nontraditional hours.

²In most States the Market Rate Survey (MRS) is conducted every two years as required by regulation, but some States report reimbursement rates based on a prior year MRS due to a lag between the date of the survey and implementation of the revised rate ceiling.

CCDF serves on average 1.75 million children per month. In an average month in FY 2005, 1.75 million children (1 million families) received child care services through Federal CCDF funds, State Matching and MOE funds, and TANF transfers to CCDF. In FY 2004, approximately 1.74 million children (1 million families) were served per month. HHS estimates that an additional 610,000 children were served in FY 2004 and 600,000 in FY 2005 through direct TANF spending, SSBG, and excess State TANF MOE funds. Hence, approximately 2.4 million children per month were served in FY 2004 and FY 2005 after accounting for all Federal and related State funding sources. The number of children served is determined by State expenditures on child care, as well as the flexibility given to States in setting child care policies, including income eligibility requirements and parent copayments.

CCDF largely serves families with incomes at or below the poverty level. Median monthly income for families served in FY 2004 was \$1,256, or \$15,072 when annualized; about 14 percent of families had income that exceeded \$2,000 per month. In FY 2005, median monthly income increased slightly to \$1,283, or \$15,396 when annualized, and nearly 15 percent of families had income that exceeded \$2,000. TANF was reported as a source of income for 19 percent of families receiving services through CCDF in FY 2004 and FY 2005. Figure 1.3 shows the distribution of income for CCDF recipients in FY 2005. Just less than half the families receiving CCDF assistance in FY 2005 reported incomes below the Federal Poverty Level (\$16,090 for a family of three in 2005).

Prior publications of the CCDF Report to Congress presented administrative data based on an assumed family size of three. However, since January 2002 case-level administrative data reported by States has included a new data element to indicate the actual size of the family receiving services. As a result, the FY 2004 and FY 2005 administrative data presented in this report are based on reported family size.



*Income categories based on 2005 Federal Poverty Level guidelines for a family size of three.

For context, the table below displays Federal poverty guidelines in FY 2005. These guidelines provide a consistent standard across States and take into account family size. They do not, however, take into account variations in the cost of living among States (except Alaska and Hawaii) or the benefits low-income families may receive such as Food Stamps, medical assistance, housing allowances, child care assistance, or the Earned Income Tax Credit.

2005 HHS Poverty Guidelines (Annual Income)			
Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$9,570	\$11,950	\$11,010
2	\$12,830	\$16,030	\$14,760
3	\$16,090	\$20,110	\$18,510
4	\$19,350	\$24,190	\$22,260
5	\$22,610	\$28,270	\$26,010

Source: Federal Register, Vol. 70, No. 33, February 18, 2005, pp. 8373–8375.

States use CCDF dollars to fund a variety of innovative efforts to improve the quality of care. In each of FY 2004 and FY 2005, States spent \$920 million in CCDF funds (including State funds and funds transferred from TANF) to improve the quality of child care services—accounting for 10 percent of combined Federal and State expenditures. These figures underestimate State expenditures on quality because they do not reflect State investments and choices made through the child care subsidy system that impact the quality of care, such as decisions related to provider payment rates and family copayment levels. A large number of States, for example, encourage improved caregiver training and program quality through tiered reimbursement; that is, payment systems that pay more for higher quality care.

CCDF received a score of 81 percent under the Office of Management and Budget (OMB), Program Assessment Rating Tool (PART) for program performance. As part of the PART process, CCDF underwent a program performance review in the spring of 2004. CCDF received a score of 81 percent in recognition of its defined goals, program management, and program performance. In response to the Government Performance and Results Act (GPRA) and its' focus on program accountability and results, CCB sought input on its performance measures from Administration for Children and Families (ACF) senior staff, ACF Regions, CCB staff, the HHS Assistant Secretary for Planning and Evaluation (ASPE), and child care research experts. In response, CCB made substantial changes in its measures and is now developing long-term outcome measures that relate to reducing child care as a barrier to work and child care as a support to school readiness.

States began studying ways to examine the risk of improper payments in the CCDF program. In response to the President's Management Agenda and the Improper Payments Information Act, States began examining the risk of improper payments for the Child Care and Development Fund (CCDF). Given the complexity and variation in CCDF program administration across States, Territories, and Tribes, CCB began studying the following in Fiscal Year (FY) 2004:

- The degree to which errors occur and the extent of the risk for error;
- The methods States use to detect and prevent errors;
- The methods to establish and collect claims; and
- An efficient and cost-effective approach/methodology for estimating improper payments in the CCDF program.

CCB invited 11 States to participate in this project to assess the adequacy of systems, databases, policy constants, and administrative structures, and to describe the critical differences among broad categories of States. In FY 2004, Federal staff conducted site visits to explore the experience of these States, their systems, and the applicability of working definitions and reporting protocols. Through this process, CCB has assessed approaches to specifying and tracking child care error rates, documenting obstacles, and capturing information on effective procedures, training materials, and software.

In FY 2005, CCB continued to solicit input on this issue from States, Territories, and Tribes through conference calls, the inclusion of a new question in the FY 2006–2007 CCDF Plan Preprint, and followed up with a more intensive round of site visits in a select group of States (Arkansas, Colorado, Illinois, and Ohio). CCB

also examined new technological approaches in some States, such as software that highlights potential fraud or error for closer examination, and Electronic Benefit Transfer applications for child care vouchers.

States are implementing efforts to promote children's early learning through the President's Good Start, Grow Smart initiative. In April 2002, President Bush announced an initiative to promote the school readiness of young children through nurturing environments that foster early literacy, language, prereading, and early math skills. The initiative encourages a Federal-State partnership linking CCDF and Federal and State public and private efforts to promote early learning. Specifically, Good Start, Grow Smart asks CCB to work with States to achieve three goals:

1. Early learning guidelines on literacy, language, prereading, and early math skills for children ages 3 to 5 that align with State K–12 standards and describe what children need to know and be able to do to succeed in kindergarten;
2. Statewide professional development and training of child care teachers, providers, and administrators to enable them to support the school readiness of young children; and
3. State plans for coordination across early childhood programs and funding streams.

During FY 2004 and FY 2005, CCB fostered State implementation efforts through extensive training and technical assistance, including regional forums, and through coordination with the U.S. Department of Education.

The Child Care Bureau's research initiatives provided States with the data and evidence needed to improve child care services and systems. Beginning in FY 2000, Congress authorized the Bureau to spend \$10 million annually in CCDF funds for research, demonstration, and evaluation. As a result of these targeted funds, CCB has made substantial investments in child care research to increase understanding about States' child care policy decisions, the implications of these decisions for the availability and quality of child care, the choices families make, and the outcomes for children and families. These research efforts provide information and data to help decision-makers choose how best to use resources and craft effective child care policies.

Increasingly, CCB research involves using rigorous methodologies (including experimental designs) to provide a sound basis for evidence-based practices and policies. They also involve a growing number of collaborative relationships with

others in HHS, ACF, and other Federal agencies and national organizations that promote coordinated and comprehensive efforts. A few of the activities currently under way include:

- Rigorous evaluation of alternative State child care subsidy policies designed to identify effective strategies for improving outcomes for families and children;
- A multisite study of promising nontraditional approaches for improving the knowledge, skills, and performance of child care providers; and
- Child Care Policy Research Grants on a range of topics related to quality of care, parental choice, availability of care for underserved populations, and the child care workforce.

Key Findings From CCB-Supported Research: Child Care Subsidies

- Child care subsidies are associated with increased employment rates and earnings for low-income families. Child care subsidies reduce barriers to finding employment and increase the likelihood of maintaining employment among low-income families, and help families avoid returning to welfare.
- Parents' child care choices and subsidy use are strongly associated with family and child characteristics. Families with very young children—infants and toddlers—are more likely to use home-based care. Parents of preschoolers (ages 3 to 5) are more likely to use center-based care. Correspondingly, subsidy recipients are more likely to use centers and have preschool-age children.
- Project Upgrade—an experimental evaluation of the effects of training child care providers to implement three early language and literacy curricula in centers serving low-income and subsidized preschoolers conducted in Miami-Dade County, Florida—was completed in FY 2005. The study reported statistically significant effects of two of the three curricula in changing teacher practices and in supporting children's language and literacy outcomes. (See Part VI.)

CCB provides training and technical assistance related to child care services and systems to thousands of constituents each year. Through its network of technical assistance projects and services, along with Federal leadership, CCB provides training and technical assistance to States, Tribes, and local communities. This network assesses States' needs, identifies innovations in child care administration, and promotes the dissemination and replication of solutions to the challenges faced by State and local child care programs. CCB technical assistance helps States, Tribes, and local communities build integrated child care systems that enable parents to work and promote the health and development of children. The network also supports public outreach and information dissemination.

In response to Hurricane Katrina in 2005, the Child Care Bureau identified and disseminated information resources quickly to meet disaster response needs of State CCDF Administrators, child care providers and families in affected States. Immediate technical assistance resources included:

- Materials for startup or rapid expansion of child care facilities;
- Direct technical assistance for large-scale child care capacity expansion;
- Information and resources for families on health and safety issues, family social services, and developmental and educational concerns; and
- Quick-response answers to specific child care issues in the field from States, localities, or child care providers.

CCDF funds child care programs for over 500 federally recognized Indian Tribes. In both FY 2004 and FY 2005, approximately \$96 million in CCDF funds was awarded to Indian Tribes, representing 2 percent of total funding. With few exceptions, Tribal CCDF grantees are located in rural, economically challenged areas. In these communities, the CCDF program plays a crucial role in offering child care options to parents as they move toward economic self-sufficiency. There is often a strong emphasis on traditional culture and language in Tribal child care settings and curricula. Unlike States, Tribes can apply to use a portion of their CCDF allocations for construction or renovation of child care facilities, as long as the level of direct services is not reduced. Between FY 1997 and FY 2005, ACF approved over \$54 million in CCDF funds to construct or renovate 111 Tribal child care facilities.

PART I: THE CHILD CARE AND DEVELOPMENT FUND

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) created three major streams of funding within the Child Care and Development Fund (CCDF). These components include Discretionary Funds under the Child Care and Development Block Grant Act as well as Mandatory and Matching Funds under Section 418 of the Social Security Act. To access the Matching funds, States must provide a share of the Matching funds and spend their required Maintenance of Effort (MOE) level. As of October 1, 1996, PRWORA repealed the old welfare-related child care programs provided under the Social Security Act (AFDC/JOBS Child Care, Transitional Child Care (TCC), and At-Risk Child Care).

CCDF consists of three Federal funding streams: Discretionary, Mandatory, and Matching.

FUNDING, OBLIGATIONS, AND EXPENDITURES

Each of the component funds of CCDF has its own rules regarding funding and periods of obligation and expenditure. The variations are summarized in the chart below and described in more detail in the pages that follow.

If Source of Funds Is FY 2004:	Obligation Must Be Made by End of:	And Liquidated by the End of:
Discretionary	FY 2005 (i.e., by 9/30/05)	FY 2006 (i.e., by 9/30/06)
Mandatory	FY 2004 (i.e., by 9/30/04; but <i>only</i> if Matching funds are used)	No requirement to liquidate by a specific date
Matching	FY 2004 (i.e., by 9/30/04)	FY 2005 (i.e., by 9/30/05)
MOE	FY 2004 (i.e., by 9/30/04)	FY 2004 (i.e., by 9/30/04)

Discretionary Fund

PRWORA authorized Discretionary funds that are subject to annual appropriation. The amount an individual State receives in a fiscal year is determined according to a formula that consists of three factors:

- **Young child factor:** The ratio of the number of children under age 5 in the State to the number of children under age 5 in the country;
- **School lunch factor:** The ratio of the number of children in the State who receive free or reduced-price school lunches under the National School Lunch Act to the number of such children in the country; and
- **Allotment proportion factor:** A weighting factor determined by dividing the 3-year average national per capita income by the 3-year average per capita State income (as calculated every 2 years).

The Discretionary fund is 100 percent Federal funds. No State match is required. States have 2 years to obligate their Discretionary funds and an additional year to liquidate those obligations.

Consistent with prior year appropriations, in FY 2004 and FY 2005, Congress targeted specific amounts of the Discretionary fund for:

- Child care quality improvement activities (\$172 million in FY 2004 and \$170 million in FY 2005);
- Infant and toddler quality improvement (\$99 million);
- Child care resource and referral and school-age child care activities (\$19 million, of which almost \$1 million was for the Child Care Aware toll-free hotline); and
- Child care research, demonstration, and evaluation activities (almost \$10 million).

Mandatory Funds

A State's allocation of the Mandatory funds is the greater of the:

- Federal share of expenditures in the State IV-A child care programs (AFDC, JOBS, Transitional, and At-Risk Child Care) in 1994 or 1995 (whichever is greater); or
- Average Federal share of expenditures in the State Title IV-A child care programs (AFDC, JOBS, TCC, At-Risk) for 1992 through 1994.

The Mandatory funds are 100 percent Federal funds. No State match is required. Mandatory funds are available until expended unless the State chooses to expend its Matching funds. To qualify for its share of the Matching funds, a State must obligate its Mandatory funds by the end of the Federal fiscal year (September 30) in which they are granted.

Matching Funds

The Matching funds are the remaining amount appropriated under section 418(a)(3) of the Social Security Act after the Mandatory funds are allotted. A State's allocation of the Matching funds is based on the number of children under age 13 in the State compared with the national total of children under age 13. The Matching funds must be matched by a State at its applicable Federal Medical Assistance Percentage (FMAP) rate. Matching funds are available to a State if:

To access the Matching portion, States must provide a share of the Matching funds and spend their required Maintenance of Effort (MOE) level.

- Its Mandatory funds are obligated by the end of the Federal fiscal year in which they are awarded;
- Within the same fiscal year, the State expends State funds equal to its State MOE level; and
- Its Federal and State shares of the Matching funds are obligated by the end of the fiscal year in which they are awarded.

Matching funds must be fully expended within 2 years of award.

Example

At the beginning of FY 2004, a State was awarded \$90 million in Mandatory funds. The State was also awarded Federal Matching funds of \$7 million. To receive the Federal Matching funds, the State must match the Federal funds with State funds at the State's FMAP rate of 70 percent. Therefore, to receive its \$7 million share of Matching funds, the State had to provide \$3 million in State funds.

Before the end of FY 2004, the State was required to obligate its \$90 million in Mandatory funds; obligate its \$10 million in Matching funds (both the \$7 million of Federal funds and the \$3 million of State Matching funds); and obligate and expend its required MOE level of \$15 million in State funds.

Before the end of the following year, FY 2005, the State was required to expend all its Matching funds of \$10 million (both the \$7 million of Federal funds and the \$3 million of State match). There is no time limit for expending the Mandatory funds.

Maintenance of Effort (MOE)

To be eligible for its share of the Matching funds, a State must continue to spend at least the same amount on child care services that it spent on the repealed Title IV-A child care programs in FY 1994 or FY 1995, whichever was greater.

ELIGIBLE FAMILIES AND CHILDREN

By statute, States may serve families when parents are working, in education or training, or when children are receiving protective services. The income level of such families may not exceed the eligibility levels set by the State and the Federal maximum of 85 percent of the State Median Income (SMI) for a family of the same size. CCDF services may be provided up to age 13, or age 19 for children who are under court supervision or are mentally or physically incapable of self-care. States must give priority to children with special needs and to children from very low-income families and are required to define “special needs” and “very low-income” in their State Plans. States also can give priority to other categories of children.

States may serve families when parents are working, in education or training, or when children are receiving protective services.

HOW FAMILIES RECEIVE SUBSIDIES

Parents may choose any legally operating child care provider.

Parental Choice

The statute provides for parental choice of child care provider. Parents may choose any legally operating child care provider. The regulations define child care provider as one who provides

child care in a center, a group home, a family home, or in the child’s own home. States may limit the use of in-home care. Care by a faith-based provider, a relative provider, and any other type of legally provided child care are allowable choices.

Certificates

Families receiving a CCDF subsidy must be given the choice to receive a certificate for child care services. A certificate is defined in the statute as a check or other disbursement that is issued by a State or local government directly to a parent who may use the certificate only as payment for child care services. Certificates must be flexible enough to allow funds to follow the child to any participating child care provider the parent selects.

Access

By statute, a State’s CCDF Plan must certify that payment rates for the provision of CCDF child care services facilitate access for eligible children. Services must be comparable to those provided to children whose parents are not eligible to receive assistance. In their CCDF Plans, States must describe:

- How a choice of the full range of providers is made available;
- How payment rates are adequate, based on a local market rate survey conducted within the previous 2 years; and
- The affordability of family copayments.

Families must contribute to the cost of care on a sliding-fee basis.

Copayments

Families must contribute to the cost of care on a sliding-fee basis. The CCDF Plan must include the scale or scales used to determine the family's contribution, which must be based on family

size and income. The State may add other factors; for example, the number of children in care and rules for counting income. States may exempt families below the Federal Poverty Level from paying a copayment.

HEALTH, SAFETY, AND QUALITY OF CARE

A State must certify that it has licensing requirements in effect, and its CCDF Plan must detail the requirements and how they are enforced. States also must certify that they have health and safety requirements in place that apply to those

providing child care to CCDF children. The requirements must include measures to prevent and control infectious diseases (including immunization), ensure building and physical premises safety, and provide minimum health and safety training appropriate to the provider setting. States may choose to exempt certain categories of relatives from health and safety requirements.

States must have health and safety requirements that apply to CCDF providers.

CCDF Lead Agencies must use a minimum of four percent of CCDF funds to improve the quality of child care. CCDF also includes targeted funds for specific purposes: quality enhancement, improving the quality of care for infants and toddlers, and improving school-age care and child care resource and referral services. Quality activities include provider staff training, grants and loans to providers, health and safety improvements, monitoring of licensing requirements, and other initiatives.

Examples of Quality Activities

Child Care Services for Infants and Toddlers

States use CCDF funds to support a variety of initiatives to improve the quality of care for infants and toddlers, including: practitioner training and technical assistance; specialists who work with programs on unique health, safety, and developmental needs of infants and toddlers; and enhancement grants to allow programs to purchase needed equipment, make minor renovations, develop new curricula, or pursue accreditation.

Grants and Loans to Providers

A number of States offer support to child care programs by making startup grants and loans available to providers including school districts and community-based organizations. In some cases, grants are targeted to programs that need funds to maintain compliance with health and safety standards. In others, funds are targeted to quality improvement such as the purchase of equipment.

Monitoring Compliance With Regulatory Requirements

CCDF funds support States in monitoring compliance with child care licensing and regulatory requirements. These Federal funds help States to lower caseloads for licensing staff and to expand training opportunities for these staff and create cross-system regulatory and technical assistance teams.

Training and Technical Assistance

Every State is involved in training and technical assistance. Increasingly, States view these services as part of a broader career development approach and link them to training strategies in other systems (such as Head Start, prekindergarten, and early intervention). States also are working with statewide systems like the child care resource and referral agencies and institutions of higher education to administer/coordinate training and technical assistance.

Child Care Resource and Referral Services

Local CCR&R agencies help families find child care and financial assistance and provide consumer education to inform parents of choices. Many CCR&Rs also play other roles, such as helping to train child care providers, document the supply of care, and administer the child care subsidy program.

Compensation of Child Care Providers

Several States provide additional compensation for child care providers such as grant programs specifically aimed at improving wages for child care providers. Over half the States have implemented some form of tiered reimbursement to pay higher rates for child care centers and family child care providers that achieve one or more levels of quality beyond the basic licensing requirements.

Key Terms

Legislation and Initiatives

Child Care and Development Fund (CCDF): Integrated entitlement and discretionary child care funding program created in 1996 as a result of PRWORA

Child Care and Development Block Grant (CCDBG) Act: The primary law governing CCDF; created by the Omnibus Budget and Reconciliation Act of 1990 and amended by PRWORA

Good Start, Grow Smart: President Bush's early learning initiative to improve school readiness for young children in all types of early care and educational settings

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA or P.L. 104–193): The welfare reform legislation of 1996 that created TANF and unified several Federal child care programs to form CCDF

Temporary Assistance for Needy Families (TANF): A comprehensive welfare reform program with time-limited assistance that focuses on moving recipients into work and supporting family formation. TANF replaced the former Federal welfare program, Aid to Families with Dependent Children (AFDC)

Categories of Care

Center-based child care provider: A provider who is licensed or otherwise authorized to provide child care services in a nonresidential setting

Family child care (FCC) provider: An individual who provides child care services as the sole caregiver in a private residence other than the child's home

Group home child care provider: Two or more individuals who provide child care services in a private residence other than the child's home

In-home child care provider: An individual who provides child care services in the child's own home

Legally operating without regulation: A caregiver providing services under CCDF who would not be subject to State or local child care regulations if she or he were not participating in the CCDF program; a number of States, for example, exempt from regulation family child care homes that care for a small number of children

Licensed/regulated: A provider subject to regulation under the laws of a State or local jurisdiction

Key Terms

Subsidies and Services

Accessibility and affordability: In their biennial State plans, States must demonstrate that families eligible for services through CCDF can choose from among the same types of care as privately paying families. Affordable family copayments and adequate reimbursement rates are central to access. (The CCDF final rule encourages States to set their maximum rates no lower than the 75th percentile, based on their most recent market rate survey; this is intended to provide families with access to 75 percent of the child care slots in their communities.)

Annual aggregate report: The annual report required of the States and Territories (45 CFR 98.70 (b)) that provides aggregate or summary data on children and families served, providers receiving CCDF funds, and public education efforts. Tribes receiving CCDF grant funds are required to provide a similar annual report.

Biennial State plan: A 2-year plan required of each State and Territory to receive its CCDF grant funding. The plan must include information on how the CCDF program will be administered in the State in compliance with CCDF statute, regulations, and policy.

CCDF Lead Agency: The State, Territorial, or Tribal entity designated to receive and administer the CCDF program, either directly or indirectly through another entity.

Case-level report: Provided monthly or quarterly, a report required of the States and Territories (45 CFR 98.70 [a]) that provides monthly family case-level data, including demographics of families and children served, sources of income for families served, types of child care used, and reasons for receiving care.

Certificate: A certificate, check, voucher, or other disbursement issued by a State Lead Agency to a parent to facilitate payment for child care services.

Contract: An agreement between a State Lead Agency and a provider to provide funding in exchange for direct child care services and/or reserved “slots” in child care facilities for specific populations. These services may include Head Start “wraparound” initiatives, school-age child care, and programs that target specialized populations or services, such as child care for migrant or teen parent populations or child care during nontraditional hours.

Key Terms

Copayment

The financial contribution a family receiving CCDF funding must make toward the cost of child care. The CCDBG Act requires that copayments be determined based on a sliding-fee scale that takes family size and income into account. By Federal regulation, States may consider other factors in determining copayments, such as the number of children in child care, and may exempt families below the poverty level from making a payment. States may waive the copayment for families at or below the Federal poverty level.

Discretionary Funds

A funding stream of CCDF authorized under the CCDBG Act and appropriated by Congress to provide child care services. In accordance with the CCDBG Act, these Federal funds are allocated based on the number of children under age 5 in a State compared to the number of such children in all States; the number of children receiving free or reduced-price lunches in a State compared to the number of such children in all States; and the per capita income of all individuals in the State (averaged over a 3-year period) compared to the national per capita income (averaged over a 3-year period).

Mandatory Funds (Child Care Entitlement to States)

A funding stream of CCDF appropriated under Title IV of the Social Security Act to States and Tribes to provide child care services. A State's share of the Mandatory funds is based on its Federal share under the now-repealed AFDC child care programs (AFDC/JOBS Child Care, Transitional Child Care, and At-Risk Child Care) in 1994 or 1995, whichever was greater, or the average Federal share of expenditures in the State Title IV-A child care programs for 1992 through 1994. A State is not required to expend its own funds in order to receive its share of the Mandatory funds.

PART II: CCDF ADMINISTRATIVE DATA

For reporting purposes, the Child Care Bureau collects administrative data to know about the number of children and families served through the Child Care and Development Fund, as well as other caseload characteristics. Aggregate and case-level child care program information for the Child Care and Development Fund (CCDF) is required by Section 658K of the Child Care Development Block Grant Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and as modified by the Balanced Budget Act of 1997.

Major Findings

Children Served

Approximately 1.74 million children and 1 million families per month received child care assistance in FY 2004. Approximately 1.75 million children and 1 million families per month received child care assistance in FY 2005.

Family Income

Median monthly income for families served in FY 2004 was \$1,256; about 14 percent of families had income that exceeded \$2,000 per month. In FY 2005, median monthly income increased to \$1,283, and nearly 15 percent of families had income that exceeded \$2,000. TANF was reported as a source of income for 19 percent of families receiving services through CCDF in FY 2004 and FY 2005.

Family Copayments

Of those families with reported income in FY 2004 and FY 2005, approximately 71 percent paid a copayment. Of those families with copayments, child care copayments represented on average 6 percent of family income in FY 2004 and FY 2005. A majority of States and Territories (35 in FY 2004 and 36 in FY 2005) served families where the assessed family copayment was 5 percent or less of family income.

Type of Care

In both FY 2004 and FY 2005, approximately 58 percent of the children served were in centers; 28 percent in family child care homes; 8 percent in the child's own home; and 4 percent in group homes (2 percent with invalid/not reported data). Care types for the remaining two percent were not reported.

Regulatory Status of Providers

In both FY 2004 and FY 2005, approximately three-fourths of children served were in regulated settings. Of the remaining one-quarter in unregulated settings, nearly 52 percent were in relative care compared to 48 percent in nonrelative care in FY 2005; 56 percent were in relative care compared to 44 percent in nonrelative care in FY 2004.

Reasons for Care

Eligibility for CCDF requires parents to be working or participating in education or training activities. States may also serve children in protective services through CCDF. In both FY 2004 and FY 2005, over 90 percent of families cited either employment or education and training as the reason for needing child care. The remaining families cited protective services as reasons for care.

SERVICE PATTERNS

The following patterns of services, including the scope, type, and methods of child care delivery, as well as the cost and level of child care services, are derived from the FY 2004 and FY 2005 aggregate and case-level data. Differences are noted where data varied in interesting or substantial ways. In some instances, similarities across years are noted as well.

Given the flexibility States have in the implementation of CCDF (as well as variations in demographics, employment, economic circumstances, and population density that influence the availability of child care and the choices that parents make within the local context), national statistics about CCDF mask significant variation among States. For this reason, the narrative below notes variations among States.

Average Monthly Number of Children and Families Served

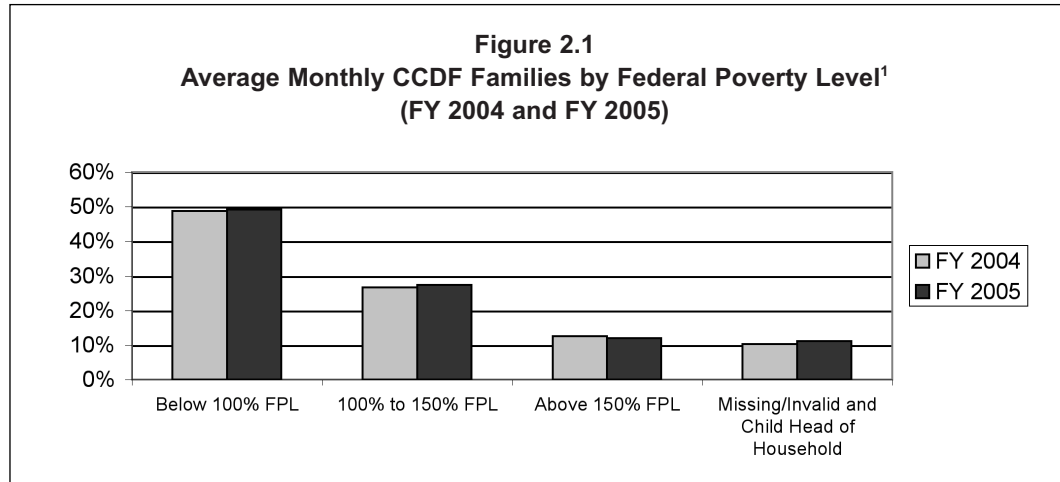
In an average month in FY 2004, 1.74 million children (1 million families) received child care services with CCDF funds, including TANF transfers and State Matching and MOE funds. In FY 2005, 1.75 million children (1 million families) were served in an average month. (Refer to Tables 1a and 1b in the appendices). HHS estimates that an additional 610,000 children were served in FY 2004 and 600,000 in FY 2005 through SSBG, direct TANF, and excess TANF MOE funds. Hence, approximately 2.4 million children per month were served in both FY 2004 and FY 2005 after accounting for all Federal and related State funding sources. The number of children served reflects the flexibility given to States in setting child care policies, including income eligibility requirements and parent copayments.

Family Income

States have the flexibility to serve families with income up to 85 percent of the State Median Income. However, States generally target eligibility to families most in need. In FY 2004, the median monthly income was \$1,256, or \$15,072 when annualized. In FY 2005, the median monthly income was \$1,283, or \$15,396 when annualized.

Of the families served in FY 2004 and FY 2005, 49 percent were below 100 percent of the Federal Poverty Level, or \$15,670 in FY 2004 and \$16,090 in FY 2005 for a family of three. In both years, 27 percent had incomes between 100 percent and 150 percent of the Federal Poverty Level (FPL), and between 12 and 13 percent had incomes above 150 percent of FPL. The remaining families had invalid or unreported data or a child as head of household. (Refer to Figure 2.1.)

Nationally, TANF was reported as a source of income for approximately 19 percent of families receiving services through CCDF in FY 2004 and FY 2005. However, at the State and Territory level there was considerable variation. Fifteen States had fewer than 10 percent of their families reporting TANF as a source of income in FY 2004 and FY 2005. Fifteen States reported that TANF was a source of income for 25 percent or more families in both FY 2004 and FY 2005. (Refer to Tables 14a and 14b in the appendices.)

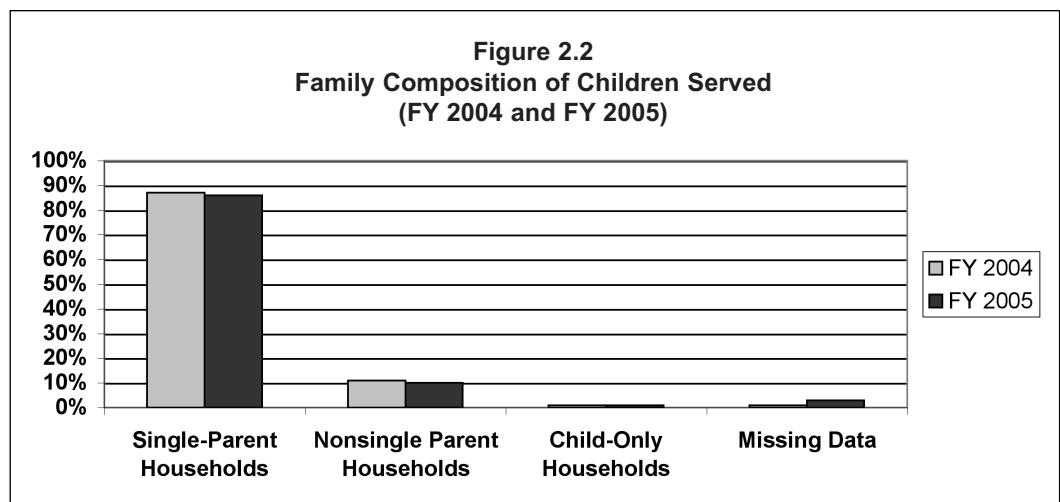


¹Reported family size.

Family Composition

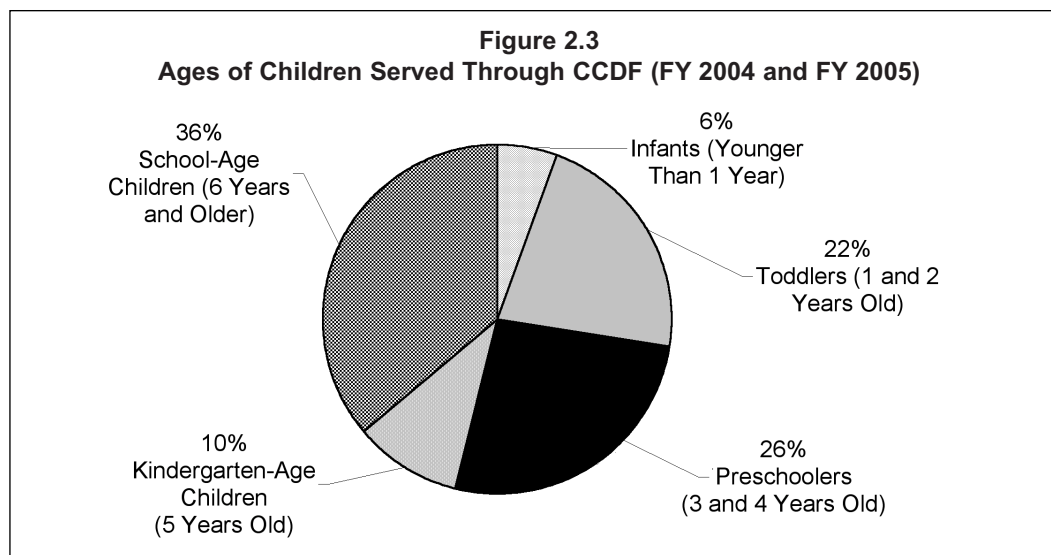
The CCDF statute requires States and Territories to report whether or not families served are headed by a single parent. Nonsingle parent households include two or more parents or adults living with a child who are legally or financially responsible for the child in that eligible family unit. In FY 2004, approximately 87 percent of families receiving services through CCDF were single-parent households as compared to 86 percent in FY 2005. (Refer to Figure 2.2.)

In FY 2004 and FY 2005, assuming a family size of three, approximately 84 percent of single-parent families had incomes under 150 percent of the Federal Poverty Level. Approximately 58 percent of nonsingle families had incomes under 150 percent of the Federal Poverty Level. (Percentages exclude families with missing or invalid data and families headed by a child in protective services.)



Ages of Children

Of children served through CCDF in FY 2004 and FY 2005, school-age children (6 years and older) made up slightly more than a third of the caseload (36 percent), children under 3 years of age were the next highest group served (between 27 and 28 percent), followed by preschoolers ages 3 and 4 (26 percent). Kindergarten-age children (age 5 years) were 10 percent of those served. Less than 1 percent of children were ages 13–18. (Refer to Figure 2.3.)



During FY 2004 in ten States, 40 percent or more of the children served were 6 years and older. Those States included California, Connecticut, Illinois, Maryland, Michigan, Mississippi, New Jersey, New York, Pennsylvania, and Rhode Island. This was also true for nine States in FY 2005: California, Illinois, Maryland, Michigan, New Jersey, New York, North Carolina, Pennsylvania, and Rhode Island. In both FY 2004 and FY 2005, children under the age of 6 made up over half of those served in every State. (Refer to Tables 2a and 2b in the appendices.)

Race and Ethnicity

In collecting and reporting race and ethnicity for purposes of CCDF, ACF uses “Standards for the Classification of Federal Data and Ethnicity” as prescribed by the Office of Management and Budget (OMB). Of the children served in FY 2004, 42 percent were African-American and 38 percent White. Native American/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and multiracial represented 1 percent each of children served. For the balance, race was not reported by States and Territories. In FY 2005, the race distribution was slightly different,

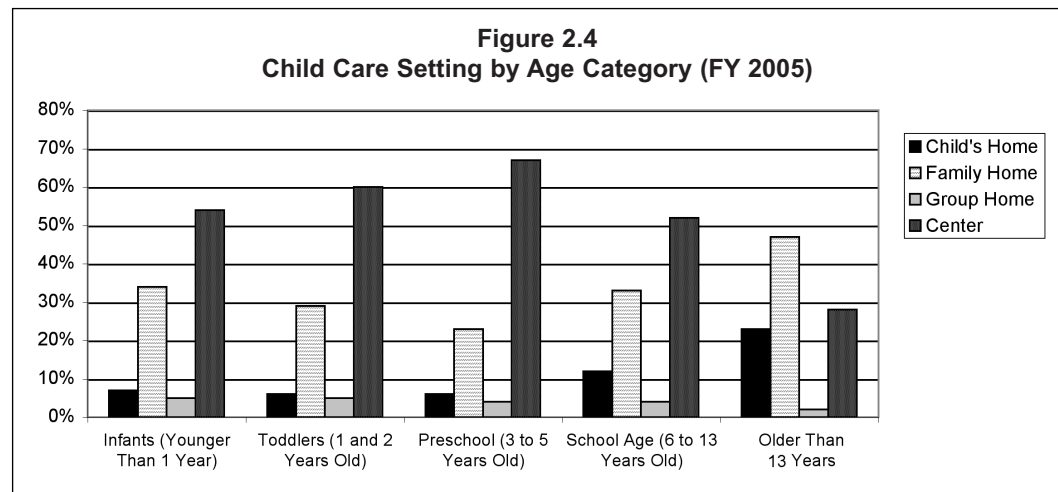
African-Americans accounted for 44 percent and Whites accounted for 41 percent with no change for the other categories of race. (Refer to Tables 3a and 3b in the appendices.)

In FY 2004, 17 percent of families reported Latino ethnicity. In FY 2005, the percentage increased to 18. Following Puerto Rico, the States with the highest concentrations of Latino children were Arizona, California, New Mexico, and Texas. (Refer to Tables 4a and 4b in the appendices.)

Children Served by Type of Care

In FY 2004 and FY 2005, center care was the most prevalent type of care used by CCDF-subsidized families although there were significant variations among States. Nationally, approximately 58 percent of children were in center care, 28 percent were in family child care homes, 8 percent in the child's own home, and 4 percent in group homes (2 percent with invalid/not reported data). In over half of the States and Territories, 50 percent or more of the children received center-based care. However, in FY 2004, 11 States and Territories had 33 percent or fewer of the children in center care. In FY 2005, nine States and Territories had 33 percent or fewer of the children in center care. (Refer to Tables 10a and 10b in the appendices.)

In FY 2004 and FY 2005, preschoolers and kindergarten-age children (children between the ages of 3 and 6) were more likely to be served in child care centers than children who were younger or older. (Refer to Figure 2.4 and Tables 5a and 5b.)



Average Monthly Provider Payment

In FY 2005, the average monthly provider payment (which includes the family copayment) was highest for group homes (\$408) and center-based care (\$375), followed by family child care homes (\$318) and care provided in the child's home (\$266). In general, provider payments are higher for younger children than older children because younger children tend to be in child care for longer periods. FY 2004 data were comparable. (Refer to Tables 7a and 7b in the appendices.)

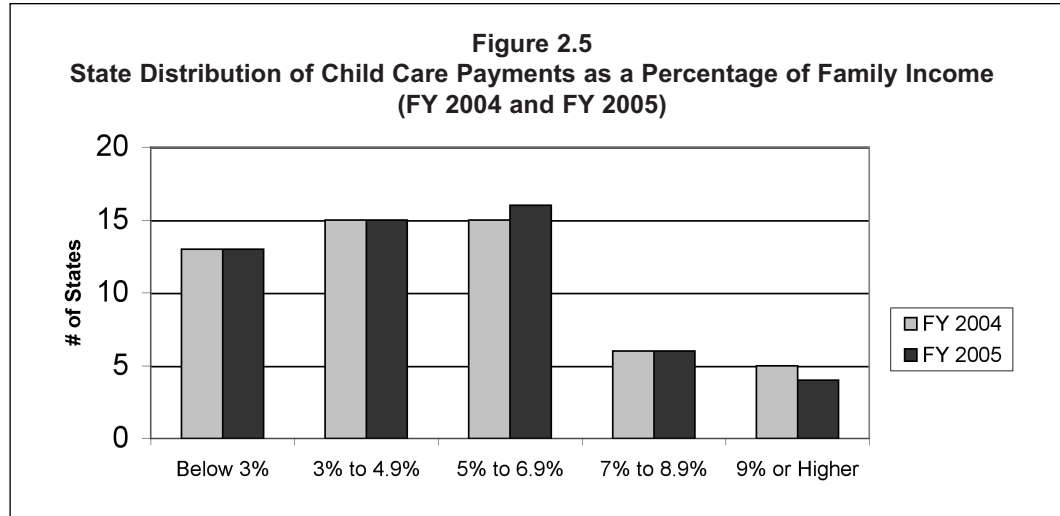
Family Copayment Amounts

Of those families with reported income in FY 2004 and FY 2005, approximately 71 percent paid a copayment. The table below shows mean family copayments according to poverty level.

Mean Family Co-Payments by Federal Poverty Level (FPL)			
	Families Below 100% of FPL	Families Between 100% and 150% of FPL	Families Above 150% FPL
FY 2004	\$29.88/mth	\$84.73/mth	\$139.44/mth
FY 2005	\$31.01/mth	\$88.34/mth	\$144.48/mth

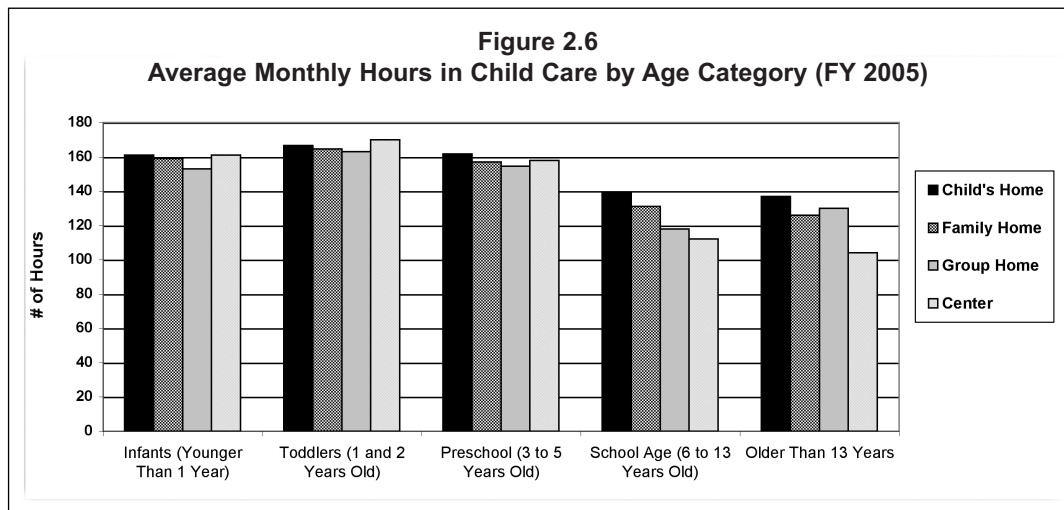
Source: ACF-801 Administrative Data (based on family size of three).

Of those families with copayments, child care copayments represented on average 6 percent of family income in FY 2004 and FY 2005. Including families who did not have a copayment, families paid on average slightly more than 5 percent of family income toward child care. Including those families with \$0 copayments, a majority of States and Territories (34 in FY 2004 and 35 in FY 2005) served families where the assessed family copayment was 5 percent or less of family income. (Refer to Figure 2.5 and Tables 15a & 15b.) In FY 2005, in 12 States (13 in FY 2004) families paid less than 3 percent of their income for child care copayments.



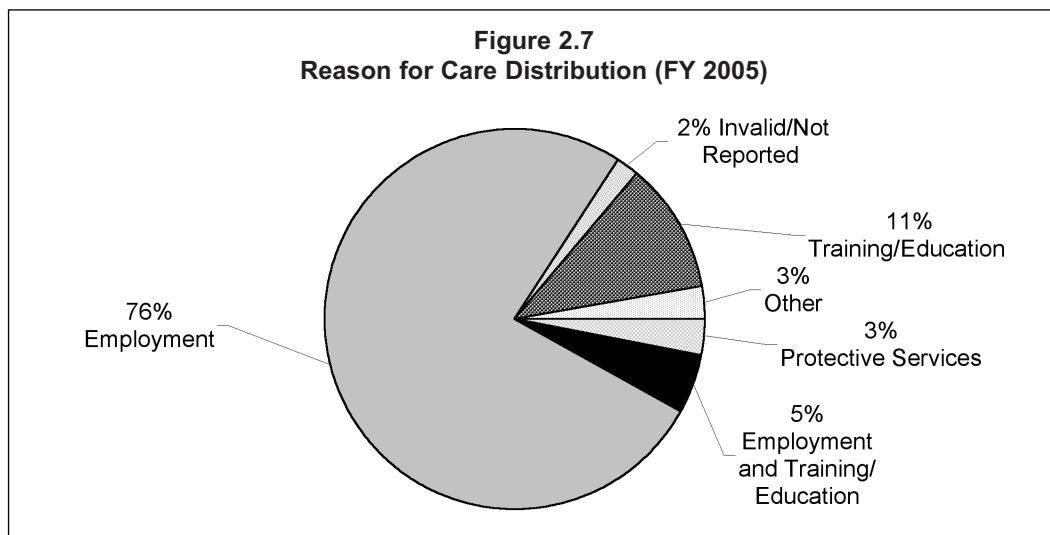
Average Monthly Hours of Child Care by Child's Age and Type of Care

In FY 2005, children were in care on average 147 hours per month. Average hours of care by setting type did not vary significantly. However, hours in care by age did vary. Children under age 5 averaged significantly more hours in child care than children ages 5 and older. For instance, toddlers (between ages 1 and 2) averaged 168 hours of care per month, compared with 122 hours of care per month for children between the ages of 6 and 13. This reflects the fact that older children attend school part of the day during the school year. FY 2004 data were comparable. (Refer to Figure 2.6 and Tables 6a and 6b in the appendices.)



Reasons for Care

Eligibility for CCDF requires parents to be working or participating in education or training activities. States may also serve children in protective services through CCDF. In FY 2005, over 90 percent of families reported either employment or education and training as the reason for needing child care. Specifically, 76 percent of families reported employment. Another 11 percent reported training and education. An additional 5 percent cited both employment and training and education. The remaining families reported protective services as reasons for care. FY 2004 data were comparable. (See Figure 2.7 and Tables 8a and 8b in the appendices.)



Numbers and Types of Child Care Providers

Of those providers receiving CCDF funds in FY 2004 and FY 2005, approximately 60 percent were family child care homes. Twenty-three percent served children in their own home, and 12 to 13 percent were child care centers. The remaining providers were group homes. (Refer to Tables 9a and 9b in the appendices.)

Providers Serving CCDF Children		
	FY 2004	FY 2005
Family Child Care	461,429	447,075
Child's Own Home	175,811	170,401
Child Care Center	101,957	91,741
Group Home	30,491	29,114

Regulated vs. Unregulated Settings

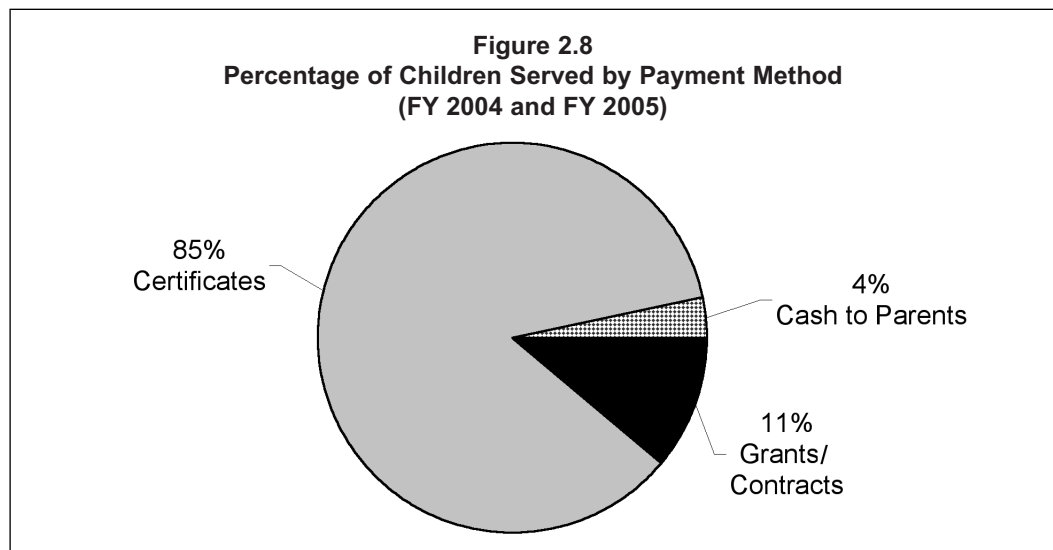
In FY 2004 and FY 2005, nearly three-fourths of the children were served in regulated child care settings; the remaining children were served in settings legally operating without regulation. Nearly all children served in child care centers and group homes were in regulated settings. Nearly all of the children served in the child's home were in settings legally operating without regulation. Of the children served in family child care homes, more than half were in regulated family child care homes. In FY 2004, five States had more than 50 percent of children served by providers legally operating without regulation—Connecticut, Hawaii, Illinois, Michigan, and Oregon. In FY 2005, four States had more than 50 percent of children served by providers legally operating without regulation—Hawaii, Illinois, Mississippi, and Oregon. (Refer to Tables 10a and 10b in the appendices.)

Relative vs. Nonrelative Care

In FY 2004 and FY 2005, children served in legally operating settings without regulation (child's own home or family child care) were more likely to be served by a relative than a nonrelative. (Refer to Tables 11a and 11b in the appendices.)

Children Served by Payment Method

Certificates were the most frequently used method of payment in both FY 2004 and FY 2005 (85 percent). Eleven percent of families were served through grants or contracts, and 4 percent were served through cash payments to parents. In FY 2004, Hawaii, Puerto Rico, and Utah used certificates less than half of the time. In FY 2005, Hawaii, Puerto Rico, Utah, and the Virgin Islands used certificates less than half of the time. (Refer to Figure 2.8 and Tables 12a and 12b in the appendices.)



State and Territorial Methods of Consumer Education

In FY 2004 and FY 2005, brochures, booklets, or written materials about types of care and quality of care were used by every State and Territory (for which data were available). Lists of legally operating child care providers were used by nearly all States and Territories as was providing parents and the public with information about policies regarding complaints. (Refer to Tables 13a and 13b in the appendices.)

About the Administrative Data

Required Reports

The statute governing CCDF requires that States, Territories, and Tribes provide aggregate and case-level information about the families and children receiving direct services through CCDF. This information is collected from States and Territories through OMB-approved instruments, the Child Care Annual Aggregate Report (ACF-800), and the Child Care Quarterly Case-Level Report (ACF-801). Tribal information is collected using the Child Care Annual Aggregate Report (ACF-700). The appendices provide a summary of the reports grantees are required to submit.

Since funds transferred from TANF to CCDF are subject to the rules governing the Discretionary Fund, State reports include children who were served through TANF transfers as well as State Matching and MOE funds. Although States are encouraged to provide case-level information about services provided directly with TANF dollars, the statute does not require States to provide specific information about child care funded with TANF. Consequently, detailed data about these services are not available. (States do report expenditure data on TANF services, and these data were used to estimate aggregate children served under TANF.)

Annual Aggregate Report and Pooling

The annual aggregate report provides unduplicated annual counts of children and families served through the CCDF, payment methods, the number of child care providers receiving CCDF funding by type of care, consumer education methods, and information about pooling of funding sources. In support of integrated approaches to the administration of child care subsidies, States are encouraged to provide data on the families and children receiving child care services through all funding sources (e.g., Social Services Block Grant, TANF, State dollars). If States choose to report pooled information, they must indicate the percentage of CCDF funds included in the pooled funds. This allows ACF to provide information about the numbers of families and children whose child care services are provided specifically through CCDF.

Quarterly Case-Level Report

The quarterly report provides case-level data on the children and families served during the month of service, including demographics, family income and copayments, and types of settings including licensure status. States have the option of submitting data on a sample basis, or for all cases on a monthly or quarterly basis.

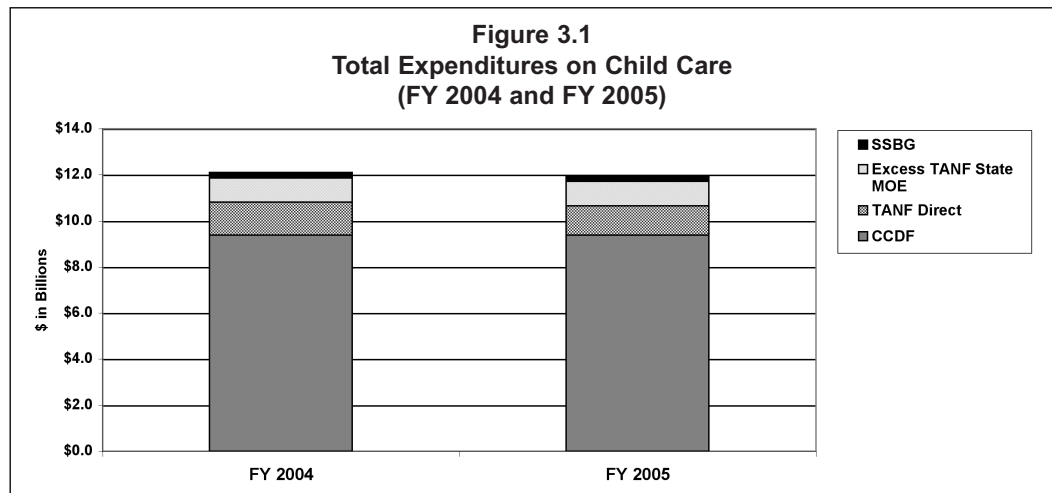
Some States and Territories have experienced difficulty in providing case-level data about families and children served through CCDF. These difficulties are related to problems with technology, rapid program growth, workload issues, multiple subsidy programs (as opposed to integrated approaches), and devolution of child care administration to local entities. FY 2004 and FY 2005 statistical tables based on annual aggregate and case-level reports may be found in the appendices, along with the methodology employed to derive national estimates. Limitations of the aggregate and case-level data are described as well.

PART III: CCDF EXPENDITURE DATA

Information about FY 2004 and FY 2005 CCDF expenditures was obtained from State quarterly financial reports submitted to ACF. These reports detail expenditures from each of the CCDF funding streams and by major spending categories. Since States have more than 1 year to liquidate their CCDF funds, total expenditures reflect funding from current and prior fiscal years. Because States continue to report on their expenditures until the funds are expended, these numbers are subject to updates and should not be considered final.

TOTAL FY 2004 AND FY 2005 SPENDING ON CHILD CARE

Expenditures for child care assistance remained high in FY 2004 and FY 2005. In FY 2004, Federal and State CCDF expenditures were \$9.38 billion, including TANF funds transferred to CCDF. After accounting for TANF direct, excess TANF State MOE, and SSBG spending on child care, overall spending was \$12.11 billion. In FY 2005, Federal and State CCDF expenditures were level at \$9.38 billion, including TANF funds transferred to CCDF. Total spending on child care in FY 2005, including TANF direct, excess TANF State MOE, and SSBG funds, reached \$11.96 billion. (Refer to Figure 3.1.)



Notes: In FY 2004, States reported on CCDF funds appropriated in FY 2000–2004. In FY 2005, States reported on CCDF funds appropriated in FY 2000–2005. SSBG includes SSBG-appropriated funds spent on child care and TANF transferred to SSBG and used for child care. TANF includes funds spent directly on child care; CCDF includes TANF transfers to CCDF.

Of the \$9.38 billion in total CCDF spending in FY 2004, \$6.86 billion were Federal CCDF funds (including amounts transferred from TANF), and \$2.52 billion were State spending (Matching and MOE). Of the \$9.38 billion in total CCDF spending in FY 2005, \$7.02 billion were Federal CCDF funds (including amounts transferred from TANF), and \$2.36 billion were State spending (Matching and MOE).

Another way to look at expenditures is how States spend their appropriations for a particular fiscal year. In FY 2004, States spent a total \$7 billion of FY 2004 combined Federal and State funds, which includes both CCDF and TANF transfers into CCDF. This amount is broken down to \$4.82 billion in Federal funds and \$2.18 billion in State funds. In FY 2005, States spent a total \$7.54 billion of FY 2005 combined Federal and State funds, including CCDF and TANF transfers into CCDF. Expenditures of Federal CCDF funds were \$5.33 billion, and State Matching and MOE funds were \$2.21 billion.

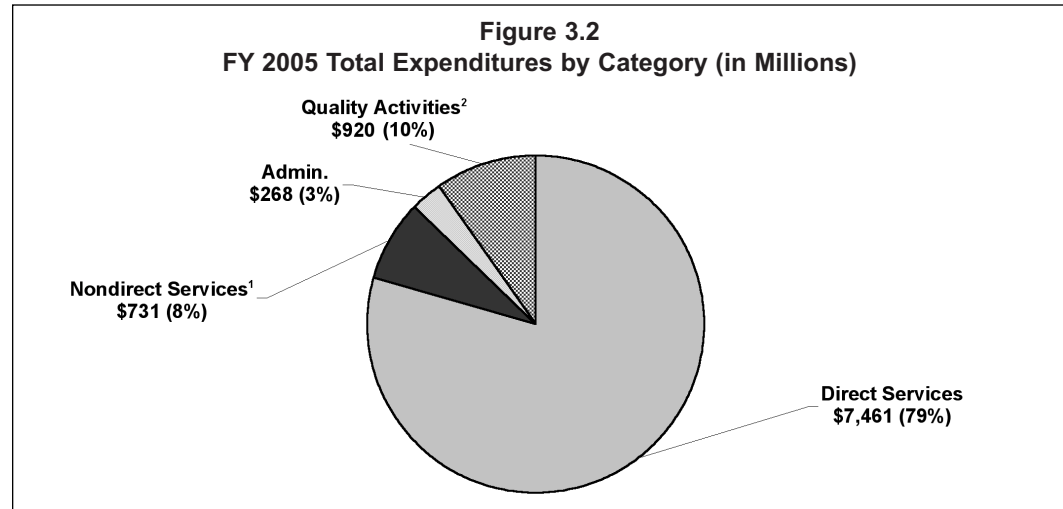
TANF BLOCK GRANT FUNDS FOR CHILD CARE

PRWORA of 1996 allows States to transfer up to 30 percent of their TANF grant to CCDF or the Social Services Block Grant (SSBG). No more than 10 percent of the TANF grant may be transferred to SSBG, however. According to TANF Final Regulations, States may transfer current year TANF funds only. States also may spend a portion of their TANF block grant directly on child care services.

States used this flexibility greatly to support child care services. In FY 2004, 37 States transferred \$1.86 billion in TANF funds to CCDF and spent approximately \$1.43 billion in TANF funds directly on child care. In FY 2005, 36 States transferred \$1.94 billion in TANF funds to CCDF and spent roughly \$1.28 billion directly on child care services. Between TANF transfers and direct spending, States invested a total of \$3.28 billion in TANF funds for child care in FY 2004 and \$3.22 billion in FY 2005.

CCDF SPENDING BY CATEGORY

This summary provides information obtained from the State CCDF ACF-696 reports submitted for the Fiscal Year (FY) 2005 CCDF expenditure year from all open appropriation years. States report on how expenditures are used: direct services, quality improvement activities, nondirect services, and administration. TANF spending on child care directly (as opposed to TANF transferred to CCDF) is not categorized and therefore is not included in Figure 3.2.



¹Nondirect Services include expenditures related to the operation of voucher programs, eligibility determination and redetermination, and developing and maintaining computer systems.

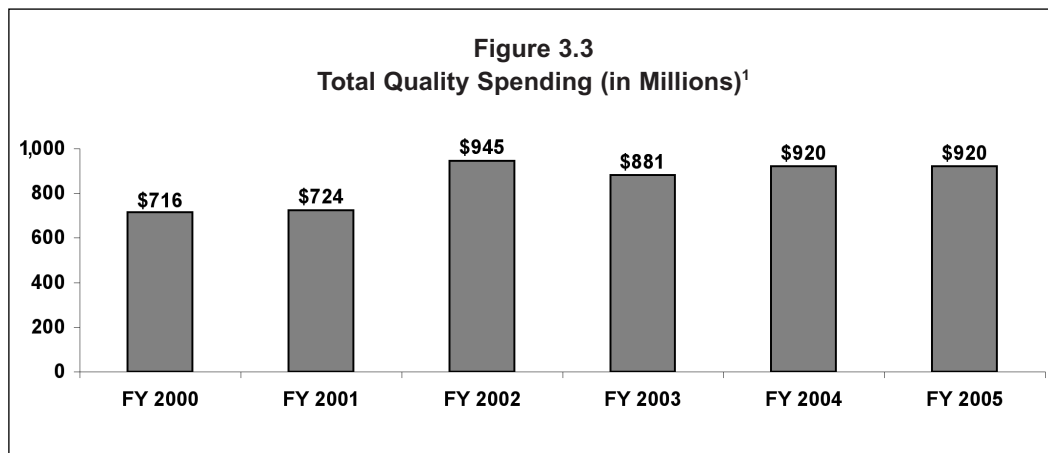
²Quality Activities include quality expenditures as well as expenditures of targeted funds for quality activities.

Direct Services

States spend the majority of their funds on direct services for child care services, primarily through vouchers and contracts. In FY 2004, States spent \$7.8 billion, or 83 percent, on direct services. This decreased slightly in FY 2005, with States spending \$7.5 billion, or 79 percent, on direct services. Because TANF direct spending on child care services is not categorized, the total amount spent on direct services (and other costs) is underestimated.

Quality Improvement Activities

While direct services make up the bulk of total spending, the largest percentage growth has occurred for quality improvement activities. Including targeted funds for child care resource and referral and school-age activities, improving the quality of infant and toddler child care, and quality expansion activities established above the 4 percent minimum quality spending requirement, FY 2004 and FY 2005 quality expenditures reached \$920 million or 10 percent of total spending. (Refer to Figure 3.3.)



¹Total quality spending includes discretionary targeted funds for specific quality improvement activities.

Nondirect Services

Nondirect spending on items such as information technology, referral services, and eligibility determination increased from \$452 million or 5 percent of total State and Federal expenditures in FY 2004 to \$731 million or 8 percent of total expenditures in FY 2005.

Administrative Expenses

In FY 2004 administrative expenses made up 2 percent of total expenditures at \$212 million. In FY 2005, administrative expenses made up 3 percent of total expenditures at \$268 million. By law, no more than 5 percent of the aggregate CCDF funds expended by the Lead Agency from each year's fiscal allotment may be used for administrative activities.

SPENDING OF CCDF FOR PUBLIC PREKINDERGARTEN

According to Federal regulation, States may use public prekindergarten funds for up to 20 percent of the funds serving as MOE. In FY 2004 and FY 2005, 10 States counted a total of \$34 million, or about 4 percent of total MOE expenditures on prekindergarten for their MOE requirement (Alabama, Michigan, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin).

In addition, States may count other public prekindergarten expenditures for up to 20 percent of the States' Matching funds requirement. In FY 2004, 11 States reported a total of \$41 million in spending on prekindergarten toward their Match requirement (Alabama, Colorado, Maryland, Massachusetts, Michigan, Nevada, Oklahoma, Oregon, South Carolina, Texas, and Wisconsin). In FY 2005, eight States reported a total of \$38 million in spending on prekindergarten toward their Match requirement (Alabama, Maryland, Michigan, Oklahoma, Oregon, South Carolina, Texas, and Wisconsin). In both FY 2004 and FY 2005, these public prekindergarten expenditures made up about 3 percent of the Match requirement.

**More detail about FY 2004 and FY 2005 State CCDF
expenditures can be found on the CCB Web site at:**

*<http://www.acf.hhs.gov/programs/ccb/data/expenditures/05acf696/toc.htm>
<http://www.acf.hhs.gov/programs/ccb/data/expenditures/04acf696/toc.htm>*

PART IV: STATE CCDF PLANS

States, Territories, and Tribes are required to submit plans that describe how they intend to implement CCDF. These plans are submitted using a template that asks for information about the Lead Agency, CCDF administration, the process for developing the plan, service priorities, processes with parents, and activities that will be funded with the quality set-aside and targeted funds for quality improvement activities.

The CCDF Plan, which the Lead Agency must submit biennially to HHS for funding after receiving public comment, identifies the:

- State Lead Agency (designated by the State chief executive);
- Policies and procedures used by the State Lead Agency in administering CCDF;
- Purposes for which CCDF funds will be expended;
- Payment rates and parental contribution rates (sliding-fee scale) related to direct services provided with CCDF; and
- Other information specified by HHS.

In developing its CCDF Plan, the Lead Agency must:

- Consult with appropriate representatives of local government;
- Coordinate the provision of services with other Federal, State, and local child care and early childhood development programs, including such programs for the benefit of Indian children; and
- Hold at least one public hearing.

In coordination with ACF Regional Offices, CCB reviews the CCDF State Plans to ensure compliance with the CCDF statute and regulations. The following summarizes the information States and Territories provided in their plans for FY 2004–2005 (October 1, 2003, through September 30, 2005).

ADMINISTRATION

States and Territories indicate that CCDF Lead Agencies are working in partnership with multiple Federal, State, Tribal, and local entities to administer CCDF funds. Many Lead Agencies directly administer funds for child care services through child care certificates, vouchers, or contracting with child care programs to serve families that are eligible for child care assistance. However, all of the Lead Agencies contract with at least one other entity to assist them in administering funds to improve the quality and availability of child care.

In many cases, States and Territories devolved substantial administrative responsibility for CCDF to local jurisdictions, such as counties or nongovernmental entities created by statute. Six States reported that the Lead Agency directly administers and implements all services, programs, and activities funded by CCDF (down from nine States in the FY 2002–2003 Plan Period).

Thirteen States indicate that they use private, donated funds to meet part of their CCDF matching requirement (up from five States in the FY 2002–2003 Plan Period). Nineteen States used expenditures on prekindergarten programs to meet their CCDF matching requirement, their CCDF maintenance-of-effort (MOE) requirement, or both.

State Flexibility

States have significant flexibility in administering and funding child care assistance programs under CCDF. Forty-five States set income eligibility limits for CCDF assistance that were below the Federal maximum of 85 percent of State Median Income (SMI). Twenty-seven States and four Territories established additional eligibility conditions or priority rules and/or have rules that vary in different parts of the State or Territory. Seven States used a two-tiered eligibility threshold to allow families to retain subsidies even when their income increases. For instance, in Massachusetts, a family must have an income at or below 50 percent of the SMI in order to access the subsidized child care system; however, once that family has a subsidy, they remain eligible until their income reaches 85 percent of SMI. For a family in Massachusetts who has a child with a documented disability, the initial income eligibility level of that child or any other child in that family is 85 percent of SMI.

Eligibility

In the FY 2004–2005 CCDF Plans, maximum family income eligibility levels across States ranged from 28 to 85 percent of the SMI. While four States and five Territories reported they set the income eligibility ceiling at 85 percent of the SMI, the Federal maximum, most set eligibility at a lower level in order to prioritize families with very low incomes. On average, States reported an income eligibility level equivalent to 59 percent of SMI (down from 62 in the FY 2002–2003 Plan Period). Twenty-six States reported income eligibility ceilings that were lower than those reported in the FY 2002–2003 Plan Period, 12 States were higher, and 13 States remained unchanged.

Most States use pretax gross income, usually expressed in monthly terms, to determine if a family is eligible to receive child care assistance. However, some States exclude or exempt certain income, or allow deductions to income for certain expenses. Most commonly, States exclude or exempt income received from certain public assistance programs such as TANF, Supplemental Security Income, food stamps, energy assistance, and housing allotments.

Priorities

States determined whether to target certain populations or to treat all families the same regardless of welfare receipt status or history. Most States either served all those eligible or gave priority to families currently receiving, at risk of receiving, or transitioning off TANF, first priority. Fifteen States and three Territories indicated that first priority was given to families that include a child with special needs, as defined by the States and Territories (up from 11 States in the FY 2002–2003 Plan Period). Other States gave priority to teen parents, non-TANF teen parents and children in protective services or foster care.

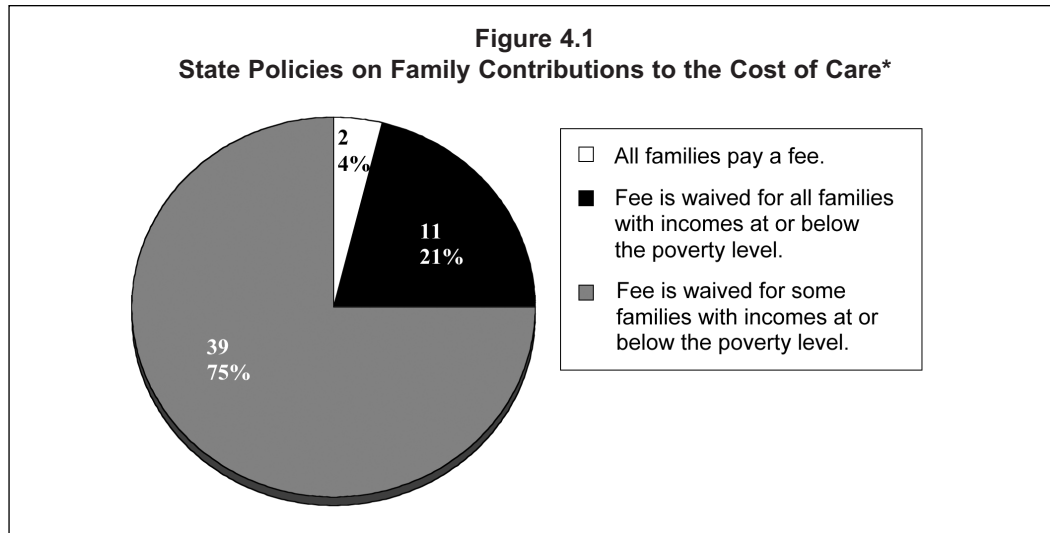
North Carolina allowed counties to establish their own priorities but required them to set aside part of their allocation for children with special needs. Most counties also gave priority to families who were working, particularly TANF recipients who were working or in training.

Family Contributions to the Cost of Care

States are required to establish a sliding-fee scale, based on income and family size, whereby families receiving services through CCDF contribute to the cost of care. Some States use other factors including the price of care, the State reimbursement rate, or both, in determining the amount of copayments. In the FY 2004–2005 CCDF Plans, approximately 82 percent of States indicated that copayments were based on a percentage of family income. Of these States, copayments also were based on other factors, such as number of children receiving care, the cost of care, and whether care is full- or part-time.

States may choose to waive copayments for families with income below the Federal Poverty Level (FPL). Two States required all families to pay a fee (down from five in the FY 2002–2003 Plan Period). Eleven States waived fees for all families with income at or below FPL (down from 12 in the FY 2002–2003 Plan Period). Thirty-nine States waive fees for some families with incomes at or below FPL (up from 33 in the FY 2002–2003 Plan Period). (Refer to Figure 4.1.)

In addition to assessed family copayments, many States allow providers to charge families the difference between their standard rates for all families and what the State reimburses. Seventeen States reported that they prohibit providers from charging fees in addition to the copayments established by the State (up from 14 in the FY 2002–2003 Plan Period). Six additional States reported that they prohibit some, but not all providers from charging families fees in addition to the established copayments. Of the States that have prohibitions against additional charges, many said providers may charge fees such as late charges or costs related



*Includes the District of Columbia and Puerto Rico.

to registration, transportation, and field trips. For example, Kansas providers signed an agreement indicating they may not charge parents the difference between the reimbursement rate and the private pay rate. However, Federal rules give States the option of allowing providers to assess extra charges for transportation, overtime, late fees, holidays, and extra absent days (time) if the provider's policy is to charge the private sector the extra charges.

PAYMENT RATES

States must conduct market rate surveys every 2 years and must use the results in establishing child care provider payment rates that ensure that families receiving CCDF assistance have equal access to comparable care purchased by private paying families. Twenty-three States and three Territories indicated that they set reimbursement at levels equal to or higher than the 75th percentile of the local market rate. (This means that the State's maximum rates are equal to or more than the price of 75 percent of child care slots in the market). However, eight of these States indicated that rates were established at the 75th percentile of a prior year market rate survey. For most States, reimbursement rate ceilings for center-based care remained constant as compared to the FY 2002–2003 Plan Period. Between 20 and 25 percent of States increased rate ceilings for infant, toddler, and preschool care, while approximately 10 percent decreased rate ceilings for such care. In 15 percent of States, maximum rates for school-age child care rose, while maximum rates for such care decreased in 18 percent of States.

Nineteen States implemented a tiered reimbursement system whereby providers are paid more if they can demonstrate that they offer higher quality care.

Limitations on the Use of In-Home Care

States must allow the use of in-home care but may set limits on its use. While 17 States indicated that they do not limit the use of in-home care (down from 22 in the FY 2002–2003 Plan Period), 33 States said they do impose limits in some way, mostly for financial reasons (up from 28 in the FY 2002–2003 Plan Period). Some of the States that impose limits require that a sufficient number of children be in care to ensure that the provider receives a minimum wage. For example, Idaho, Indiana, Iowa, Nebraska, and Wisconsin limit in-home care to families in which three or more children require child care while Delaware sets the minimum number at four children.

Processes With Parents

Thirty States plus the District of Columbia and Puerto Rico reported that an entity other than the Lead Agency determined eligibility for non-TANF families, TANF families, or both. Sixteen States are using the Internet to disseminate information about child care subsidies or help families request applications for assistance (up from four in the FY 2002–2003 Plan Period). Thirty-eight States indicate they allow families to request applications for child care services by mail or telephone. Eight of those States allow families to complete the subsidy application by mail or telephone.

Ten States allow child care programs that collaborate with Head Start to determine eligibility once a year, at the beginning of the program year, rather than using the more typical 3- to 6-month eligibility period.

States and Territories are required to establish procedures for maintaining records of substantiated parental complaints. In most States, records of substantiated complaints were maintained by the State's licensing unit and were available to the public upon request at a designated place. Thirteen States established a toll-free telephone number that parents may call to request substantiated complaint information and five States allowed parents to request or receive complaint information via the Internet. Seven States reported using an automated system to track complaint information.

CERTIFICATES, GRANTS, AND CONTRACTS

Although most States administer the bulk of their CCDF funds as certificates or vouchers, 26 States reported they also have grants or contracts for child care slots. In most cases, these grants and contracts are limited to specific populations and/or low-income neighborhoods where child care supply is limited. States also use contracts to support Head Start “wraparound” initiatives, school-age child care, or programs that target specialized populations such as teen parents or children with special needs.

For example, Vermont issued certificates that serve as a notice of eligibility to the provider. Parents were allowed to select care from the full range of regulated or certified providers in the State. If a parent did not have a provider at the time of application for the subsidy program, the subsidy specialist explained the options for types of care available to the parent and assisted the family to connect with referral services to locate a provider of the parents’ choice. With eligibility determination housed in the community, the subsidy program and resource and referral were colocated in most districts, making this an easier process for families.

SERVICE COORDINATION

Lead Agencies consulted with many Federal, State, local, Tribal entities, and private early care agencies in developing their CCDF Plans, as required by statute. Many States established local coordinating councils or advisory boards that meet regularly to provide input and direction on CCDF-funded programs. Lead Agencies also consulted with advocacy organizations, business and employment entities, child care providers, parents, school districts, faith-based programs, and charitable and community organizations.

Child Care Lead Agencies typically collaborate and coordinate services with:

- Federal partners, including Head Start;
- Education programs, including programs dedicated to children with special needs;
- Public health programs;
- TANF programs;
- Juvenile justice agencies; and
- Private entities.

States reported diverse and innovative approaches in the coordination of activities. Alabama partners with Alabama Public Television to implement their Ready-to-Learn Project. In Washington, the Braided Funding Think Tank, which comprises Federal and local early childhood professionals, addresses barriers, and creates strategies for using multiple sources of funding for early childhood programs.

All CCDF Plans contain descriptions of public-private partnership activity. Those partnerships support a wide range of activities, including professional development, quality child care, school readiness and literacy, facility startup and

enhancement, public awareness, and addressing availability and accessibility. The States report a wide range of partners, including child care resource and referral agencies, businesses, charitable organizations, and community organizations.

IMPROVING THE QUALITY OF EARLY CHILDHOOD SERVICES

Targeted Funds and Set-Aside

States and Territories are required to spend at least 4 percent of their CCDF allocation on quality activities. In addition, CCDF provides targeted funds for improving the child care quality of specific populations, such as infant and toddler and school-age, and for particular activities, such as child care resource and referral. States and Territories may meet their CCDF quality set-aside and requirements for targeting funds by using CCDF funds for a variety of quality initiatives, including those that target:

- Infants and toddlers;
- Child care resource and referral services;
- School-age child care;
- Comprehensive consumer education;
- Grants or loans to providers to assist with meeting State and local standards;
- Monitoring of compliance with licensing and regulatory requirements;
- Training and technical assistance;
- Compensation of child care providers; and
- Activities that increase parental choice and improve the quality and availability of child care.

Child Care Services for Infants and Toddlers

States use CCDF funds to improve the quality of care provided to infants and toddlers, and they are doing so in ways that promote systemic change. Over 90 percent of States reported using infant and toddler set-aside funds for specialized training. More than half of the States offered some form of technical assistance or consultation to infant and toddler programs and practitioners. Some States used CCDF quality funds to expand the supply of child care programs that serve infants and toddlers. Other activities addressing the quality of infant and toddler care included raising the reimbursement rate ceiling for programs serving infants and toddlers, supporting environmental assessments of infant and toddler care, and integrating all infant and toddler initiatives into a single system.

As an example, Arkansas established a 60-hour course of study specific to caregivers in infant/toddler settings as part of its Child Care Specialist Certificate. A specialty for Infant and Toddler care also was made available as part of the Child Development Associate (CDA) credential. A three-session training program and an Infant/Toddler Framework (based on the State's early learning guidelines) were developed to help parents, providers, and others learn more about the links between early brain development and early childhood education. Additionally, the

CCDF Lead Agency worked with Arkansas Education Television to reach parents, providers, and trainers. Programs that care for infants and toddlers also were encouraged to pursue accreditation through incentive grants.

Resource and Referral

States report they provide some type of child care resource and referral services, which include consumer information and referrals, development of new family child care homes and centers, training and/or technical assistance to child care providers, and other quality enhancement initiatives. These services are typically provided via contract with a nonprofit community-based organization, although a few States provide resource and referral services directly, and some use State or local public agencies. Several States described unique initiatives that establish or upgrade the automation and data collection systems used by resource and referral agencies. They also reported using resource and referral agencies as coordinating bodies to support a range of services for parents and providers, including infant and toddler training programs.

In Illinois, resource and referral agencies led a statewide public education and technical assistance campaign to educate parents, child care providers, communities, and employers of the importance of quality child care. This program included brochures, posters, television and radio public service announcements, and a toll-free phone line. Additionally, each resource and referral agency had a Quality Counts van along with funding to equip the van for outreach to providers and consumers. Agencies also administered grants to licensed and exempt center and home care providers to support purchases that enhance quality and/or expand capacity in their child care programs.

School-Age Child Care

States also used CCDF funds to support school-age child care programs and services. Most States used set-aside funds for school-age child care provider training, technical assistance activities, and grants for school-age child care programs. Some States used CCDF quality and targeted funds to aid in startup and operating assistance for school-age child care programs. Other States supported rate increases for school-age child care or conducted planning and evaluation efforts.

For example, Minnesota made regional grants available to expand and improve school-age child care. The program is administered by resource and referral agencies and requires that programs work with a university-based mentor program and implement a professional development plan. Additionally, the Lead Agency formed a Statewide Initiatives Network to integrate programming, training, and technical assistance.

Consumer Education

Nearly all States and Territories reported they undertook comprehensive consumer education activities to improve the availability and quality of child care. Most States also conducted a consumer education campaign that includes brochures and pamphlets about child care subsidies, services, and choosing quality child care providers. Some States used multimedia tools, such as videos and Web sites.

Grants and Loans to Child Care Providers

A number of States and Territories provided grants and loans to child care providers to assist them in meeting State and local standards. In some cases, grants supported child care startup, expansion, or assisted child care providers pursuing accreditation. Eleven States established child care loan programs.

Monitoring Compliance With Regulatory Requirements

CCDF funds support States in monitoring compliance with State child care licensing and regulatory requirements. Thirty-nine States and two Territories reported using CCDF to support licensing staff. For example, New York developed and delivered training for regulatory staff that emphasized developmentally appropriate practice, as well as training for inspectors and registrar staff. Eight States also used quality set-aside funds to help pay for new or upgraded automation systems to track compliance with licensing standards and parental complaints.

Training and Technical Assistance

Twenty-nine States and one Territory used CCDF funds to support or build an early care and education career development system. Twenty-two States reported working with child care resource and referral agencies to implement and/or coordinate training. Other States reported other training and technical assistance activities, such as participation in the Teacher Education and Compensation Helps (TEACH) program, development of distance learning techniques, and establishment of mentoring programs.

Compensation of Child Care Providers

Eighty-eight percent of States described initiatives to increase compensation paid to child care providers. For example, New Jersey provided \$5,000 annually to teachers working in child care centers that contract with the State's prekindergarten program and who are working toward an early childhood degree or certification. Participants also received a \$50 stipend for books.

Other Quality Activities

States and Territories reported a variety of other initiatives aimed at improving the quality of child care, including:

- Activities in support of early language, literacy, prereading and early math development (23 States and 1 Territory);
- Healthy Child Care America and other health activities, including those designed to promote the social and emotional development of children (20 States); and
- Establishment of quality rating or tiered reimbursement system (13 States).

Good Start, Grow Smart

The President's Good Start, Grow Smart initiative envisions a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. As part of this initiative, Lead Agencies were asked to assess their State's or Territory's progress toward meeting three components: 1) developing voluntary guidelines on language, literacy, prereading, and early math concepts; 2) developing a plan for the education and training of child care providers; and 3) planning for coordination across at least four early childhood programs and funding streams.

Voluntary Guidelines for Early Learning

Over half of all States reported that their early learning guidelines (ELGs) were being developed. Of the remaining States and Territories, 29 percent reported that ELGs were being implemented, while 19 percent reported that they were still at the planning stage of developing ELGs. Forty-four States reported that a State Department of Education was leading the planning, development, and implementation of ELGs; 23 States reported that a child care agency was involved. Almost all States reported that specific efforts had been or would be undertaken to ensure alignment between ELGs and the State's K–12 educational standards. States addressed a variety of domains in their ELGs; almost all States included physical, health, social, emotional, cognitive, and language and literacy components in their ELGs.

Professional Development

Twenty-eight States offered training and technical assistance activities statewide to all types of providers. An additional 20 States offered training and technical assistance but not for all providers or in all parts of the State. Thirty-six States and two Territories reported having a professional development plan, while an additional 13 States and 2 Territories reported they were developing a professional

development plan. Over half of all States (26) indicated that their professional development plans address early language, literacy, prereading, and early math development. Fifty States and two Territories offered program or provider-level incentives in conjunction with their professional development activities.

Program Coordination

Thirty-one States had a plan for coordination across early childhood programs. Among those States and Territories that did not have a coordination plan, 20 States and 1 Territory indicated that coordination still occurs. About half of the States with a coordination plan used an interagency council or commission to ensure that coordination occurs. In other States the CCDF Lead Agency was responsible, in some cases in partnership with other State agencies. The most common program coordination partners were: Head Start and Early Head Start Programs, State TANF agencies, State prekindergarten programs, and IDEA Part C programs.

The Territories

Five Territories receive Child Care and Development Fund (CCDF) discretionary funding:

- American Samoa;
- Guam;
- Commonwealth of Northern Mariana Islands (CNMI);
- Virgin Islands; and
- Puerto Rico.

Discretionary funds include targeted funds for:

- Child care quality improvement activities;
- Infant and toddler quality improvement; and
- Child care resource and referral and school-age care activities.

The Territories do not receive CCDF Mandatory or Matching Funds, which means they are not required to meet the Maintenance of Effort (MOE) or Matching Fund requirements for CCDF (which are tied to accessing the Matching Funds). However, they are required to meet the same CCDF Plan submission and reporting requirements as States.

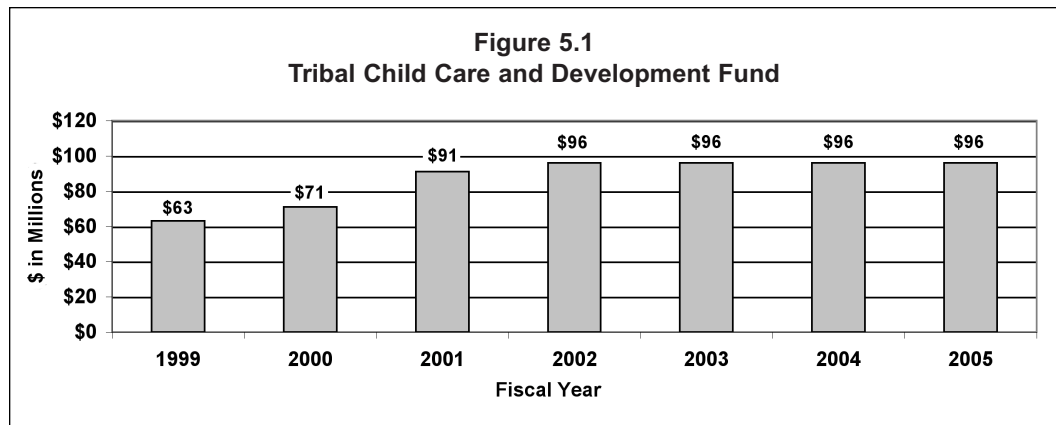
CCDF Discretionary Fund Allocations

	FY 2004	FY 2005
American Samoa	\$2,751,540	\$2,514,556
Commonwealth of Northern Mariana Islands (CNMI)	\$1,722,749	\$1,594,221
Guam	\$3,937,305	\$4,190,927
Puerto Rico	\$42,537,814	\$41,463,358
Virgin Islands	\$2,024,955	\$2,114,902

PART V: TRIBAL CHILD CARE

The 1996 welfare reform law (P.L. 104–193) amended the Child Care and Development Block Grant Act of 1990 (CCDBG) to reserve “not less than one percent and no more than two percent” of the aggregate Child Care and Development Fund (CCDF) money for Indian Tribes. HHS elected to reserve the full 2-percent set-aside. In FY 2004, 261 Tribal grantees were awarded \$96,086,196 in CCDF funds. In FY 2005, 265 Tribal grantees were awarded \$95,998,425 in CCDF funds. Over 500 federally recognized Indian Tribes, Alaska Native Villages, and a Native Hawaiian organization received CCDF funds directly or through consortium arrangements. Indian children are dually eligible to receive services from a Tribal or State CCDF program. With few exceptions, Tribal CCDF grantees are located in rural, economically challenged areas. (Refer to Figure 5.1.)

An Indian Tribe is eligible to receive CCDF monies if the Tribe is federally recognized and the Tribal population includes at least 50 children under age 13. A federally recognized Tribe, including a Tribe with fewer than 50 children, may join a consortium of Tribes to receive funding. Grant awards are calculated based on the number of children under age 13 reported by each Tribe. As part of the annual CCDF funds application process, a Tribe must submit a signed declaration that certifies the number of Indian children under age 13 who reside on or live near the reservation or Tribal service area.



The CCDF regulations provide significant flexibility for Tribes to design and administer their programs in accordance with the unique needs and challenges in their communities. Recognizing that many smaller Tribes do not have the infrastructure to support certain CCDF requirements, CCB exempts these Tribal grantees from two key provisions. First, unlike the States and large Tribes, exempt Tribes are not required to spend at least 4 percent of their CCDF funds on activities to promote child care quality. Second, exempt Tribes are not required to operate a certificate (voucher) program. The 1998 CCDF regulations (45 CFR Parts 98 and 99) set the exempt/nonexempt threshold at \$500,000. Therefore, a Tribe with an annual CCDF allocation of \$500,000 or greater is considered nonexempt and must operate a certificate program and meet the 4 percent quality requirement.

Tribes may use their CCDF funds to construct or renovate child care facilities, subject to ACF approval of an application for construction and major renovation application. Between FY 1997 and FY 2005, ACF approved over \$62 million in CCDF funds to construct or renovate 125 child care facilities.

In Tribal communities, CCDF plays a critical role in offering affordable, accessible, and quality child care options to parents as they move toward economic self-sufficiency. Tribes employ a number of creative strategies to leverage their child care resources and coordinate with other early childhood programs, such as Head Start and Early Head Start programs and the U.S. Department of Education's 21st Century Community Learning Centers (for school-age children).

Tribal Program Flexibility: Public Law 102-477 Option

Through the Indian Employment, Training, and Related Services Demonstration Act of 1992 (P.L. 102-477), Tribes have the option to consolidate their CCDF funds with other employment and training funds, which allows them to submit abbreviated CCDF applications, plans, and program reports. Tribes may also request waivers for certain CCDF statutory provisions, regulations, policies, or procedures, given that the waiver is consistent with P.L. 102-477 and the Child Care and Development Block Grant Act of 1990. This option gives Tribes increased flexibility in developing comprehensive service delivery models and program outcomes that support the policy of Tribal self-determination and meet the unique needs of Tribal families.

In FY 2005, 32 Tribes consolidated their CCDF plans into P.L. 102-477 plans. These 32 Tribes received nearly one-quarter of the FY 2005 CCDF funds. As the statutorily designated Lead Agency of the 102-477 option, the U.S. Department of the Interior conducts onsite reviews for all 102-477 grantees during their approved 2- or 3-year grant periods. Tribes receive copies of review findings and are provided with corrective actions, if necessary. Over the past 12 years, CCB has worked closely with the U.S. Department of the Interior to administer the consolidation option.

NATIVE LANGUAGE AND CULTURE

There is a strong emphasis on traditional culture and language in Tribal child care settings, which is usually reflected in a Tribe's CCDF program activities. For example, in many Tribal communities, parents place their children with Tribal child care providers or relative providers, where the child's heritage, culture, and native language will be supported. A 1998 HHS Office of Inspector General report on Tribal child care found that most Tribal families prefer to have neighbors and relatives care for their children.

TRIBAL CHILD CARE ASSISTANCE

TriTAC

The majority of CCB Tribal technical assistance is provided by the Tribal Child Care Technical Assistance Center (TriTAC). TriTAC designs specialized technical assistance for child care directors on administering their CCDF programs. TriTAC assists Tribal grantees in child care capacity-building efforts through:



- A Tribal child care Web page (<http://nccic.org/Tribal>);
- A toll-free information and referral line;
- A collection of “Effective Program Strategies” profiling successful techniques used by Tribes in the administration of their CCDF programs;
- Tribal cluster trainings;
- An annual National American Indian/Alaska Native (AI/AN) Child Care Conference; and
- Training for new and experienced Tribal CCDF administrators.

National American Indian and Alaska Native Child Care Conference

Sponsored by CCB, the annual National American Indian and Alaska Native Child Care Conference provides training and workshops for Tribal child care directors on CCDF program administration. The conference draws 400–500 individuals, including Tribal leaders; child care staff; national Tribal and child care organization representatives; and Federal agency staff from HHS and other Federal agencies. In FY 2004, the Conference focused on incorporating language, culture and tradition into Tribal early learning environments. The FY 2005 conference focused on creating positive outcomes in Tribal early care and education settings.

Tribal CCDF New Administrators Training

Each year, CCB sponsors a training session for Tribal CCDF. This training provides new Tribal CCDF administrators with comprehensive information on basic CCDF policy topics (statutory, regulatory, data collection, and reporting requirements); key CCDF contacts at the Federal and State levels; and program supports, such as technical assistance, child care information available on the Internet, and opportunities for collaboration with other early care and education programs.

Tribal Cluster Trainings

In conjunction with TriTAC, CCB holds a series of cluster trainings for Tribal child care grantees each year across the country. In FY 2004, this training series addressed the coordination and collaboration aspects of the President's Good Start, Grow Smart initiative. The trainings provided participants with information needed for increasing coordination and collaboration between Tribal CCDF and other Tribal, Federal, State, and local programs serving low-income children and families.

The FY 2005 Tribal Cluster Trainings were designed to provide indepth technical assistance to Tribes. Session topics included a review of the revised minimum standards for Tribal child care; the dangers of methamphetamine and clandestine drug labs to children, families, providers and communities; identification and control of infectious diseases in child care settings; developing and updating health and safety policies and procedures; and techniques for promoting positive behavior and social/emotional growth in children.

In FY 2004 and FY 2005, CCDF and TANF Tribal administrators participated in joint Tribal cluster trainings. The trainings focused on common program administration and accountability issues, collaboration among the two programs, and effective case management systems. The joint trainings provided an important opportunity for Tribal TANF and CCDF program managers and staff to learn about each other's programs and to think about the ways that they can work together across programs. It also provided an opportunity for Federal staff to learn about how to support collaboration between these programs.

Tribal Data Collection and Submission

Tribes are required to provide aggregate child care data on the ACF-700 report, including annual counts of Tribal children and families served through CCDF, average hours of service per child by type of care, average monthly payment and copayments per child, and the number of children served by income. The Tribes are required to submit the ACF-700 report for each Federal fiscal year. Tribes may submit their reports up to 3 months after the end of the reporting period.

In FY 2004, 17,078 families and 23,604 children were served with CCDF funds (67 percent of grantees reporting) and in FY 2005, 12,854 families and 22,088 children were served (68 percent of grantees reporting). Although data quality is improving, some Tribal grantees have difficulty providing accurate, complete data due to a number of factors, including staff turnover and a lack of technology resources and infrastructure. To address these issues with data quality, CCB continues to provide technical assistance and specialized software (Tribal Data Tracker) to help Tribes with data reporting.

COORDINATION WITH TRIBAL PARTNERS

The CCDF statute and regulations require CCDF Lead Agencies to:

- Consult with appropriate representatives of local government;
- Coordinate services with other Federal, State, and local child care and early childhood development programs, including those serving Indian children; and
- Coordinate with other State and Tribal agencies responsible for public health, employment, education, and TANF.

These State-Tribal child care collaborations have increased greatly over the past few years, in part due to increased technical assistance and support to both State and Tribal CCDF administrators on this topic. For example, in FY 2005 CCB and TriTAC produced and distributed *Tribes and States Working Together: A Guide to Tribal-State Child Care Coordination* to State and Tribal CCDF administrators, ACF Regional Offices, CCB's technical assistance partners, and at annual conferences.

In their FY 2004–2005 CCDF plans, Tribes and States described a number of ways they are coordinating services. For example, Alaska's CCDF Lead Agency hosts regular teleconferences with the 31 Alaska Native Tribal CCDF directors and meets with the Tribal grantees at the annual Tribal Cluster Training in Anchorage. Wisconsin contracts with 11 Tribes to administer the State CCDF program for Tribal families within the Tribes' service delivery areas. Louisiana and Oklahoma both have reciprocal licensing agreements with specific Tribes that allow the Tribes and States to cross-monitor child care programs.

The Tribes also coordinate with Tribal colleges and universities (TCU) to develop professional development and training opportunities for child care providers. For those Tribes not located near an existing TCU, distance learning technology is emerging as a vital resource to provide culturally relevant training to students in remote areas. For example, the Oglala Sioux Tribe's Child Care and Development Program collaborated with Oglala Lakota College (OLC) in formal and informal ways to meet a number of service needs on the Pine Ridge reservation. They joined forces to increase child care availability at some of the College's campuses and developed a formal Memorandum of Agreement on the provision of technical assistance and training for center- and home-based child care providers.

PART VI: CHILD CARE RESEARCH

The Administration for Children and Families (ACF) has a long history in child care research. Early studies laid the foundation for CCB's research agenda, which is designed to support decision-makers in crafting child care policies that support positive outcomes. It also is intended to increase the capacity for child care research at the national, State, and community levels and to promote linkages among research, policy, and practice.

FY 2004 AND FY 2005 RESEARCH ACTIVITIES

Beginning in FY 2000, Congress authorized the Bureau to spend \$10 million annually in CCDF funds for research, demonstration, and evaluation. Research priorities in FY 2004 and FY 2005 were identified after a careful review of the current status of knowledge and evidence. The research agenda responds to the needs of States for research-based evidence that will inform policy decision-making and implementation of the CCDF program at the State and local levels.

The Child Care Bureau's Research Priorities

CCB seeks to address the questions that are most relevant to Federal, State, and local community policymakers. These questions include:

- What are the effects of alternative child care subsidy policies and practices on children and families served?
- What is the relationship between receipt of child care subsidies and parents' employment outcomes, including stability of employment and of child care for their children?
- Which child care policies are linked to access to child care that meets the needs and preferences of parents?
- What are cost-effective investments in child care quality?
- What are the issues and outcomes related to caregiver professional development and training?
- How does school readiness vary among young children in a range of care settings, and what factors promote children's early learning?
- What are promising models of coordination between child care and other services for children and families in the States?

CCB's research projects involve sophisticated research methodologies, including quasi-experimental and experimental designs. Several national evaluations have been launched to examine variations in State child care policies and explore promising approaches to child care provider training. In addition, CCB is investing in efforts to increase State capacity for research and data analysis, support doctoral students working in child care research, and improve research quality and usefulness through the Child Care Policy Research Consortium and

Child Care and Early Education Research Connections. Collaborative relationships with other Federal agencies and national organizations are being strengthened, and many studies now involve partnerships that bring together diverse constituencies and research interests. The following provides an overview of CCB's research initiatives in FY 2004 and FY 2005.

Child Care Policy Research Consortium

During FY 2004 and FY 2005, CCB continued to expand its national Child Care Policy Research Consortium of grantees and contractors. The purpose of this consortium is to help CCB increase national capacity for sound child care research, identify and respond to critical issues, and link child care research with policy, practice, and consumer demand. As part of its responsibility to foster child care research and dissemination of research findings, in collaboration with CCB, the Consortium sponsored annual meetings in FY 2004 and FY 2005 and increased the participation of State-level Administrators and research staff in these meetings. Members of the consortium participated in panel discussions, workshops, and poster board sessions to explore current issues facing researchers and policymakers.

As a result of the Consortium's activities, child care researchers across the country are working in collaboration with policymakers and practitioners on studies that are timely and interdisciplinary. Members work to develop improved consensus about child care data definitions, measures, and methods. They also are creating longitudinal datasets from child care subsidy systems, regulatory information systems, resource and referral systems, and other key sources. Finally, members are producing new studies that examine interrelationships among programs and their effects on families and children, as well as some that replicate existing studies in different States and communities.

Child Care and Early Education *Research Connections* (www.childcareresearch.org)

Research Connections is a Web-based, interactive database of research documents and public use data sets for conducting secondary analyses on topics related to early care and education. The project is a cooperative agreement between the Child Care Bureau, the National Center for Children in Poverty (NCCP) at Columbia University, and the Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan. In FY 2004 and FY 2005 the project focused on populating the site with thousands of child care and early education research materials and datasets for secondary analyses; provided data workshops on the use of archived datasets containing important variables on child care and early education; and produced research summaries and briefs on topics relevant for policy decision-making.

Child Care Policy Research Grants

CCB has funded 34 Child Care Policy Research Grants to study a broad range of issues highlighted by policymakers and investigators in the field. In FY 2004 CCB funded 10 new child care policy research grants addressing a variety of child care policy topics, including:

- School readiness outcomes and how they relate to the quality and extent of child care children receive;
- Provider, market, community, and subsidy policy factors that shape the quality of child care;
- Development, implementation, and evaluation of quality ratings of child care facilities;
- Survey of methodologies used by States, Territories, and Tribes in conducting market rate surveys, validation of diverse methodologies, and rate-setting policies;
- Child care workforce issues, such as provider participation in the child care subsidy system, including faith-based programs; and
- Strategies States and communities implement to improve their child care services and systems, including collaboration and coordination with Head Start programs and the child welfare system.

(See appendices for descriptions of new child care policy research grants awarded in FY 2004.)

Evaluation of Child Care Subsidy Strategies

In FY 2001, ACF contracted with Abt Associates Inc. for a multi-State, 10-year study to evaluate the impact, implementation, cost, and benefits of four child care subsidy strategies. These evaluations will expand the knowledge of subsidy policies by assessing causality through experimental design. One evaluation in Illinois is testing the impact of alternative eligibility policies (different income eligibility limits and recertification periods) on parental employment. Another evaluation in Washington is testing the impact of differential copayment schedules on parental employment. A third evaluation in Massachusetts is testing whether training family child care providers to implement an early childhood curriculum has an effect on caregiving practices and children's school readiness outcomes. These three evaluations are ongoing and continued to make progress through FY 2005.

In FY 2005, the fourth child care subsidy strategy evaluation was completed. This study, called Project Upgrade, was an experimental evaluation of the effects of training child care providers to implement three early language and literacy curricula in centers serving low-income and subsidized preschoolers conducted in Miami-Dade County, Florida. The study reported statistically significant effects of two of the three curricula in changing teacher practices and in supporting children's language and literacy outcomes. Outcomes were measured through classroom observations and child assessments related to school readiness.

Additional findings from the study are highlighted below.

- Within 6 months of training all three language/literacy interventions produced significant impacts on teacher behaviors and interactions with children that supported their language and literacy development; within a year of training these impacts were generally more pronounced, and there were significant impacts on the number of classroom activities that involved literacy, and on literacy resources in the classroom.
- The intervention had significant positive impacts on teacher behavior. These impacts were generally stronger for teachers whose primary language was Spanish than for their English-speaking counterparts.
- Two of the three interventions had significant impacts on all four measures of emergent literacy outcomes for children: definitional vocabulary; phonological awareness; knowledge and understanding of print; and the overall index of early literacy. The impact of the two effective interventions was much greater for children in classrooms with Spanish-speaking teachers than for children in classrooms with English-speaking teachers.
- The two interventions that had impacts on child outcomes brought children close to or above the national norms on three of the four measures of emergent literacy outcomes for children. The impacts represented between 4 and 9 months of developmental growth, depending on the outcome. The effects of the interventions were substantially larger than those found on similar measures in the Head Start Impact Study and more closely resemble the effects of school-based prekindergarten programs.
- There was a small but significant relationship between teachers' educational attainment and some aspects of their behavior with children before the intervention. The effect of the training and ongoing mentoring provided as an integral part of the interventions was to eliminate this effect. That is, as a result of the training and mentoring, less-educated teachers looked remarkably similar to their better educated counterparts in the extent to which they provided activities that supported literacy. Consequently, the impacts of the interventions on child outcomes were not affected by teachers' educational achievement.

State Child Care Data and Research Capacity Projects

The State Child Care Data and Research Capacity Projects assist State CCDF Lead Agencies in developing greater capacity for policy-relevant research and analysis. In partnership with research organizations, the grantees design more effective child care policies and programs with identifiable outcomes for children, families, and communities. The primary goal of the projects is to create a statewide research infrastructure to better understand child care needs, services, and outcomes for families in the context of social, economic, and cultural change. In FY 2004, CCB funded continuations of three grants originally funded in FY 2002.

Child Care Research Scholars

Since FY 2000, CCB has funded doctoral candidates to conduct dissertation research on child care issues. In FY 2004, five new scholars were awarded grants. Six scholars were awarded grants in FY 2005, bringing the total number of funded scholars to 29. New scholars examined several questions, including:

- Which workplace factors enable parents to cope with child care?
- How are child care decisions shaped by race/ethnicity, class, and community contexts?
- How effective is the use of technology in connecting providers with resources?
- What are the effects of quality, stability, and multiplicity of care arrangements on children's social-emotional adjustment and school readiness?
- How does publicly available information about quality influence parents' child care choices?
- What is the impact of provider literacy levels on child language?
- How cost-effective are child care subsidies?
- What is the role of Tribal child care programs in serving children from birth to age 5?

Nearly all scholars from the first four waves have completed their dissertations, and several have been published in peer-reviewed journals.

Evaluation of Promising Models and Approaches to Child Care Provider Training

In FY 2003, CCB, in collaboration with the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), awarded two 4-year cooperative agreements to a consortium of seven academic institutions along with their partners in State and local agencies and community organizations. The consortium under the project name "Quality Interventions for Early Care and Education (QUINCE)" is evaluating the effectiveness of two onsite child care provider training models and assessing outcomes related to caregivers' knowledge, skills, and practices, as well as children's early learning and literacy. The lead organizations for this effort include the Frank Porter Graham Child Development Institute at the University of North Carolina, Chapel Hill, and the Center for Health and Education at Georgetown University in Washington, D.C. FY 2004 and FY 2005 funding supported the 2nd and 3rd years of the project.

Child Care and Early Education Estimator

In FY 2003 and FY 2004, CCB contracted with the University of Maryland Foundation to support the development of a statistical modeling tool to determine the participation rate for families receiving child care subsidies and the cost to government for these benefits. This model integrates information from a variety of data sources about CCDF eligibility and the use of subsidized child care. The project was funded and guided by the Child Care Bureau; the ACF Office of Planning, Research and Evaluation (OPRE); and the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Interagency Research Efforts That Support Good Start, Grow Smart

During FY 2004 and FY 2005, CCB actively supported interagency research initiatives with the U.S. Department of Education. For example, CCB partnered with the National Center for Education Statistics to fund questions on school readiness skills of preschool-age children in the 2005 National Household Education Survey: Early Childhood Program Participation. Also, in collaboration with OPRE, CCB funded observations of child care quality in a subsample of care settings used by the children in the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B), a U.S. Department of Education survey. The observations of quality were conducted when the children were 24 months and 48 months of age. In addition, through the Interagency Workgroup on Good Start, Grow Smart (GSGS), CCB partnered with the U.S. Department of Education (Office of Elementary and Secondary Education, Office of Special Education Programs, and Institute for Education Sciences) and other HHS offices (ASPE and National Institute for Child Health and Human Development), as well as OPRE and Office of Head Start within ACF, to coordinate research priorities and activities in support of GSGS.

EMERGING FINDINGS FROM CHILD CARE RESEARCH

Parent Choice and Patterns of Child Care Use

Research about what American parents want and need for their children in care indicates that parents balance many considerations, including the hours of care they need, whether there is another adult in the household, the experiences they want for their child, convenience, and child care affordability. Parents appear to make employment and child care decisions simultaneously, taking into account a variety of considerations including values and constraints such as income and work schedules. When parents have care they trust, and that allows them the flexibility to balance the demands of parenting and work, they express satisfaction with the quality of their child care.

Over the past 20 years, there has been considerable research on factors associated with the type of child care selected by parents. One body of research has developed econometric models using data from a variety of household surveys to estimate the effects of household demographic characteristics, maternal employment, and the price of care on the type of care selected. These studies have found that income, education, race and ethnicity, family composition, and the availability of social supports (e.g., availability of nearby relatives) are significant factors in the selection of child care arrangements. As income and level of education rise, families are more likely to choose market care over relative care for their children. However, if social supports are accessible, families are more likely to use informal care provided by family members, friends, and neighbors. Families with more children are more likely to use informal care as compared to families with fewer children. These studies have also found that the choice of child care arrangement is sensitive to the price of care. As the price of a given type of care increases, the likelihood of a family using that type of care decreases.

Another body of research uses focus groups, indepth interviews, and surveys to capture parental attitudes and considerations. This research suggests that regardless of the type of child care used, most parents care about the quality of their child care arrangement. However, users of different modes of care have different views about what constitutes quality care. Families that use regulated care (and especially center-based care) place greater emphasis on opportunities for cognitive and social development and tend to stress the importance of professional standards. Users of informal care are more likely to emphasize familiarity with their providers.

Analyses of data from the 2005 National Household Education Survey: Early Childhood Program Participation (2005 NHES:ECPP) show that in 2005 close to 12.5 million children ages birth through age 6 (not yet in kindergarten) were in some form of regular nonparental care arrangement. The 2005 NHES: After School (2005 NHES:AS) survey show another 14,124,400 children ages 5 through 13 years (K through 8th grade) in at least one nonparental care arrangement after school. Adding both age groups, approximately 26 million children 13 years and younger participated in some form of nonparental care arrangement in 2005. In both age groups, types of care used and the number of hours in care varied by the age of the child, family structure, mother's employment status, household income and other family demographics.

Nationally, in 2005 close to 51 percent of children birth through age 2 and 74 percent of children 3 to 6 years of age participated in some form of nonparental care arrangement. Children younger than 6 years in two-parent families were less likely to be in nonparental care (56 percent) than those in single-parent families (73 percent), and 75 percent of children with employed mothers (full time or part time) or mothers looking for work participated in nonparental care. Analyses of the 2005 NHES:ECPP data also revealed that the most common primary nonparental care arrangement for children younger than 6 years with employed mothers or mothers looking for work was center-based care (39 percent); 38 percent used some form of home-based care provided by a relative (22 percent) or nonrelative (16 percent). Twenty-three percent of these children used more than one nonparental care arrangement.

Patterns of nonparental care use differed by the age of the children and household income. Children ages 3 to 5 years of age were more likely to use center-based care (55 percent) as their sole care arrangement whereas infants (less than 1 year of age) were more likely to use home-based care by a relative (36 percent) or nonrelative (27 percent). Children ages 1 to 2 years also used home-based care (46 percent used relative and nonrelative care) but not as much as the infants.

In the same year, 40 percent of children attending kindergarten through 8th grade (children 13 years and younger) participated in at least one weekly afterschool nonparental care arrangement, close to 56 percent of children 6 to 10 years and 67 percent of children 10 to 13 participated. Across all age groups, the most common type of care used by school-age children was center-based care, not counting self-care. Children in households where the mother was employed full time used afterschool nonparental care more frequently (57 percent) than those whose mothers were working part-time or were looking for work (32 percent in both cases). The use of different types of care did not vary by household income with children in households at or above and below the federal poverty level using home-based (relative 15 percent and nonrelative 6 percent and 5 percent, respectively) and center-based (20 percent and 22 percent, respectively) arrangements in similar proportions.

A recent study, conducted in four Midwestern States, surveyed parents on their perceptions of child care choices and quality. Parents reported many criteria used to make decision about child care for their children, but agreed more on criteria, including warmth, reputation, stimulating activities, good physical facilities,

similar values, trust, and provider credentials. Consistent with findings from other studies, the researchers found that reasons for choosing a provider varied with type of care used, family income and subsidy use. Parents of preschoolers using center-based care emphasized the importance of number of children, staff turnover, physical facilities, and whether the provider was accredited; parents of infants and toddlers in center care mentioned flexibility of hours and location more so than other parents; and, parents using family child care emphasized the importance of similar values, trust and similarity of race, ethnicity, or language and in discipline style, as well as recommendations of a family or friend (Raikes et al., 2005).

Use of License-Exempt and Home-Based Care

The Human Services Policy Center, in “Understanding Family, Friend, and Neighbor Care in Washington State: Developmentally Appropriate Training and Support,” reported that in Washington State, license-exempt, home-based care accounted for about two-thirds of nonparental care for infants, almost half for toddlers, and about three-fifths for school-age children (Brandon et al., 2002). Most informal caregivers were grandparents (36 percent), other relatives (22 percent), and friends or neighbors (32 percent). About 40 percent of the family, friends, and neighbors providing care in this study were paid, often with the help of child care subsidies. Forty percent had received child care related training of some kind, but few had received the combination of training in child development, early childhood education, and parenting that has been shown to facilitate children’s social and cognitive development. Two-thirds of these caregivers said that training and support would help them do a better job.

Preliminary findings from Maxwell and Kraus describe the characteristics of legal, nonregulated family child care providers in North Carolina. This study finds that the average provider was 50 years old. Moreover, 70 percent of providers were African-American, 44 percent had a high school diploma or less, and 96 percent cared for at least one child who was related to them. Eighty-one percent of the providers in this sample cared for at least one child who received a child care subsidy, 36 percent cared only for children receiving subsidies, and 4 percent received a child care subsidy for a child who lived with them. A study by Anderson et al. (2003) also found that over 60 percent of subsidized children in Illinois were cared for by license-exempt providers (including relatives).

An observational study of child care provided by family, friends, and neighbors (FFN) in Minnesota (Tout et al., 2005) found both strengths and areas of concern in FFN care settings. One broad area of strength was the responsiveness of the caregivers. A second area of strength was the general environment for children’s play. However, in this sample, caregivers missed opportunities to foster social skills, promote emotional understanding, help children learn specific skills and concepts, engage children in creative activities, and limit television viewing.

While caregivers consistently demonstrated responsiveness to the children and had adequate play materials available, they were less likely to proactively structure children's learning experiences, e.g., encouraging children to use math concepts or reading books to the children.

Child Care Use Among Minority Families

Cultural traditions and child-rearing values appear to exert a powerful influence on the choices parents make. Research has found that Hispanic children are much less likely to receive care in a center-based program than either White or African-American. Hispanic mothers are more likely to mention safety and their relationship with the provider and less likely to note child development issues. However, the reasons why some minority families are more likely to use home-based child care arrangements are unclear. Some researchers argue that minorities place a high value on care by relatives and people in their communities who are more likely to share their childrearing beliefs than center-based providers (Fuller et al., 2001). Others suggest that home-based care is more flexible and more likely to be available during the nontraditional work schedules required by the low-wage retail and services industries (Bromer, 2003; Fuller et al., 2001; Henley and Bromer, 2002; Henley and Lambert, 2003; Whitebook, 2004).

Child Care Use Among Children With Special Needs

Numerous studies indicate that families that include a child with special needs experience heightened challenges in finding and maintaining child care. The CCB-supported Midwest Child Care Research Partnership completed a study in 2003 that includes a sample of parents who reported having a child with a disability. Parents of children with disabilities reported significantly higher levels of stress related to their child care, even after controlling for family income. These parents rated a number of factors, including center accreditation, provider's credentials, and acceptance of subsidies as significantly more important than did parents of typically developing children. Overall, children with disabilities began participating in child care at later ages. Despite this, they had experienced a higher number of child care arrangements across a variety of types of care.

The University of Southern Maine (Ward and Morris, 2004) found that parents of children with more severe disabilities expressed particular concern over whether any child care provider could adequately meet the needs of their children. Parents of children in programs caring specifically for children with special needs or those with significant experience caring for children with disabilities seemed more satisfied than parents whose children attended regular child care programs. The majority of parents reported lack of access, lack of inclusion, lack of knowledgeable child care staff and lack of coordination of services all of which caused family stress, frequent work disruptions and difficult choices between the special needs of the child and the parents' need to work.

Child Care Subsidy Use

Characteristics of Families That Use Subsidies

Researchers find that some families have a greater likelihood of using child care subsidies. These include families with a preschool child as well as those that are headed by a single parent, have a history of using TANF and child care subsidies, are African-American, and have a mother who has at least a high school degree (Burstein et al., in progress; Lee et al., 2004). An analysis conducted by the Urban Institute (unpublished, 2004) finds that compared with families and children who are potentially eligible for child care subsidies under State policies, families actually receiving services are likely to be poorer and headed by a single parent.

Patterns of Care Used by Subsidized Families

Several studies indicate that families who use center-based care are more likely to apply for or use subsidies than families using other types of arrangements (Shlay et al., 2002; Burstein et al., in progress). Families who use relative care in the child's own home were less likely to apply for subsidies. Lee et al. (2004) found that greater than average use of relative and in-home care among subsidized families in Illinois was largely explained by the use of these types of care by African-American and Hispanic families. Mothers who were on TANF at the time of subsidy take-up and mothers in urban settings were more likely to use relative and in-home care in Illinois. Urban families in Massachusetts were more likely to use center or family child care settings.

Analyses of the 2005 National Household Education Survey: Early Childhood Program Participation show that birth through 6-year-old children in households with incomes below 150 percent of Federal poverty level that receive help from a State or local agency to pay for child care used multiple care arrangements more frequently than children in households not receiving subsidies (30 percent versus 23 percent, respectively). This group of children also used center-based care as their primary care arrangements more often than the children of the same ages in households that did not report receiving subsidies for child care (63 percent versus 49 percent, respectively). The children from low-income households not receiving subsidies used home-based care as their primary care arrangement more frequently than the children in households receiving subsidies (51 percent versus 36 percent), especially care by relatives; 38 percent of nonsubsidized children were cared by a relative in their primary care arrangements as compared to 20 percent of subsidized children.

Where Subsidy Recipients Work

Using administrative data from State subsidy systems and unemployment insurance, a number of States have examined the question of where parents receiving child care subsidies work. Across States, the major employers of parents receiving child care subsidies are the retail trade and service industries. Almost three-quarters of subsidy-receiving workers in Alabama, Florida, Oregon, and D.C. are employed in these two industries (Glantz and Collins, unpublished). The

most recent such study was completed in Minnesota. This study *Working in Minnesota: Parents' Employment and Earnings in the Child Care Assistance Program* (Jeffreys and Davis, 2004) finds that 62 percent of Minnesota subsidy recipients work in four sectors: health care and social assistance, retail trade, accommodations and food services, and administrative and support services. These sectors respond to local needs and are characterized by high job vacancy and low wages. In a followup study that analyzed changes in the sector of employment and changes in earnings of parents receiving child care assistance in the four counties in Minnesota, researchers found that pattern of employment by industry sector did not change much over a 3-year period and that the health care industry was the most common employer of parents in the subsidy system, accounting for almost 25 percent of the jobs. Parents who remained in the same industry tended to have higher wages and higher earnings growth over the 3 years (compared to those who changed industry sectors), with the exception of parents working in administrative and support services and those in accommodation and food services.

Child Care Subsidies and Employment Outcomes

Research indicates that child care subsidies are positively associated with women's labor force participation (Blau and Tekin, 2000; Gennetian et al., 2001; Gennetian et al., 2003; Lee et al., 2004). Because the availability of subsidies is only one factor in a complex decision-making process about employment, other issues, such as child care quality, cost and policies related to welfare, taxes, family and medical leave, and health insurance, must be taken into account. In general, research indicates that subsidies are more strongly associated with employment outcomes for women who are single parents and less well educated.

A study funded by CCB tracking TANF families in Maryland, Massachusetts, and Illinois (Lee et al., 2004) found that among families who began receiving child care subsidies within two quarters of becoming eligible, the probability of ending employment decreased by 25 percent in all three States. In Illinois, the median employment duration was 26 months for those who took up subsidies within two quarters of eligibility, compared with 9 months for those who did not.

Child Care and Employment: Evidence From Random Assignment Studies of Welfare and Work Programs (Gennetian and Michalopoulos, 2003) explored the relationship among policy, employment, and child care in 21 welfare pilot programs in more than 20 States and two Canadian provinces to better understand the effects of expanded child care policies on employment among single parents. Expanded child care assistance increased child care subsidy use, lowered parents' out-of-pocket costs, and reduced the proportion of parents who reported having child care problems that interfered with finding or keeping jobs. Enhanced child care assistance resulted in increased use of formal care options.

Some research has suggested that moderate, low-income wage mothers (median-income per capita was between \$12,942 and \$15,574) are more likely than those with lower or higher incomes to leave their employment as the price and instability of child care increased, indicating that targeting child care subsidies only to the lowest income levels or sharply increasing copayments are less successful in promoting parental employment (Collins and Hofferth, 1996).

In *Impacts of Eligibility Expansions and Provider Reimbursement Rate Increases on Child Care Subsidy Take-Up Rates, Welfare Use, and Work*, Witte and Queralto (2003) describe how they found that income and age eligibility expansions and increases in reimbursement rates paid to formal providers in Rhode Island significantly increased the likelihood that current and former welfare families would use child care subsidies, work 20 or more hours per week, and leave welfare for work. These researchers estimate that the reforms nearly tripled the likelihood of current and former welfare recipients working 20 or more hours per week, and reduced by one-half the probability of a single mother receiving cash assistance without working or participating in some other approved activity.

Receipt of subsidy reduced work-hour related problems, increased ability to balance work/family commitments, provided the opportunity to learn new skills or return to school, and provided parents with peace of mind that their children were being cared for in a safe setting (Press, Fagan, and Laughlin, undated; Snyder, Bernstein, and Koralek, 2004).

Provider Reimbursement Rates

The maximum reimbursement rates that States pay providers for caring for subsidized children may also affect the types of care available to low-income families. GAO surveyed States and visited nine communities in three States to understand child care reimbursement rates and to calculate child care access based on families' subsidies and copayments. As described in *Child Care: States Exercise Flexibility in Setting Reimbursement Rates and Providing Access for Low-Income Children* (GAO, 2002), States reported that market rate survey results and budget and policy goals were determining factors for reimbursement rates. GAO found that reimbursement rates were typically lower than the price charged by providers in many communities. However, according to State and local officials, reimbursement rates did not necessarily limit the choices families had since some families were able to find providers who would accept the State's reimbursement rate as full payment. Witte et al. (2001) similarly found that some families were able to reach financial agreements with providers who accepted the State's reimbursement rate (including the assessed family copayment) as full payment.

The value of the subsidy to the family depends on the size of the family copayment and on the rate of provider reimbursement. Meyers et al. (2002) showed that, across five States, the median net value of child care subsidies

(provider payments minus family copayments) ranged from 21 percent of median income of subsidized families in IL to 76 percent in MA. The lowest net value of the subsidy was in OR and TX (\$160), where there were relatively low provider reimbursements and high parent copayments. MA had the highest net value (\$446) with high average provider reimbursements and where many families were exempt from copayments. Meyers (2002) concluded that the generosity of reimbursements to providers was not consistently associated with continuity in subsidy receipt, which might be due to the reduction in the net value of assistance to families once copayments were considered (Meyers et al. 2002).

Waiting Lists

While the existence of a waiting list may indicate that the need for child care subsidies is not fully met, it does not provide a true estimate of the demand due to differences in how States and communities maintain their waiting lists. Some States purge their waiting lists on a regular basis; others add to the lists indefinitely. Waiting lists also are affected by the amount of information about subsidies that is available and the length of time families must wait to receive subsidies.

In a GAO survey of States in 2005, 31 States reported that they serve all eligible applicants, while 20 States reported that they do not (includes the District of Columbia). Fourteen of these 20 States indicated that they cannot serve all eligible applicants and have established waiting lists. Similarly, data from the 2006–2007 Biennial CCDF State Plans (submitted July 2005), show 31 States reporting they serve all eligible applicants and 14 of the 20 States that do not serve all eligible applicants maintain a waiting list.

Barriers to Services

Several studies have examined how well the subsidy system works for families (Shlay et al., 2002; Adams et al., 2002). These studies find that some families lack necessary information about the availability of subsidies, encounter extensive waiting lists, or find that the barriers to using a subsidy outweigh the benefits. Common challenges to subsidy use include unclear rules, lengthy paperwork, and language or transportation barriers. Parents often must take time off work to maintain their eligibility for subsidies. Other barriers in some States include lack of eligibility for part-time workers, inability to find a provider for the amount the State is willing to pay, and copayments that exceed the cost of nonsubsidized alternatives. Linking child care and welfare services has important implications for the families receiving these services in terms of how they view subsidies and their experiences with the subsidy program.

Child Care Supply

Evidence regarding the supply of care for low-income families (subsidized or unsubsidized) is mixed. Some studies document increased availability and access, while others suggest that demand is overtaking supply, that there is considerable “churning” in the marketplace, and that the distribution of care in many communities is skewed away from the needs of low-income families toward those of the middle class. Supply studies by the Child Care Policy Research Consortium, some using mapping or geocoding techniques, document the extent to which the existing supply of child care is unevenly distributed, with shortages in many local communities (Witte et al., 2000; California Child Care Resource and Referral Network, 1999).

Effects of Subsidies on the Child Care Market

In a study that examined welfare reform and subsidies in Florida and Massachusetts, *The Policy Context and Infant and Toddler Care in the Welfare Reform Era*, researchers found that there was a large increase (150 percent) in the number of low-income infants and toddlers in child care centers and homes after Florida required welfare recipients to participate in work activities when their youngest child was 3 months old (Witte et al., 2001). Overall, the increase in full-time enrollment of infants and toddlers was less than might have been expected given the increase in subsidized infants and toddlers. The researchers suggest that nonsubsidized children may have been displaced by those with subsidies. In *Child Care Price Dynamics in California*, Marrufo et al. (2003) describe how they found that between 1992 and 2001, average child care prices increased by 14 percent (constant dollars), in part due to increased child care subsidy funding. During that period, California child care subsidy expenditures increased from \$125 million to \$1.5 billion and now represent roughly 20 percent of gross receipts in the child care market (licensed centers and homes). The researchers suggest that child care prices would have increased more if the supply of licensed child care had not also increased.

As part of a new study conducted by Oregon State University, Minnesota and Oregon explored the relationship between receipt of subsidies and child care prices by building on the previous methodology used in California (Marrufo et al., 2003). In Minnesota, they found increases in subsidy expenditures were correlated with higher child care prices, but the effect was small. On average, increases in expenditures were associated with about a 1/2-percent increase in child care prices per year from 1998 to 2004, similar to the results found in California. In Oregon, subsidy expenditures appear to have no significant effect on child care prices.

Child Care Providers

Understanding child care supply, particularly the early care and education workforce, is critical to the development of policies that respond to the training, compensation, and other needs of providers. In turn, policies that result in improved caregiver skills and retention can positively affect families and children.

Information About the Early Care and Education Workforce

Data are available about the workforce through child care licensing agencies, market rate surveys, resource and referral agencies, certification and training registries, and other research. However, a recent report *Counting the Child Care Workforce: A Catalog of State Data Sources To Quantify and Describe Child Caregivers in the Fifty States and the District of Columbia* (Stahr-Breunig et al., 2003) found that approximately half of the States lack the current child care workforce data necessary to estimate the size and characteristics of the child care workforce. Using national data (NHES), the Center for the Child Care Workforce and the Human Services Policy Center at the University of Washington developed a model for estimating the child care workforce (Maher et al., 2003). This study found that approximately 2.3 million individuals are paid to care for children under the age of 6. By provider setting: 804,000 are paid relatives (other than family child care providers), 650,000 are working in family child care, 550,000 in centers, and 298,000 are other paid nonrelatives.

Reasons for Providing Care

A number of recent studies suggest that finding enjoyment in working with children and the desire to support parents and children weigh heavily in the decision to work in child care (Bromer and Henley, in press; Whitebook et al., 2004; Ramsburg et al., 2003; Marshall et al., 2003). In a study of license-exempt providers in Illinois, providers stressed the desire to care for children and an enjoyment of providing care as the reasons they choose to do this type of work. Grandparents and other relatives commonly expressed love for child care (Ramsburg et al., 2003). Providers in Massachusetts reported that the most rewarding aspects of their jobs were doing work they considered important and that impacted people's lives (Marshall et al., 2003). The most stressful aspects of the work included the unpredictability of earnings and the need to juggle conflicting tasks or duties.

Provider Turnover

Child care quality and positive outcomes for children are associated with caregivers who are engaged and responsive to the needs of the children in their care; have established trusting relationships; and are better educated, trained, and paid. Indications are, however, that turnover continues to be a barrier to continuity and the development of responsive relationships critical to child care quality. According to the Then and Now study (Whitebook, 2000), two-thirds of

the child care workforce is gone in 4 years. Most States are spending some of their CCDF quality funds to address workforce issues including initiatives that link training and compensation.

Whitebook et al. (2004) looked at patterns and predictors of movement within and out of child care employment in Alameda County, California, for home-based providers (licensed and license-exempt), teaching staff, and directors in child care centers. Turnover for center-based directors and teachers and licensed home-based providers was about 20 percent, lower than in the 1990s. About 80 percent of this sample indicated they planned to stay in their child care job for at least 3 years. Retention was associated with factors that indicate a professional and personal commitment to the field and intentionality in selecting child care as a career. Among home-based providers, those who selected child care because they had young children or because others in their community needed assistance were less likely to remain in the field over time. Subsidized license-exempt providers were less likely to remain in child care.

A study on the cost and quality of family child care homes in Massachusetts (Marshall et al., 2003) found that one-quarter of licensed providers expect to stop providing child care within the next 3 years. Most of the providers indicate that their next job will not be in early care and education.

Some researchers report that wages and benefits commensurate with training and experience are among the key factors that help retain workers in centers and family child care homes. When teachers and caregivers have formal education and training and are able to earn higher wages, they tend to stay in the field and provide higher quality care.

Whitebook et al. (2004) showed that the 2001 median income for center directors in Alameda County, California, was \$62,692 and \$45,588 for center teachers; 23 percent of teachers lived in households with earnings below \$25,000 per year. Eight percent of teachers reported holding a second job. Fifty-two percent of centers reported offering fully paid health insurance to teachers, with subsidized centers more likely to offer this benefit than nonsubsidized centers. An analysis conducted by the Wisconsin Child Care Research Partnership (2001) found that 56 percent of child care center teachers earned less than \$8 an hour, and programs with higher teacher salaries and more experienced directors had lower staff turnover than other centers.

Child Care Quality and Outcomes for Children

New scientific discoveries underscore the importance of children's early experiences for their future healthy development. These discoveries include improved understanding about:

- Early brain development and learning processes;
- The competencies necessary for success in school;
- The environments necessary to support children's healthy development, especially for at-risk children; and
- The roles and differential impacts of diverse care environments in a continuum that spans parents, relatives, friends, family child care providers, and center-based programs.

Research on school-age children need to better understand how programs and caregivers can provide older children with supervision and enriching and stimulating experiences. Several key findings are described below.

Higher quality care is associated with better cognitive and language outcomes for children, particularly for African-American children (Burchinal et al., 2000). Such positive outcomes persist into the early elementary school years for children from various backgrounds (Peiner-Feinberg et al., 2001). The key characteristic for higher quality in child care is the relationship between the child and the child care provider. Positive caregiver-child interactions are developmentally appropriate, language-stimulating interactions in which the caregiver is warm, engaged, and responsive. Adult-child ratios, group size, caregiver training, and caregiver education are related to caregiver-child interaction. Positive interactions are positively associated with school readiness (NICHD Study of Early Child Care; Vandell and Wolfe, 2000).

Child care may not provide children, especially those with risk factors, the experiences necessary to succeed in school. The NICHD study found that despite professional consensus and scientific evidence about the importance of group size and ratios, a large proportion of centers appear to have larger group sizes and more children per caregiver than is recommended.

In a CCB-funded project in Massachusetts on family child care (Marshall et al., 2003), researchers found that many homes met only minimal standards of health and safety in food preparation, diapering, and toileting. Almost half of the licensed family child care homes were judged "good" in providing a warm, caring environment, including the use of nonpunitive approaches to child discipline and support to children's differences. Only 40 percent met the "good" standard on supporting language and reasoning development, and a majority of homes did not

provide the kind of stimulation that supports children's later success in school. Licensed providers who believed that children learn best through experiences and that children's curiosity should be fostered tended to provide a more stimulating, language-rich environment for children.

Workforce Factors Affecting Quality

A number of studies have examined the relationship between quality and licensing, accreditation, and professional memberships and characteristics of the child care and early education workforce that are linked to children's successful transitions to elementary school, including professional development, education and training. The CCB-funded Midwest Research Consortium (Raikes et al., 2003) examined the roles of regulation and subsidy receipt in a sample of 117 family child care homes from four Midwestern States and found both related to child care quality in homes. Regulation and subsidy receipt influence quality directly and indirectly through effects on provider characteristics. Unregulated and less regulated family child care homes were of lower quality (as assessed using global rating scales) than more highly regulated care.

A review of the research on the relationship between early childhood teacher education and training and the quality of child care and early education environments (Tout, Zaslow, and Berry, 2005) shows that there are no consistent or conclusive findings, although the limited evidence available may lean toward an impact of education. One interpretation is the need for greater assurance that credentials and educational degrees translate into practice. There is also a lack of research on the effect of training on practice in the absence of education and credentials and how this compares to practice by degreed and credentialed caregivers. Research is starting to support the notion that unless training and education is accompanied by demonstration of competencies in practices that support children's early learning and development, it is not linked to improved quality. Some work in progress is examining the relationship between professional development and quality in different care settings including home-based (e.g., family, friend and neighbor, regulated family child care) and center-based care.

PART VII: TRAINING AND TECHNICAL ASSISTANCE

Federal regulations [45 CFR Section 98.60(b)(1)] set aside one-quarter of 1 percent (.25 percent) of the Federal Child Care and Development Fund (CCDF) for technical assistance. In each of FY 2004 and FY 2005, just over \$12 million was targeted to the needs of State, Territorial, and Tribal grantees. Through training and technical assistance (TA), CCB works with CCDF administrators to build capacity to support working parents and promote learning and healthy development for children in child care.

In partnership with a network of contracted TA providers and ACF Regional Offices, the Bureau identifies exemplary research and promising practices and brings CCDF grantees together to learn from one another. CCB delivers evidence-based TA through links with the CCB research team and its partners. The Bureau's expert TA providers, many of whom have worked as State child care administrators, provide direct consultation to CCDF administrators and child care stakeholders in States and communities. In addition, the TA partners provide information and outreach to parents, child care providers, institutions of higher education, and other Federal agencies and national organizations.

MAJOR TECHNICAL ASSISTANCE PRIORITIES

Good Start, Grow Smart

The President's Good Start, Grow Smart (GSGS) early learning initiative was a cornerstone of the Bureau's TA efforts in FY 2004 and FY 2005. Since the launch of GSGS in 2002, CCB has partnered with State CCDF programs to improve children's literacy through voluntary early learning guidelines (ELGs), professional development plans, and coordination among early childhood education programs. The Associate Commissioner's Early Learning Team (ELT) designed a comprehensive training model to provide States with the resources and tools to implement and assess their efforts.

The Federal Good Start, Grow Smart Interagency Workgroup—composed of representatives from CCB, Head Start, the National Institutes of Health, the U.S. Department of Education, and other Federal partners—met monthly during FY 2004 and FY 2005 to coordinate Federal leadership to States and programs on GSGS. In 2005, the workgroup participated in a research briefing and developed a technical assistance document identifying Federal resources on early learning available from the Child Care Bureau, Head Start, and the U.S. Department of Education.

In FY 2004 and FY 2005, the Bureau's TA network delivered GSGS training to the 50 States, Territories, and District of Columbia through 10 regional meetings. In addition, States participated in onsite training. For example, Oklahoma received training on early learning guidelines for the full range of care providers, including Tribal child care. Connecticut, Louisiana, Minnesota, and several other States received ELG training specifically focused on children birth to age 3. North Dakota, Alaska, Washington, Guam, and Commonwealth of Northern Marianas Islands (CNMI) received ELG training focused on children ages 3 to 5.

TA partners also developed technical assistance materials distributed to the States, Territories, and Tribes. For example, CCB released its second CD-ROM in a series of technology-based training tools. "Leading the Way To Quality Early Care and Education: A Child Care Bureau Technical Assistance Tool" discusses research, best practices, and resources focused on GSGS, including video footage from the Bureau's 2004 research and State administrators' conferences. This innovative product reached a much larger audience of State policymakers, higher education faculty, local providers, and others in the child care community than would be possible through conventional media.

Hurricane Response

In response to Hurricane Katrina in 2005, the Child Care Bureau identified and disseminated information resources quickly to meet disaster response needs of State CCDF Administrators, child care providers, and families in affected States. Immediate technical assistance resources included:

- Materials for startup or rapid expansion of child care facilities;
- Direct technical assistance for large-scale child care capacity expansion;
- Information and resources for families on health and safety issues, family social services, and developmental and educational concerns; and
- Quick-response answers to specific child care issues in the field from States, localities, or child care providers.

The Child Care Bureau made an urgent grant award to the National Association of Child Care Resource and Referral Agencies (NACCRRA) for help in rebuilding the capacity of the resources and referrals in LA and MS. An additional urgent grant award was made to an Early Learning Opportunities Act (ELOA) grantee in Texas, the South Plains Early Childhood Council, to provide posthurricane information and resources to early childhood programs across 15 rural counties.

Drawing upon experience during other disasters, the Bureau collaborated with its Child Care Technical Assistance Network (CCTAN) members and key Federal partners, including the Head Start Bureau and the U.S. Department of Education, to meet the immediate need for child care information and resources. In addition,

the Bureau contacted private child care organizations and other early care and education groups to foster collaboration and ensure that State child care agencies were aware of additional resources as they became available.

The following are highlights of CCB's post-Katrina technical assistance response:

- The Child Care Bureau and Head Start Bureau cohosted a conference call with national early childhood organizations to identify the needs of affected States, describe agency and private sector responses, and lessons learned from the affected States. CCB also hosted a conference call with the Tribes about Federal resources and Bureau technical assistance supports.
- Onsite technical assistance was provided to the Austin, Texas, Convention Center's Hurricane Relief child care center and the National Center for Rural Early Childhood Learning, Mississippi State University, on how to assess the health and safety status of programs resuming operation and how to monitor programs during the recovery effort.
- The Child Care Bureau launched a new Web page on Hurricane Katrina resources located at <http://www.acf.hhs.gov/programs/ccb/hurricane/katrina.htm>. The National Child Care Information and Technical Assistance Center (NCCIC) designed a Web page for Katrina-related child care news and resources to help displaced families and affected communities.
- The Child Care Bureau prepared and distributed a one-page "Tip Sheet" for recovery workers and volunteers on resources for parents, displaced child care providers, and children. In addition, NCCIC developed an online resource, *Managing the Aftermath of a Disaster: Lessons Learned*, for State policymakers.

By the end of September 2005, as the aftermath of Hurricane Katrina unfolded, technical assistance planning activities of the Child Care Bureau began to expand beyond the focus on disaster response to include support of child care recovery and rebuilding efforts in affected States, as well as child care emergency preparedness in all States, in what would become a long-term, sustained technical assistance effort.

CHILD CARE TECHNICAL ASSISTANCE NETWORK

CCB coordinates the work of the TA contractors and grantees through the Child Care Technical Assistance Network (CCTAN). During FY 2004 and FY 2005, CCTAN assessed the needs of CCDF grantees, provided strategic direction, shared resources between projects, and coordinated efforts to improve services. Services were provided without charge to States, Territories, Tribes, and the public, with a few limited exceptions.

Afterschool Investments Project

Afterschool Investments (AI) provides TA to CCDF grantees and other State and local leaders supporting out-of-school time efforts. CCDF is one of the largest public funding sources for out-of-school time programs; over a third (36 percent) of CCDF children are ages 6 through 12. Many States devote a significant portion of CCDF quality dollars to enhance and expand school-age programs. The project provides practical tools that help CCDF administrators make strategic decisions about afterschool programming. It also identifies other major programs and sectors that are potential partners for CCDF administrators in supporting out-of-school time programs and provides models, strategies, and tools for coordination with other programs and sectors.

FY 2004–FY 2005 Accomplishments

- Produced a comprehensive list of resources on afterschool program development, financing and sustainability, measuring results, collaboration and partnerships, and community mobilization and outreach.
- Promoted coordination between CCDF and other afterschool partners by publishing a new resource on the key components of collaborative governance for afterschool programs including vision, leadership, accountability, participation, communication, and measuring results.
- Published a resource on how to use State child care regulations as a strategy for quality improvements which identifies challenges in applying licensing regulations to afterschool programs and strategies to address those challenges.
- Published a brief, *Physical Activity and Nutrition in Afterschool Settings*, that outlines the important role afterschool programs can play in efforts to prevent childhood obesity.

Center for the Social and Emotional Foundations of Early Learning

The Center on the Social and Emotional Foundations of Early Learning (CSEFEL), run by the University of Illinois at Urbana-Champaign, promotes the social and emotional development of children as a means of preventing challenging behaviors in early childhood programs. CSEFEL is jointly funded by the Head Start Bureau and Child Care Bureau and partners with the University of Colorado at Denver; the University of South Florida; the University of Connecticut; Tennessee Voices for Children, Inc.; and Education Development Center, Inc.

FY 2004–FY 2005 Accomplishments

- Developed and disseminated 21 briefs on evidence-based best practices for supporting young children's social and emotional development to families and professionals working in early care and education.
- Developed a second series of training modules used with over 60,000 early care educators in all 50 States and all 5 U.S. Territories.
- Facilitated strategic planning in 21 States and Territories related to improving children's social and emotional development through improved child care and Head Start classroom practices.
- Worked with six local demonstration sites to implement evidence-based practices in early childhood settings, such as training for early care providers, developing cohorts of local trainers, creating demonstration classrooms, and developing materials to support families.
- Conducted the first and second annual National Training Institutes focusing on supporting young children's social and emotional development and preventing challenging behavior in partnership with several high-profile professional early childhood organizations, including the National Association for the Education of Young Children and the Council for Exceptional Children, Division of Early Childhood.

Child Care Aware

Child Care Aware (CCA) connects families to local child care experts who help them understand what to look for in a child care setting and how to locate child care and other parenting resources. The CCA Web site and toll-free hotline provide easy access to approximately 800 local child care resource and referral agencies (CCR&R) as well as consumer education materials for parents.

FY 2004–FY 2005 Accomplishments

- Launched “Operation Child Care” (OCC) in May 2004, a voluntary program to support National Guard and Reserve military personnel deployed to Iraq and Afghanistan, by offering a few hours of child care, at no cost, to military member’s home for Rest and Recuperation leave. More than 6,000 child care providers, nationwide, volunteered to provide care; nearly 200 CCR&Rs in 35 States participated; and more than 100 local and State media stories covered OCC.
- Promoted the Child Care Aware Consumer Education Quality Assurance Program, a national, voluntary quality assurance system for community child care resource and referral agencies designed to ensure public access to consistent, high-quality consumer education and referral services. By September 30, 2005, there had been a 132-percent increase in the number of Quality Assured agencies. CCA managed online submission for a 300-member Quality Assurance Listserv, 11 Web-based trainings, and a 4-week distance learning course in consumer education and referral.
- Distributed nearly 750,000 publications to parents on making the transition from child care to kindergarten.
- Hosted over 1.2 million visitors to www.ChildCareAware.org, who received child care information and parenting resources in both English and Spanish.
- Connected over 24,100 families, in English and Spanish, to local CCR&R agencies and provided parent information through a national toll-free information line, reflecting a 150-percent increase over FY 2003 numbers.

Child Care Information Systems Technical Assistance Project

The Child Care Information Systems Technical Assistance Project helps States, Territories, and Tribes collect and submit accurate and timely data about services provided under CCDF. Grantees face many challenges in data collection, management, and reporting, including outdated systems, the use of multiple systems across jurisdictions, and limited communication between information system staff and child care program staff. The project offers a wide range of support, including free software, computer-based training, a toll-free hot line, data review and analysis, and onsite visits to help resolve complex data collection and system problems. In addition, the project analyzes data to paint a picture of child care services, including the number of families served and the characteristics of families and providers participating in CCDF.

FY 2004–FY 2005 Accomplishments

- Provided extensive customized TA to Alaska, Colorado, Montana, New York, Puerto Rico, South Dakota, Wyoming, and the Navajo Nation.
- Deployed the new Child Care Bureau Information System (CCBIS) to process and report on CCDF program data and allow ACF Regional staff to view grantee data submissions in support of their monitoring efforts.
- Developed and prepared child care data for Web publication and performed numerous data analyses for the Associate Commissioner on a number of issues.
- Deployed a revised Tribal Child Care Data Tracker with a supporting tutorial to assist the Tribes and Territories in fulfilling reporting requirements.

Healthy Child Care America

Healthy Child Care America (HCCA) is a group of health professionals, child care providers, and families that collaborates to maximize the well-being and school readiness of children in early education and child care programs. CCB sponsors TA for Healthy Child Care America, in partnership with the Maternal and Child Health Bureau (MCHB). MCHB provided grants to States and Territories to coordinate statewide early childhood comprehensive systems (including child care health and safety efforts). Healthy Child Care America, a cooperative agreement among MCHB, CCB, and the American Academy of Pediatrics, increased child care provider and health professional partnerships in all States and Territories. These partnerships and program resources help ensure that children in child care have access to safe physical environments and quality medical, dental, and preventive health services, including immunization screening.

FY 2004–FY 2005 Accomplishments

- Coordinated a national training for over 65 pediatricians, 42 nurses and allied health professionals, and 44 child care professionals, resulting in a mentorship network to support followup activities.
- Hosted more than 48,000 families, child care providers, and health care professionals on www.healthychildcare.org, which provides professional development resources for child care professionals and highlights models and strategies for promoting healthy and safe child care environments.
- Developed a network of more than 800 pediatricians and public health/child care professionals who provide health consultation to child care providers, offer classes to parents and providers, and teach pediatric residents and others about the links between quality child care, child health, and school readiness.
- Initiated a Back to Sleep Campaign and developed a resource kit to help pediatricians and others promote the Back to Sleep message in child care programs, raise awareness and change practices in family and center-based child care programs.
- Developed an online learning system that offers continuing education and credits to health professionals; a manual for pediatricians, caregivers, and parents on how to decide whether to exclude a sick child from participation in a child care or school program; three brochures on Sudden Infant Death Syndrome; and a brief highlighting the establishment of child care health consultant networks and linking families to medical homes.

National Child Care Information and Technical Assistance Center

The National Child Care Information and Technical Assistance Center (NCCIC) serves as the Nation's one-stop clearinghouse on child care. TA is provided to States regularly through telephone consultation, research on innovative practices, audioconferences, and onsite consultation. The project produces publications for States and Territories on administrative issues such as CCDF subsidy administration, licensing regulations, quality rating systems, professional development, accountability, and partnering with State early childhood programs. The NCCIC Online Library, the largest online collection of child care and early childhood education resources, includes more than 9,000 resources to support informed decision-making by State leaders and others. Collins Management Consulting, Inc., served as the contractor for this project.

FY 2004–FY 2005 Accomplishments

- Responded to more than 700 TA requests and over 6,700 information requests from State, Tribal, and Territorial grantees, other State and Federal agencies, and national organizations.
- Assisted with the design, facilitation, and followup to the second Good Start, Grow Smart Roundtable, in cooperation with the U.S. Department of Education and Head Start program.
- Designed a third round of Good Start, Grow Smart training modules focusing on early learning guidelines, professional development, program coordination and financing, and assessment and evaluation that were delivered at State and regional meetings and conferences.
- Researched and compiled information for State decision-makers on key topics including subsidy administration, quality rating systems, funding, professional development of early childhood educators, regulations/standards, literacy, program assessment and evaluation, and partnerships.
- Helped States plan improvements in their early care and education systems and supported them in developing or furthering their work on professional development and accountability systems linked to the State early learning guidelines.

National Infant & Toddler Child Care Initiative

The National Infant & Toddler Child Care Initiative (NITCCI) works collaboratively with CCDF administrators and other partners to promote initiatives that improve the quality and supply of infant and toddler child care. The project developed a unique strategic planning process for States and Territories to map current efforts, prioritize areas of need, and create an action plan. NITCCI provided onsite consultation to 20 States and Territories.

FY 2004–FY 2005 Accomplishments

- Conducted over 40 site visits to 20 States and Territories to provide leadership on developing strategic plans to improve the quality of infant/toddler child care systems. This technical assistance resulted in various State accomplishments, including improved State licensing standards for infant/toddler child care, the development of early learning guidelines, the creation of an infant/toddler caregiver credential, and the implementation of an infant/toddler specialist network.
- Sponsored a national forum on ways to build early care and education systems that meet the needs of children under the age of 3.
- Developed and distributed technical assistance materials on many topics, including infant/toddler specialist networks, early learning guidelines for infants and toddlers, and professional development.
- Conducted two audioconference calls for an audience of over 550 participants on infant and toddler specialist networks and foundations of early learning.

Tribal Child Care Technical Assistance Center

The Tribal Child Care Technical Assistance Center (TriTAC) provides targeted TA to Tribal grantees that encompass approximately 500 Indian Tribes. TriTAC builds capacity in Tribal child care programs by linking Tribes to share information and innovations. The project facilitates peer-to-peer learning and provides specialized training in program administration and quality improvement in Tribal programs. It operates a toll-free information and referral line to respond to grantees' TA inquiries and also maintains TA resources on the project's Web site.

FY 2004–FY 2005 Accomplishments

- Hosted two national conferences and numerous training sessions on collaboration and coordination in support of the President's Good Start, Grow Smart initiative; enhancing the physical, social, and emotional health of children in Tribal child care; program administration and accountability; and effective case management systems.
- Conducted four training sessions for new and experienced administrators to provide an overview of the CCDF program requirements.
- Produced training materials on Good Start, Grow Smart; Tribal TANF and CCDF financial management and accountability; health and safety standards; and Tribal-State coordination.

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Reporting Overview for States and Territories

	State/Territorial Plan	Financial Report	Aggregate Data Report	Case-Level Data Report
Form Number	ACF-118	ACF-696	ACF-800	ACF-801
Purpose	Serves as the agreement between the Lead Agency and the Federal Government as to how CCDF programs will be administered in conformance with legislative requirements, pertinent Federal regulations, and other instructions and guidelines issued by ACF.	Lists State estimates and expenditures for the Mandatory fund, the Matching fund, and the Discretionary fund. Territories are required to use the ACF-696 to report estimates and expenditures for the Discretionary fund only.	Provides unduplicated annual counts of children and families served through the CCDF; payment methods; CCDF providers; State-licensed capacity by type of child care setting; consumer education methods; and pooling information.	Provides case-level data on the families and children served during the month of the report, including demographics, family income and copayments, and type of setting with licensure status. States have the option of submitting a sample or all cases.
Report Frequency	Biennially	Quarterly	Annually	Monthly or Quarterly (grantee's choice)
Reporting Period(s)	<ul style="list-style-type: none"> 2-year periods starting with an even-numbered fiscal year; e.g., FY 2004–FY 2005, or October 1, 2003–September 30, 2005 	<ul style="list-style-type: none"> October 1–December 31 January 1–March 31 April 1–June 30 July 1–September 30 	<ul style="list-style-type: none"> Federal fiscal year (October 1–September 30) 	<ul style="list-style-type: none"> Every month or quarter
Due Date	<ul style="list-style-type: none"> July 1 prior to the reporting period 	<ul style="list-style-type: none"> 30 days after the end of the quarter 	<ul style="list-style-type: none"> December 31 (3 months after the end of the reporting period) 	<ul style="list-style-type: none"> Monthly reporting: 90 days after end of month Quarterly reporting: 60 days after end of quarter
Submission Method	<ul style="list-style-type: none"> Hard copy E-mail attachment (to ACF Regional Office, by prior arrangement) 	<ul style="list-style-type: none"> Hard copy Internet data entry and submission (at https://extranet.acf.hhs.gov/ssi/) 	<ul style="list-style-type: none"> Internet data entry and submission (at http://www.acf.hhs.gov/cgi-bin/ccis/acf800.cgi) Electronic and hard copy attachments (to info@nccic.org) 	<ul style="list-style-type: none"> Electronic data files (via Social Security Administration's Connect: Direct Network)
Submit to	<ul style="list-style-type: none"> ACF Regional Office 	<ul style="list-style-type: none"> ACF Regional Office and Central Office 	<ul style="list-style-type: none"> Child Care Bureau, Reports Manager (via Internet) 	<ul style="list-style-type: none"> U.S. Department of Health and Human Services (via Connect: Direct)
Technical Assistance	<ul style="list-style-type: none"> ACF Regional Office 	<ul style="list-style-type: none"> ACF Regional Office 	<ul style="list-style-type: none"> Online help for ACF-800 available on CCB Web site ACF Regional Office Child Care Automation Resource Center 	<ul style="list-style-type: none"> ACF Regional Office Child Care Automation Resource Center

Reporting Overview for Tribes

	Tribal Application	Tribal Plan	Financial Report	Tribal Annual Report
Form Number	N/A Child Care Bureau Issues Annual Program Instruction	ACF-118a	ACF-696T	ACF-700
Purpose	Serves as a means to apply for fiscal year CCDF Tribal Mandatory and Discretionary funds. <i>Note:</i> Tribe must have an approved Plan Preprint.	Serves as the agreement between the Lead Agency and the Federal Government as to how CCDF programs will be administered in conformance with legislative requirements, pertinent Federal regulations, and other instructions and guidelines issued by ACF.	Reports expenditures for the Tribal Mandatory, Discretionary, and Construction/ Renovation funds.	Provides annual counts of children and families served through CCDF; average hours of service per child by type of care; average monthly payment and copayments per child; number of children served by income; and supplemental narratives.
Report Frequency	Annually	Biennially (every 2 years)	Annually	Annually
Reporting Period(s)	• Federal fiscal year (October 1– September 30)	• 2-year plan period (October 1, 2003– September 30, 2005)	• Federal fiscal year (October 1– September 30)	• Federal fiscal year (October 1– September 30)
Due Date	• July 1	• July 1 prior to the new plan period (due every 2 years)	• 90 days after the end of the fiscal year	• December 31
Submission Method	• Hard copy • E-mail attachment (to ACF Regional Office, by prior arrangement)	• Hard copy • E-mail attachment (to ACF Regional Office, by prior arrangement)	• Currently: hard copy	ACF-700: Internet data entry http://www.acf.dhhs.gov/ cgi-bin/acf700/acf700.cgi or Mail the ACF Regional Office and the Child Care Automation Resource Center Suite 600 2600 Tower Oak Blvd. Rockville, MD 20852 Fax: (301) 692-0700 Supplemental Narratives: E-mail attachment in Word, WordPerfect or text to ccarc@childcaredata.org , or Mail the ACF Regional Office and the Child Care Automation Resource Center Suite 600 2600 Tower Oak Blvd. Rockville, MD 20852 Fax: (301) 692-0700
Technical Assistance	• ACF Regional Office	• ACF Regional Office	• ACF Regional Office	• Online help for ACF-700 available on CCB Web site • Policy: ACF Regional Office • New Passwords, Forgotten Passwords or Electronic Submission: Child Care Automation Resource Center

CHILD CARE BUREAU RESEARCH GRANTS (FY 2004)

In FY 2004, CCB awarded \$146,844 for five new Child Care Research Scholars Grants and \$2,835,626 for 10 new Child Care Policy Research Grants. These 15 projects are summarized below. In addition to these new projects, CCB continued funding for grant projects begun in prior years. These included 24 Policy Research Grants, 5 Child Care Research Partnerships, 7 Child Care Research Scholar Grants, 3 Cooperative Agreements, and 6 State Data Capacity Grants.

Child Care Research Scholars Grants

- **William Marsh Rice University, “How Organizations Can Help Child Care Work: Reducing Incidences and Consequences of Child Care Disruptions” (\$29,894).** This study investigates workplace factors that enable parents to cope with child care disruptions by examining employers’ efforts to support working parents. It hypothesizes that an employer’s formal child-focused program supports will positively relate to child care accessibility and negatively relate to child care disruptions. Additionally, an employer’s informal positive workplace climate toward parenting will decrease the negative effects of child care disruptions on employees’ attitudes and behaviors. This study was completed in 2006.
- **Temple University, “The Constraints of Choice: The Role of Race/Ethnicity, Class, and Community Context in Child Care Decisions” (\$30,000).** The study examines the role of contextual variables in mothers’ child care choices by identifying how child care decisions are shaped by race/ethnicity, class, and community contexts. By comparing neighborhoods in Philadelphia using quantitative data analysis, the study investigates: (1) how neighborhood supply of licensed child care affect the use of formal or informal child care; (2) how child care decisions vary by racial/ethnic and socioeconomic class characteristics; (3) how household demographics, work characteristics, and social networks influence mothers’ use of formal or informal child care; (4) and the consequences of using formal or informal care. This study was completed in 2006.
- **Pepperdine University, “Making the Most of Connections: Illinois License-Exempt Child Care Providers’ Use of Information About Early Care and Education” (\$30,000).** Using qualitative and quantitative data to examine license-exempt child care providers’ knowledge of early care and education resources, this study explores the potential uses of Internet technology as a tool for connecting these providers with resources related to Illinois’ school readiness goals. This study was completed in 2006.
- **Temple University, “Child Care Effects in Context: Quality, Stability, and Multiplicity in Non-Maternal Child Care Arrangements From 3 to 6 Years of Age” (\$29,097).** Using longitudinal data from the National Institute on Child Health and Development (NICHD) Study of Early Child Care and Youth Development, this study examines how often low-income preschoolers (ages 3–6) experienced unstable and multiple concurrent child care arrangements its effects on children’s social-emotional adjustment and school readiness. This study was completed in 2006.

- **Cornell University, “Asymmetric Information and the Child Care Market” (\$27,853).** This study examines whether publicly available information about quality influences parents’ child care choices. In addition, it investigates what types of providers are likely to participate in evaluations to assess their quality and how the results of these evaluations can influence the market. This study was completed in 2006.

CHILD CARE POLICY RESEARCH GRANTS

- **University of Chicago, “Employment and TANF Outcomes for Low-Income Families Receiving Child Care Subsidies in Illinois, Maryland, and Texas” (\$381,359).** This study builds on previous CCB-funded research that demonstrated child care subsidies play an important role in supporting family self-sufficiency by increasing employment among current and former TANF recipients. The study analyzes subsidy use, employment, and welfare outcomes among all low-income families in Illinois, Maryland, and Texas. This study will be completed in 2007.
- **University of Kentucky Research Foundation, “Investigating the Impact of a State-Wide Unified Professional Development System on Quality Environments and Child Outcomes” (\$399,963).** This study utilizes ongoing evaluation of the State KIDS NOW Initiative to investigate the degree to which a statewide unified professional development system impacts the educational level of early care and education providers and subsequent classroom quality. The influence of these indicators is examined to determine their impact on child outcomes. The research design includes a multisite, mixed-methods design with 79 centers, 330 classrooms, and teachers that represent three types of classroom settings (child care, Head Start, and State preschool). This study will be completed in 2007.
- **University of Nebraska Board of Regents, “Midwest Child Care Research Consortium” (\$400,000).** Building on past CCB-funded research, this study is piloting and validating four State Quality Rating Systems (QRS) to identify the training providers at different levels in the QRS select; measure the effects of training on child quality; and assess provider attitudes about professional development. It also assesses parent attitudes about quality ratings. Interviews and observations are being conducted with 400 child care centers and family child care homes, 600 classrooms, 2,200 child care providers and 200 child care center directors in 8 randomly selected communities (1 rural and 1 urban community from each State). In addition, subsidy-receiving and nonsubsidy receiving parents will be interviewed and asked to participate in focus groups. This study will be completed in 2007.
- **University of Missouri-Columbia, “The Impact of Cash Incentives on Early Childhood Workforce Development and Program Quality” (\$50,195).** This study assesses the impact of Missouri’s Workforce Incentive Project (WIN) on workforce development and child care quality. Using data already collected as part of the 4-year evaluation of the WIN program, this project extends data analyses longitudinally for comparison between 503 participants of WIN and 376 nonparticipants who have been followed over 2 years at 4-month intervals. The project was completed in 2006.

- **MDRC, “Early Care Settings and School Readiness of Low-Income Children: Cross-Cutting Lessons From Two Complementary Studies” (\$178,579).** This study examines the relationship between center and home-based care settings and the development of low-income children—primarily of working parents—ages kindergarten to 3rd grade. Pooled datasets from seven experimental studies of welfare and employment programs and the NICHD Study of Early Child Care and Youth Development are used to address questions about the effects of center and home-based care settings on multiple domains of low-income children’s development, paying specific attention to the direction of causality in effects. This study was completed in 2006.
- **Oregon State University, “Guidance for Validating Child Care Market Rate Surveys” (\$224,583).** This study examines how well market rate surveys assess the price of care in various types of communities, what methods validate market rate survey findings, and the effects of subsidies on the larger child care market. States, Territories, and Tribes will be surveyed to assess current market rate survey practices. Child care administrative data, census data, and employment data will be used to explore the relationship between child care subsidies and price of care. This study will be completed in 2007.
- **University of Southern Maine, “Children at Risk in the Child Welfare System: Collaborations To Promote School Readiness” (\$282,189).** This study examines the extent to which the child welfare, the Individuals with Disabilities Education Act (IDEA) early intervention, and early care and education systems are collaborating to promote the school readiness needs of children under age 5 in the child welfare system in Colorado. Using field interviews with approximately 150 key agency staff and survey interviews with approximately 500 foster parents and 200 child welfare caseworkers, this case study explores barriers to and facilitators of collaboration at the State, county, and local levels. Also, it investigates the degree to which children in the child welfare system are being linked to the IDEA early intervention and ECE programs. This project will be completed in 2007.
- **Education Development Center, “Child Care Quality: Does Partnering With Head Start Make a Difference?” (\$391,543).** This study in Ohio examines the relationship between Child Care-Head Start partnerships, observed quality, and children’s school readiness. Through the use of observational and child assessment instruments, data from 72 child care center classrooms, 518 children, and 300 family child care homes will be collected on environmental quality and child outcomes. This study will be completed in 2007.
- **Urban Institute, “Understanding Quality in Context: Child Care Providers, Markets, Communities, and Policy” (\$274,114).** This study examines role and relative importance of provider and program characteristics that influence their quality of care, and explores whether these differ for providers receiving subsidies. A total of 417 center directors and 536 family child care providers caring for children under age 5 for at least 40 hours per week are included in this sample of subsidized and unsubsidized programs. A second phase examines how these factors play a role in decision-making related to allocation of resources for program quality. This study will be completed in 2007.

- **Wellesley College, “Massachusetts Early Care and Education and School Readiness Study” (\$252,381).** This study investigates the impact of varying hours of early care and education on children’s school readiness, and the specific factors of infant and preschool classrooms that promote school readiness. The study includes one group of 236 children attending child care centers that have been followed since infancy, and another group of 160 children attending child care centers primarily serving low-income families. This study measures language development and communication; cognition and general knowledge, including early math; social and emotional development; approaches to learning; and health and physical development. This study will be completed in 2007.

CHILD CARE BUREAU RESEARCH GRANTS (FY 2005)

In FY 2005, CCB awarded \$179,115 for six new Child Care Research Scholars Grants. These new projects are summarized below. In addition to these projects, CCB also continued funding for grant projects begun in prior years. These included 24 Child Care Policy Research Grants, 2 Child Care Research Partnerships, 9 Child Care Research Scholar Grants, 3 Cooperative Agreements, and 6 State Data Capacity Grants.

Child Care Research Scholars Grants

- **Georgetown University, “Impact of Literacy of Child Care Providers on Child Language” (\$30,000).** This study examines the relationships among adult literacy level, traditional measures of child care quality, and child language and cognitive outcomes. It also studies the variations in literacy levels of early care and education providers and its relation to their current economic status. It is replicating findings from a previous study that found provider English literacy to be associated with the quality of the language environment in both child care centers and licensed home-based care in Alameda County, California. The sample consists of center and home-based providers observed as part of the Child Care and Children’s Temperament Study (supplement to Temperament over Time Study—TOTS) when children were 3 years old. This study will be completed in 2007.
- **University of Maryland, “Are Child Care Subsidies Cost-Effective?” (\$29,147).** This study compares measures of cost-effectiveness to the alternative of an Earned Income Tax Credit (EITC). It also explores cross-State policy innovation to assess optimal design strategy. Using a sample of single women, the study first analyzes the relationship between labor supply and key variables such as child care costs and EITC availability. Next, it analyzes the relationship between education and training indicators with child care costs and the EITC. This study will be completed in 2007.
- **University of Nebraska, “The Role of Tribal Child Care Programs in Serving Children Birth to Five” (\$30,000).** This study investigates American Indian child care directors’ beliefs regarding the preservation and promotion of continuity of cultural integrity (education) in the Tribal child care program. In addition, the study addresses the directors’ perceptions of whether statewide quality improvement systems are assisting them in promoting continuity of cultural education and quality child care. Sixteen American Indian directors from child care centers in Tribal communities representing diverse geographic locations and different stages in their professional careers are interviewed. This study will be completed in 2007.

- **Regents of the University of California, “A New Model of School Readiness: A Multi-Faceted, Developmental Approach” (\$29,975).** This study examines the importance of a multifaceted definition of school readiness in the context of out-of-home child care environments through four ministudies. Study 1 examines individual differences in developmental trajectories of social competence and cognitive functioning from 24 months of age through 2nd grade. Study 2 identifies the importance of early child care experiences that contribute to children’s individual differences in development of executive functioning and social competence. Study 3 builds on Study 1, adding social competence with peers and cognitive functioning. Study 4 utilizes data from the first three studies to investigate individual- and family-level risk factors. This study will be completed in 2007.
- **Kansas State University, “Comparative Analysis of Subsidized and Non-Subsidized Relative Child Care” (\$30,000).** This study compares the quality of care in 30 subsidized and 30 nonsubsidized relative child care settings in Kansas using the newly developed Child Care Assessment Tool for Relatives (CCAT-R). A needs assessment is being conducted of subsidized relative child care providers to support quality initiatives meeting the unique needs of these providers. This study will be completed in 2007.
- **University of North Carolina, Chapel Hill, “Comparing Web-Based to In-Person Training to Deliver a Nutrition and Physical Activity Intervention in Child Care” (\$29,993).** The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) project is an intervention for child care centers and family child care homes aimed at improving nutrition and physical activity policies and practices through self-assessment and targeted technical assistance. With the help of a trained Child Health Care Consultant (CCHC), centers complete a self-assessment instrument at preintervention and postintervention to evaluate center nutrition and physical activity policies and practices in 15 areas. This study compares two training methods for their overall effectiveness at preparing CCHC to deliver the intervention. Twenty CCHC are first randomly selected into either Web-based or in-person training group and then evaluated on their overall knowledge of nutrition and physical activity and their ability to provide technical assistance to centers. This study was completed in 2006.

FY 2004 CCDF DATA FROM AGGREGATE AND CASE-LEVEL REPORTS

The following notes are applicable to all FY 2004 tables derived from ACF-801 data (which include Tables 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 10a, 11a, 14a, and 15a). Notes specific to FY 2004 tables derived from ACF-800 data follow each table (which include Tables 9a, 12a, and 13a).

1. The source for this table is ACF-801 data for FY 2004.
2. All counts are "adjusted" numbers of families and children. These "adjusted" numbers represent the number funded through CCDF only. The "adjusted" number is the raw or "unadjusted" number reported by the State multiplied by the pooling factor as reported on the ACF-800. A few States have indicated that the pooling factor reported on the ACF-800 is not applicable to the ACF-801. This report takes all these factors into consideration in calculating the "adjusted" numbers or percentages.
3. All States provide an actual "unadjusted" count of families served each month. For States reporting full population data, the number of child records reported each month was directly counted. However, for States that only submit samples, the ratio of children-to-families was determined each month from the samples and then multiplied by the reported number of families to obtain an estimate of the "unadjusted" number of children served each month. The "unadjusted" average number of families and children were obtained from the monthly numbers in the Federal Fiscal Year (FFY). (The "unadjusted" numbers are not necessarily the total number of families or children served in a State, because some States only report the number served by CCDF in the ACF-801 and thus report a 100-percent pooling factor but still serve additional children and families with separate State funds.)
4. For tables that report percentages, national percentages are based on the "adjusted" national counts. In other words, the national percentages are equivalent to a weighted average of the State percentages, where the weights are the "adjusted" number of families or children served as appropriate. A table with a "0-percent" indication often means the value is less than 0.5 percent rather than actually zero. In a few instances, the sum of the categories may not appear to add up to exactly 100 percent because of rounding.
5. At the time of publication, Guam and Puerto Rico had not yet reported ACF-801 data for FFY 2004. Three other Territories submitted less than 12 months of ACF-801 data; American Samoa submitted 5 months, the Northern Mariana Islands submitted 11 months, and the Virgin Islands submitted 4 months.
6. Connecticut does not report ACF-801 data on all or nearly all children served by contracted centers. Wisconsin has been reporting some children that are authorized for care but do not receive care. Nebraska has been reporting child records for some children that do not receive a subsidy if other children in the same family are receiving a subsidy. Alaska's reported population does not accurately reflect the population served by CCDF due to sampling difficulties (which the State is trying to resolve). Furthermore, Alaska does not report any children in foster care or families headed by a child.

Table 1a—Child Care and Development Fund

Average Monthly Adjusted Numbers of Families and Children Served (FY 2004)

States/Territories	Average Number of Families	Average Number of Children
Alabama	16,600	29,200
Alaska	2,700	4,400
American Samoa	500	700
Arizona	22,500	38,500
Arkansas	8,500	14,700
California	106,200	160,100
Colorado	11,200	20,600
Connecticut	6,000	10,300
Delaware	3,900	6,400
District of Columbia	3,200	4,500
Florida	63,500	105,200
Georgia	32,900	59,500
Guam	—	—
Hawaii	6,200	10,000
Idaho	5,800	10,300
Illinois	44,900	85,800
Indiana	17,900	34,100
Iowa	9,800	16,400
Kansas	9,600	17,700
Kentucky	19,200	34,300
Louisiana	30,400	51,800
Maine	2,700	4,000
Maryland	14,000	24,000
Massachusetts	24,000	35,300
Michigan	22,700	44,500
Minnesota	12,000	22,100
Mississippi	13,100	25,100
Missouri	22,600	38,700
Montana	3,000	5,100
Nebraska	7,600	13,400
Nevada	2,500	4,300
New Hampshire	4,500	6,600
New Jersey	25,700	38,300
New Mexico	13,200	22,900
New York	83,800	140,100
North Carolina	48,900	99,600
North Dakota	3,100	4,900
Northern Mariana Islands	200	400

Table 1a—Child Care and Development Fund (Continued)

States/Territories	Average Number of Families	Average Number of Children
Ohio	30,100	53,800
Oklahoma	13,400	21,800
Oregon	11,700	21,200
Pennsylvania	35,600	63,700
Puerto Rico	—	—
Rhode Island	3,700	5,900
South Carolina	11,900	20,200
South Dakota	2,900	4,600
Tennessee	25,000	47,600
Texas	63,800	119,000
Utah	4,700	9,000
Vermont	2,200	3,300
Virgin Islands	200	300
Virginia	16,600	27,200
Washington	33,100	54,900
West Virginia	5,900	10,000
Wisconsin	15,800	27,600
Wyoming	2,700	4,500
National Total	1,004,400	1,738,400

Notes applicable to this table:

1. The reported results have been rounded to the nearest 100.

Table 2a—Child Care and Development Fund
Average Monthly Percentages of Children by Age Group (FY 2004)

States/ Territories	0 to <1 yr	1 yr to <2 yrs	2 yrs to <3 yrs	3 yrs to <4 yrs	4 yrs to <5 yrs	5 yrs to <6 yrs	6 yrs to <13 yrs	13+ yrs	Invalid/Not Reported	Total
Alabama	5%	10%	14%	15%	14%	11%	32%	0%	0%	100%
Alaska	5%	10%	13%	14%	15%	10%	34%	0%	0%	100%
American Samoa	9%	19%	22%	23%	16%	10%	1%	0%	0%	100%
Arizona	5%	10%	12%	13%	13%	11%	35%	0%	0%	100%
Arkansas	9%	15%	16%	15%	12%	9%	25%	0%	0%	100%
California	2%	6%	9%	14%	17%	12%	40%	0%	0%	100%
Colorado	7%	11%	13%	14%	13%	11%	32%	0%	0%	100%
Connecticut	4%	8%	12%	13%	12%	10%	40%	0%	0%	100%
Delaware	7%	11%	13%	13%	13%	10%	32%	1%	0%	100%
District of Columbia	4%	11%	17%	18%	14%	7%	28%	0%	0%	100%
Florida	5%	10%	13%	14%	15%	12%	31%	0%	0%	100%
Georgia	7%	12%	15%	15%	13%	9%	29%	0%	0%	100%
Guam	—	—	—	—	—	—	—	—	—	—
Hawaii	5%	11%	13%	16%	19%	8%	28%	0%	0%	100%
Idaho	7%	12%	13%	13%	13%	11%	31%	0%	0%	100%
Illinois	6%	9%	10%	11%	11%	9%	44%	1%	0%	100%
Indiana	4%	10%	13%	14%	13%	12%	33%	0%	0%	100%
Iowa	9%	12%	14%	13%	11%	9%	32%	1%	0%	100%
Kansas	7%	12%	13%	14%	13%	11%	31%	0%	0%	100%
Kentucky	6%	11%	13%	14%	13%	10%	35%	0%	0%	100%
Louisiana	7%	13%	15%	15%	11%	8%	30%	0%	0%	100%
Maine	4%	8%	11%	15%	16%	12%	33%	1%	0%	100%
Maryland	3%	9%	12%	13%	13%	10%	39%	0%	0%	100%
Massachusetts	5%	9%	13%	13%	12%	11%	37%	0%	0%	100%
Michigan	6%	9%	10%	11%	10%	9%	45%	1%	0%	100%
Minnesota	6%	11%	12%	13%	13%	10%	34%	0%	1%	100%
Mississippi	3%	9%	12%	13%	13%	10%	39%	1%	0%	100%
Missouri	7%	11%	12%	13%	12%	9%	29%	0%	6%	100%
Montana	7%	11%	13%	14%	13%	11%	30%	0%	0%	100%
Nebraska	9%	13%	13%	13%	12%	9%	31%	1%	0%	100%
Nevada	6%	10%	11%	12%	13%	11%	37%	0%	0%	100%
New Hampshire	5%	9%	13%	15%	15%	13%	32%	0%	0%	100%
New Jersey	4%	9%	12%	13%	12%	10%	39%	1%	0%	100%
New Mexico	7%	12%	13%	13%	12%	10%	34%	0%	0%	100%
New York	4%	8%	10%	12%	12%	9%	44%	1%	0%	100%
North Carolina	5%	9%	12%	13%	13%	10%	39%	0%	0%	100%
North Dakota	9%	14%	13%	14%	12%	11%	28%	1%	0%	100%
Northern Mariana Islands	7%	13%	14%	14%	12%	10%	30%	0%	0%	100%

Table 2a—Child Care and Development Fund (Continued)

States/ Territories	0 to <1 yr	1 yr to <2 yrs	2 yrs to <3 yrs	3 yrs to <4 yrs	4 yrs to <5 yrs	5 yrs to <6 yrs	6 yrs to <13 yrs	13+ yrs	Invalid/Not Reported	Total
Ohio	6%	11%	13%	14%	13%	10%	33%	0%	0%	100%
Oklahoma	9%	14%	15%	15%	13%	10%	25%	0%	0%	100%
Oregon	7%	11%	11%	12%	12%	11%	37%	0%	0%	100%
Pennsylvania	5%	8%	11%	12%	12%	11%	42%	0%	0%	100%
Puerto Rico	—	—	—	—	—	—	—	—	—	—
Rhode Island	4%	9%	11%	12%	12%	10%	40%	0%	0%	100%
South Carolina	4%	8%	12%	15%	14%	12%	36%	0%	0%	100%
South Dakota	9%	12%	14%	14%	13%	11%	26%	0%	0%	100%
Tennessee	6%	12%	13%	13%	12%	10%	34%	0%	0%	100%
Texas	7%	12%	13%	13%	11%	9%	32%	0%	1%	100%
Utah	5%	10%	11%	13%	13%	12%	36%	0%	0%	100%
Vermont	5%	10%	12%	14%	14%	12%	33%	1%	0%	100%
Virgin Islands	2%	9%	17%	18%	20%	11%	23%	1%	0%	100%
Virginia	5%	10%	13%	14%	14%	10%	34%	0%	0%	100%
Washington	6%	9%	12%	13%	13%	12%	36%	0%	0%	100%
West Virginia	6%	10%	12%	13%	12%	10%	36%	0%	0%	100%
Wisconsin	7%	11%	13%	13%	12%	10%	34%	0%	0%	100%
Wyoming	8%	12%	13%	14%	13%	11%	28%	0%	0%	100%
National Average (Weighted)	5%	10%	12%	13%	13%	10%	36%	0%	0%	100%

Notes applicable to this table:

1. The Invalid/Not Reported category only includes children with an invalid year/month of birth or report date.
2. All Florida's out of range date-of-birth children are special needs children.

Table 3a—Child Care and Development Fund
Average Monthly Percentages of Children by Racial Group (FY 2004)

States/ Territories	Native		Black or African- American	Native		Multi- racial	Invalid/Race Not Reported	Total
	American or Alaska Native	Asian		Hawaiian or Pacific Islander	White			
Alabama	0%	0%	75%	0%	25%	0%	0%	100%
Alaska	8%	3%	10%	2%	50%	14%	14%	100%
American Samoa	0%	1%	0%	99%	0%	0%	0%	100%
Arizona	5%	0%	14%	1%	78%	3%	0%	100%
Arkansas	0%	1%	65%	0%	34%	1%	0%	100%
California	1%	6%	23%	1%	38%	1%	30%	100%
Colorado	1%	1%	17%	0%	64%	2%	15%	100%
Connecticut	0%	0%	38%	0%	24%	4%	34%	100%
Delaware	0%	0%	65%	1%	33%	0%	0%	100%
District of Columbia	0%	0%	95%	0%	3%	0%	1%	100%
Florida	0%	0%	50%	1%	47%	1%	0%	100%
Georgia	0%	0%	79%	0%	18%	1%	1%	100%
Guam	—	—	—	—	—	—	—	—
Hawaii	0%	40%	2%	35%	13%	10%	0%	100%
Idaho	1%	0%	1%	0%	90%	1%	5%	100%
Illinois	0%	1%	66%	1%	17%	1%	14%	100%
Indiana	1%	0%	50%	0%	42%	8%	0%	100%
Iowa	0%	1%	22%	0%	77%	0%	0%	100%
Kansas	1%	0%	29%	0%	65%	1%	4%	100%
Kentucky	0%	0%	33%	0%	60%	0%	7%	100%
Louisiana	0%	0%	81%	0%	18%	1%	0%	100%
Maine	1%	1%	3%	0%	86%	5%	4%	100%
Maryland	0%	1%	80%	0%	17%	1%	2%	100%
Massachusetts	0%	1%	17%	0%	27%	1%	55%	100%
Michigan	0%	0%	58%	0%	40%	1%	0%	100%
Minnesota	3%	2%	31%	1%	61%	2%	0%	100%
Mississippi	0%	0%	87%	0%	11%	2%	0%	100%
Missouri	0%	0%	55%	0%	43%	0%	2%	100%
Montana	11%	1%	1%	0%	84%	3%	0%	100%
Nebraska	3%	0%	27%	0%	69%	1%	0%	100%
Nevada	2%	1%	32%	1%	58%	6%	0%	100%
New Hampshire	0%	0%	1%	0%	21%	1%	77%	100%
New Jersey	0%	2%	57%	12%	20%	2%	7%	100%
New Mexico	6%	0%	4%	0%	86%	4%	0%	100%
New York	0%	1%	27%	0%	22%	1%	48%	100%
North Carolina	3%	1%	60%	1%	36%	1%	0%	100%
North Dakota	19%	0%	3%	0%	75%	3%	0%	100%
Northern Mariana Islands	0%	0%	0%	100%	0%	0%	0%	100%
Ohio	0%	0%	56%	0%	40%	1%	3%	100%
Oklahoma	8%	1%	31%	0%	60%	0%	0%	100%
Oregon	2%	2%	10%	0%	85%	1%	0%	100%

Table 3a—Child Care and Development Fund (Continued)

States/ Territories	Native American or Alaska Native	Asian	Black or African- American	Native Hawaiian or Pacific Islander	White	Multi- racial	Invalid/Race Not Reported	Total
Pennsylvania	0%	1%	25%	0%	32%	1%	42%	100%
Puerto Rico	—	—	—	—	—	—	—	—
Rhode Island	0%	1%	10%	0%	25%	0%	65%	100%
South Carolina	0%	0%	77%	0%	23%	0%	0%	100%
South Dakota	19%	0%	4%	0%	74%	3%	0%	100%
Tennessee	0%	0%	71%	0%	28%	0%	0%	100%
Texas	0%	0%	36%	0%	27%	0%	37%	100%
Utah	3%	2%	4%	0%	91%	0%	0%	100%
Vermont	0%	1%	1%	0%	98%	0%	0%	100%
Virgin Islands	0%	0%	91%	0%	8%	0%	0%	100%
Virginia	8%	1%	64%	0%	25%	2%	0%	100%
Washington	2%	1%	8%	0%	42%	0%	48%	100%
West Virginia	0%	0%	12%	0%	78%	8%	2%	100%
Wisconsin	2%	2%	42%	0%	45%	3%	7%	100%
Wyoming	3%	0%	4%	0%	82%	0%	12%	100%
National Average (Weighted)	1%	1%	42%	1%	38%	1%	16%	100%

Notes applicable to this table:

1. The Invalid/Race Not Reported category includes children where one or more race fields had anything other than a No (0) or Yes (1), blank, null, or space.
2. The multiracial category includes any child where more than one race was answered Yes (1). Several States do not capture and report more than one race per child and thus do not provide multiracial data.
3. Several States including Washington are still reporting ethnicity (Latino/Hispanic) as a race rather than as an ethnicity in accordance with the Pre-FY 2000 Technical Bulletin 3 standard. In many of these instances if a child is designated as Latino, no race is designated. In many States including Texas, Illinois, Louisiana, and Wisconsin self-reporting of race is optional and no race will be reported other than self-reporting.

Table 4a—Child Care and Development Fund
Average Monthly Percentages of Children by Latino Ethnicity (FY 2004)

States/Territories	Latino	Not Latino	Invalid/ Not Reported	Ethnicity Total
Alabama	1%	99%	0%	100%
Alaska	9%	91%	0%	100%
American Samoa	0%	100%	0%	100%
Arizona	45%	55%	0%	100%
Arkansas	1%	99%	0%	100%
California	50%	48%	2%	100%
Colorado	36%	64%	0%	100%
Connecticut	34%	66%	0%	100%
Delaware	8%	92%	0%	100%
District of Columbia	6%	94%	0%	100%
Florida	22%	78%	0%	100%
Georgia	2%	98%	0%	100%
Guam	—	—	—	—
Hawaii	3%	97%	0%	100%
Idaho	15%	85%	0%	100%
Illinois	11%	86%	4%	100%
Indiana	6%	94%	0%	100%
Iowa	7%	94%	0%	100%
Kansas	9%	91%	0%	100%
Kentucky	2%	93%	5%	100%
Louisiana	2%	98%	0%	100%
Maine	3%	97%	0%	100%
Maryland	2%	98%	0%	100%
Massachusetts	33%	67%	0%	100%
Michigan	4%	96%	0%	100%
Minnesota	3%	97%	0%	100%
Mississippi	1%	99%	0%	100%
Missouri	2%	97%	1%	100%
Montana	6%	94%	0%	100%
Nebraska	9%	91%	0%	100%
Nevada	24%	76%	0%	100%
New Hampshire	2%	0%	98%	100%
New Jersey	27%	74%	0%	100%
New Mexico	74%	26%	0%	100%
New York	12%	88%	0%	100%
North Carolina	5%	95%	0%	100%
North Dakota	3%	97%	0%	100%
Northern Mariana Islands	0%	100%	0%	100%
Ohio	3%	97%	0%	100%
Oklahoma	6%	94%	0%	100%
Oregon	19%	81%	0%	100%
Pennsylvania	5%	95%	0%	100%

Table 4a—Child Care and Development Fund (Continued)

States/Territories	Latino	Not Latino	Invalid/ Not Reported	Ethnicity Total
Puerto Rico	—	—	—	—
Rhode Island	23%	77%	0%	100%
South Carolina	0%	100%	0%	100%
South Dakota	3%	97%	0%	100%
Tennessee	1%	99%	0%	100%
Texas	42%	58%	0%	100%
Utah	14%	86%	0%	100%
Vermont	0%	100%	0%	100%
Virgin Islands	10%	90%	0%	100%
Virginia	10%	90%	0%	100%
Washington	16%	84%	0%	100%
West Virginia	2%	98%	0%	100%
Wisconsin	7%	93%	0%	100%
Wyoming	11%	89%	0%	100%
National Average (Weighted)	17%	82%	1%	100%

Notes applicable to this table:

1. The Invalid/Not Reported category includes children where anything other than a No (0) or Yes (1) was in the Ethnicity Total field.

Table 5a—Child Care and Development Fund

National Average (Weighted) Monthly Percentages of Children in Child Care by Age Category and Type of Care (FY 2004)

Age Group	Child's Home	Family Home	Group Home	Center	Total
Infants (0 to <1 yr)	7%	35%	5%	53%	100%
Toddlers (1 yr to <3 yrs)	6%	30%	5%	59%	100%
Preschool (3 yrs to <6 yrs)	6%	23%	4%	67%	100%
School Age (6 yrs to <13 yrs)	12%	33%	4%	52%	100%
13 Years and Older	20%	45%	5%	29%	100%
All Ages	8%	29%	4%	59%	100%

Notes applicable to this table:

1. Nationally 2.4 percent of the children were excluded from the above table because either their age was invalid/not reported or one more setting elements of the child's setting record(s) were invalid or not reported.
2. The National values were determined by multiplying each State's percentage by the adjusted number of children served for each State, summing across the States and then dividing by the adjusted number of children served for the Nation. "Adjusted" means adjusted to represent CCDF funding only.
3. Some children are reported to have multiple settings for the same month. If a child was in more than one of the above setting categories within the same month, the child was counted in each setting in proportion to the number of hours of service received in each setting. For example if the child spent 70 hours in a setting and 30 hours in a child's home, the child would be scored as 0.7 count in Center and 0.3 count in Child's Home (proportional counting).

Table 6a—Child Care and Development Fund

National Average (Weighted) Monthly Hours of Child Care by Age Group and Type of Care (FY 2004)

Age Group	Child's Home	Family Home	Group Home	Center	Average (Weighted)
0 to <1 yr	161	158	153	158	158
1 to <2 yrs	163	163	162	167	165
2 to <3 yrs	166	165	162	168	167
3 to <4 yrs	164	164	165	166	165
4 to <5 yrs	164	161	159	163	163
5 to <6 yrs	153	148	145	143	145
6 to <13 yrs	134	130	119	112	121
13+ yrs	134	126	114	101	120
All Ages	147	148	146	146	146

Notes applicable to this table:

1. Average hours per month were based on sums of hours per month in categories divided by counts of children in categories as further defined below.
2. Nationally 2.4 percent of the children were excluded from the above table because either their age was invalid/not reported or one or more setting elements of a child's setting record was invalid or not reported. Wisconsin reports 0 hours (data element 26) with \$0 cost (data element 27) for some children authorized or previously authorized for care that do not receive any care which would be considered invalid.
3. For children served by multiple providers, the child's count is proportioned based on the ratio of the monthly hours with each provider divided by the monthly total hours of service. The average hours and payments for each State-month combination are based on the sum of hours in each category divided by the sum of proportional counts in each category. The State's annual results are determined by calculating a weighted average of the monthly results where the weight was the "adjusted" number of children served in each month. The national results shown above represent a weighted average of the State's fiscal annual results where the weight for each State is the average monthly "adjusted" number of children served in each State for the fiscal year.
4. Some States have been reporting the maximum number of hours authorized rather than the actual number of hours service provided.

Table 7a—Child Care and Development Fund

National Average (Weighted) Monthly Expenditures by Age Group and Type of Care (FY 2004)

Age Group	Child's Home	Family Home	Group Home	Center	Average (Weighted)
0 to <1 yr	\$276	\$347	\$449	\$428	\$390
1 to <2 yrs	\$286	\$364	\$475	\$436	\$405
2 to <3 yrs	\$285	\$356	\$464	\$423	\$399
3 to <4 yrs	\$278	\$337	\$443	\$408	\$387
4 to <5 yrs	\$273	\$334	\$416	\$407	\$385
5 to <6 yrs	\$272	\$308	\$402	\$364	\$346
6 to <13 yrs	\$246	\$280	\$348	\$285	\$281
13+ yrs	\$253	\$265	\$425	\$283	\$276
All Ages	\$261	\$316	\$413	\$369	\$347

Notes applicable to this table:

1. Average cost per month was based on sums of costs per month in categories divided by counts of children in categories as further defined below.

2. Nationally 2.4 percent of the children were excluded from the above table because either their age was invalid/not reported or one or more setting elements of a child's setting record was invalid or not reported. Wisconsin reports 0 hours (data element 26) with \$0 cost (data element 27) for some children authorized or previously authorized for care that do not receive any care which would be considered invalid.

3. For children served by multiple providers, the child's count is proportioned based on the ratio of the monthly hours with each provider divided by the monthly total hours of service. The average hours and payments for each State-month combination are based on the sum of hours in each category divided by the sum of proportional counts in each category. The State's annual results are determined by calculating a weighted average of the monthly results where the weight was the "adjusted" number of children served in each month. The national results shown above represent a weighted average of the State's fiscal annual results where the weight for each State is the average monthly "adjusted" number of children served in each State for the fiscal year.

4. The current Technical Bulletin 3 indicates that a payment over \$1000 per month is considered above the Out of Range Standard and therefore is considered invalid. However, the market survey data from the highest cost areas of some States shows that the 75th-percentile, full-time child care market rate cost is above \$1000 per month. In addition several States have indicated in their ACF-801 notes that they have valid costs over \$1000. States that fall in at least one of these categories include: Minnesota, Massachusetts, District of Columbia, Wisconsin, California, Washington, Pennsylvania, North Carolina, New York and Oregon. Nationally approximately 1 percent of the reported cost data in FFY 2005 exceeded \$1000 and no State had more than 5 percent exceeding \$1,000 (likely somewhat less in FFY 2004). (Note that some of these data percentages with costs over \$1,000 were very large and thus clearly invalid.) The Child Care Bureau is currently planning on increasing this Out of Range Standard to \$2000 effective October 1, 2006.

Table 8a—Child Care and Development Fund
Reasons for Receiving Care (FY 2004)

States/Territories	Employment	Training/ Education	Employment and Training/ Education	Protective Services	Other	Invalid/ Not Reported	Total
Alabama	79%	8%	5%	8%	1%	0%	100%
Alaska	84%	5%	7%	0%	3%	0%	100%
American Samoa	76%	2%	20%	0%	1%	1%	100%
Arizona	70%	1%	9%	19%	1%	0%	100%
Arkansas	84%	8%	0%	5%	3%	0%	100%
California	81%	8%	6%	2%	4%	0%	100%
Colorado	77%	16%	4%	0%	3%	0%	100%
Connecticut	89%	9%	2%	0%	0%	0%	100%
Delaware	87%	5%	1%	3%	4%	0%	100%
District of Columbia	55%	34%	2%	1%	7%	0%	100%
Florida	72%	5%	8%	14%	2%	0%	100%
Georgia	75%	16%	3%	4%	1%	1%	100%
Guam	—	—	—	—	—	—	—
Hawaii	79%	6%	12%	1%	3%	0%	100%
Idaho	70%	13%	17%	0%	0%	0%	100%
Illinois	88%	5%	2%	0%	5%	0%	100%
Indiana	69%	12%	9%	0%	10%	0%	100%
Iowa	79%	13%	1%	7%	0%	0%	100%
Kansas	89%	8%	2%	0%	1%	0%	100%
Kentucky	75%	12%	2%	11%	0%	0%	100%
Louisiana	79%	9%	10%	3%	0%	0%	100%
Maine	85%	5%	5%	2%	2%	0%	100%
Maryland	81%	12%	6%	0%	1%	0%	100%
Massachusetts	76%	10%	0%	10%	3%	2%	100%
Michigan	87%	9%	1%	1%	2%	0%	100%
Minnesota	78%	7%	11%	0%	4%	0%	100%
Mississippi	74%	14%	11%	1%	1%	0%	100%
Missouri	66%	21%	1%	10%	1%	2%	100%
Montana	68%	13%	16%	2%	0%	0%	100%
Nebraska	71%	15%	3%	11%	1%	0%	100%
Nevada	80%	10%	3%	0%	7%	0%	100%
New Hampshire	80%	11%	0%	8%	1%	0%	100%
New Jersey	80%	3%	2%	5%	10%	0%	100%
New Mexico	47%	10%	10%	0%	33%	0%	100%
New York	71%	15%	3%	1%	10%	0%	100%
North Carolina	89%	11%	0%	0%	0%	0%	100%
North Dakota	69%	22%	9%	0%	0%	0%	100%

Table 8a—Child Care and Development Fund (Continued)

States/Territories	Employment	Training/ Education	Employment and Training/ Education	Protective Services	Other	Invalid/ Not Reported	Total
Northern Mariana Islands	63%	28%	9%	0%	0%	0%	100%
Ohio	68%	18%	4%	0%	10%	0%	100%
Oklahoma	65%	9%	24%	2%	0%	0%	100%
Oregon	74%	3%	22%	1%	0%	0%	100%
Pennsylvania	66%	4%	1%	0%	4%	26%	100%
Puerto Rico	—	—	—	—	—	—	—
Rhode Island	89%	9%	2%	0%	0%	0%	100%
South Carolina	80%	20%	0%	0%	0%	0%	100%
South Dakota	62%	10%	15%	14%	0%	0%	100%
Tennessee	45%	38%	16%	0%	2%	0%	100%
Texas	68%	27%	2%	0%	3%	0%	100%
Utah	87%	0%	4%	0%	10%	0%	100%
Vermont	77%	13%	0%	6%	4%	0%	100%
Virgin Islands	65%	24%	0%	4%	6%	0%	100%
Virginia	82%	5%	10%	1%	2%	0%	100%
Washington	83%	8%	1%	8%	0%	0%	100%
West Virginia	76%	14%	9%	1%	0%	0%	100%
Wisconsin	89%	1%	8%	0%	2%	0%	100%
Wyoming	89%	11%	0%	0%	1%	0%	100%
National Average (Weighted)	75%	11%	5%	3%	4%	1%	100%

Notes applicable to this table:

1. Invalid/Not Reported includes family records with an invalid or missing number for ACF-801 element 6, Reason for Receiving Subsidized Child Care.
2. Several States only capture the primary reason for receiving services and therefore do not report any families in the Both Employment and Training/Education category. States reporting no families in this combination category of Both Employment and Training/Education” include Arkansas, New Hampshire, North Carolina, South Carolina, Vermont, and Wyoming (confirmed by ACF-801 notes).
3. Inconsistencies in income reporting appear in several States between ACF-801 element 6 (reason for receiving a subsidy, element 9 (total income for determining eligibility), and elements 10 through 15 (the sources of income). For example, element 6 may indicate that the reason is employment, element 10 may indicate employment as an income source, and element 9 may show a monthly income of \$0. All combinations of inconsistencies between these three types of data elements have been observed.
4. Connecticut reports that they inadvertently did not code families in protective services as such.

Table 9a—Child Care and Development Fund
Number of Child Care Providers Receiving CCDF Funds (FY 2004)

States/Territories	Child's Home	FCC Home	Group Home	Center	Total
Alabama	25	1,572	312	1,292	3,201
Alaska	668	1,775	89	219	2,751
American Samoa	0	1	0	38	39
Arizona	874	4,253	333	1,224	6,684
Arkansas	0	635	0	892	1,527
California	11,495	62,221	10,646	15,371	99,733
Colorado	1,726	5,431	0	1,401	8,558
Connecticut	5,626	3,360	17	1,322	10,325
Delaware	1,691	41	299	494	2,525
District of Columbia	11	205	0	369	585
Florida	214	6,594	0	9,557	16,365
Georgia	1,192	5,243	289	5,063	11,787
Guam	53	42	2	54	151
Hawaii	1,236	6,667	6	437	8,346
Idaho	169	2,626	452	507	3,754
Illinois	37,974	49,556	276	3,334	91,140
Indiana	128	4,721	0	1,510	6,359
Iowa	226	7,490	547	727	8,990
Kansas	1,201	2,283	2,302	701	6,487
Kentucky	430	4,655	106	1,716	6,907
Louisiana	6,360	2,509	0	2,214	11,083
Maine	132	1,816	0	479	2,427
Maryland	2,826	6,182	0	1,592	10,600
Massachusetts	3,006	3,600	4,415	2,617	13,638
Michigan	32,986	42,367	2,794	2,460	80,607
Minnesota	3,601	15,778	0	2,074	21,453
Mississippi	502	2,789	38	1,237	4,566
Missouri	1,203	10,906	185	1,887	14,181
Montana	195	1,479	470	251	2,395
Nebraska	604	2,956	331	607	4,498
Nevada	145	472	10	548	1,175
New Hampshire	552	2,169	0	666	3,387
New Jersey	1,209	7,963	0	2,465	11,637
New Mexico	6	9,125	189	479	9,799
New York	23,284	55,567	2,326	4,915	86,092
North Carolina	121	4,772	0	4,324	9,217
North Dakota	0	2,106	723	128	2,957
Northern Mariana Islands	0	150	0	19	169
Ohio	28	17,342	106	3,641	21,117
Oklahoma	—	—	—	—	—
Oregon	32	24,952	363	2,529	27,876
Pennsylvania	4,848	21,756	549	3,610	30,763

Table 9a—Child Care and Development Fund (Continued)

States/Territories	Child's Home	FCC Home	Group Home	Center	Total
Puerto Rico	84	4,978	0	1,113	6,175
Rhode Island	154	1,298	8	315	1,775
South Carolina	1,110	2,298	187	1,364	4,959
South Dakota	69	1,473	84	227	1,853
Tennessee	699	2,232	427	1,752	5,110
Texas	12,426	14,767	1,003	6,589	34,785
Utah	2,428	5,964	333	515	9,240
Vermont	437	2,161	0	365	2,963
Virgin Islands	0	24	23	61	108
Virginia	—	—	—	—	—
Washington	11,393	9,202	0	2,040	22,635
West Virginia	9	2,893	79	407	3,388
Wisconsin	88	6,631	0	2,093	8,812
Wyoming	335	1,381	172	146	2,034
National Total	175,811	461,429	30,491	101,957	769,688

Notes applicable to this table:

1. The source for this table is ACF-800 data for FFY 2004, an unduplicated annual count.
2. These data have not been adjusted by the pooling factor (unadjusted data) because ACF-800 Data Element 6a it is reported as a count of providers receiving CCDF funding.
3. Note that this table reports the number of providers (not the number of children). A provider that serves 1 child is counted the same as a provider serving 200 children per day.
4. At the time of publication, Oklahoma had not yet reported FFY 2004 ACF-800 data.
5. Virginia did not report the number of providers.

Table 10a—Child Care and Development Fund
Average Monthly Percentages of Children Served in All Types of Care (FY 2004)

States/Territories	Licensed or Regulated Providers				Providers Legally Operating Without Regulation							
	Child's Home	Family Home	Group Home	Center	Child's Home		Family Home		Group Home		Center	Invalid/Not Reported
					Relative	Non-relative	Relative	Non-relative	Relative	Non-relative		
Alabama	0%	5%	5%	67%	0%	0%	1%	0%	0%	0%	12%	10%
Alaska	0%	17%	6%	59%	2%	1%	5%	8%	0%	0%	0%	3%
American Samoa	0%	0%	0%	45%	0%	0%	0%	2%	0%	0%	52%	0%
Arizona	1%	9%	7%	71%	3%	0%	10%	0%	0%	0%	0%	0%
Arkansas	0%	21%	0%	77%	0%	1%	0%	0%	0%	0%	0%	0%
California	0%	10%	9%	49%	4%	1%	15%	6%	0%	0%	4%	2%
Colorado	0%	19%	0%	59%	6%	1%	9%	5%	0%	0%	0%	1%
Connecticut	0%	12%	0%	29%	26%	8%	18%	1%	0%	0%	3%	4%
Delaware	0%	33%	2%	51%	3%	0%	5%	0%	0%	0%	6%	0%
District of Columbia	0%	4%	0%	93%	0%	0%	1%	0%	0%	0%	0%	1%
Florida	0%	11%	0%	79%	0%	2%	0%	0%	0%	0%	6%	2%
Georgia	0%	10%	2%	83%	1%	0%	4%	1%	0%	0%	0%	0%
Guam	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	0%	7%	0%	29%	10%	1%	41%	8%	0%	0%	3%	0%
Idaho	0%	0%	15%	46%	1%	1%	15%	22%	0%	0%	0%	0%
Illinois	0%	17%	1%	26%	14%	14%	6%	19%	0%	0%	3%	0%
Indiana	0%	32%	0%	30%	0%	0%	4%	7%	0%	0%	26%	0%
Iowa	0%	36%	8%	35%	0%	0%	4%	16%	0%	0%	0%	1%
Kansas	0%	8%	39%	31%	5%	4%	12%	0%	0%	0%	0%	2%
Kentucky	0%	8%	2%	74%	0%	0%	11%	6%	0%	0%	0%	0%
Louisiana	0%	0%	0%	68%	11%	6%	3%	8%	0%	0%	4%	0%
Maine	0%	36%	0%	51%	1%	1%	6%	5%	0%	0%	0%	1%
Maryland	0%	37%	0%	41%	10%	3%	9%	0%	0%	0%	0%	1%
Massachusetts	0%	4%	19%	66%	3%	2%	3%	0%	0%	0%	0%	3%
Michigan	0%	8%	9%	14%	30%	0%	37%	0%	0%	0%	0%	1%
Minnesota	0%	35%	0%	29%	5%	5%	6%	10%	0%	0%	3%	8%
Mississippi	0%	0%	2%	77%	2%	1%	10%	9%	0%	0%	0%	0%
Missouri	0%	12%	2%	41%	1%	1%	12%	20%	0%	0%	6%	6%
Montana	0%	15%	34%	39%	1%	1%	6%	4%	0%	0%	0%	0%
Nebraska	0%	23%	8%	51%	0%	0%	0%	16%	0%	0%	0%	1%
Nevada	0%	4%	1%	69%	3%	5%	1%	1%	0%	0%	16%	0%
New Hampshire	0%	9%	0%	62%	3%	4%	6%	16%	0%	0%	0%	0%
New Jersey	0%	12%	0%	70%	1%	2%	3%	8%	0%	0%	0%	4%
New Mexico	0%	2%	6%	46%	1%	1%	33%	12%	0%	0%	0%	0%
New York	0%	9%	8%	32%	8%	9%	13%	17%	0%	0%	2%	2%
North Carolina	0%	17%	0%	81%	0%	0%	2%	0%	0%	0%	0%	0%
North Dakota	0%	16%	31%	26%	0%	0%	11%	16%	0%	0%	0%	0%

Table 10a—Child Care and Development Fund (Continued)

States/Territories	Licensed or Regulated Providers				Providers Legally Operating Without Regulation							Invalid/ Not Reported
	Child's Home	Family Home	Group Home	Center	Child's Home Non- relative	Family Home Non- relative	Group Home Non- relative	Center	Relative	Relative	Relative	
Northern Mariana Islands	18%	49%	2%	30%	0%	0%	1%	0%	0%	0%	0%	0%
Ohio	0%	36%	1%	51%	0%	0%	0%	0%	0%	0%	0%	13%
Oklahoma	0%	2%	0%	97%	0%	0%	0%	0%	0%	0%	0%	0%
Oregon	0%	20%	2%	18%	0%	0%	17%	42%	0%	1%	1%	0%
Pennsylvania	0%	7%	4%	50%	2%	11%	3%	21%	0%	0%	0%	1%
Puerto Rico	–	–	–	–	–	–	–	–	–	–	–	–
Rhode Island	0%	28%	0%	67%	1%	1%	3%	1%	0%	0%	0%	0%
South Carolina	0%	5%	3%	73%	0%	7%	0%	12%	0%	0%	0%	0%
South Dakota	0%	37%	0%	51%	1%	1%	8%	4%	0%	0%	0%	0%
Tennessee	1%	5%	5%	77%	3%	1%	2%	6%	0%	0%	0%	0%
Texas	0%	3%	3%	76%	9%	0%	9%	0%	0%	0%	0%	0%
Utah	0%	14%	6%	38%	9%	1%	30%	1%	0%	0%	0%	2%
Vermont	0%	43%	1%	40%	1%	4%	1%	10%	0%	0%	0%	0%
Virgin Islands	0%	0%	0%	94%	3%	1%	0%	0%	0%	0%	0%	1%
Virginia	2%	22%	0%	58%	2%	1%	8%	6%	0%	0%	2%	0%
Washington	0%	26%	0%	39%	10%	4%	4%	0%	0%	0%	0%	17%
West Virginia	0%	40%	3%	52%	0%	0%	2%	1%	0%	0%	1%	1%
Wisconsin	0%	36%	0%	59%	0%	0%	0%	0%	0%	0%	0%	5%
Wyoming	0%	8%	9%	15%	5%	2%	12%	11%	0%	0%	0%	37%
National Average (Weighted)	0%	13%	4%	56%	5%	3%	8%	7%	0%	0%	2%	2%

Notes applicable to this table:

1. For children served by multiple providers, the child's count is proportioned based on the ratio of the hours with each provider divided by the total hours of service. The percentages were then calculated from this proportioned count.
2. For consistency with related reports involving setting data, the Invalid/Not Reported category includes children with any element of any setting identified as invalid or not reported including zero hours served, zero cost, or no setting records.

Table 11a—Child Care and Development Fund

Children Served in Settings Legally Operating Without Regulation: Percentage Served by Relatives vs. Nonrelatives (FY 2004)

States/Territories	Relative	Nonrelative
Alabama	8%	92%
Alaska	42%	58%
American Samoa	0%	100%
Arizona	100%	0%
Arkansas	0%	100%
California	64%	36%
Colorado	70%	30%
Connecticut	80%	20%
Delaware	59%	41%
District of Columbia	88%	12%
Florida	4%	96%
Georgia	81%	19%
Guam	—	—
Hawaii	81%	19%
Idaho	42%	58%
Illinois	36%	64%
Indiana	11%	89%
Iowa	21%	79%
Kansas	82%	18%
Kentucky	65%	35%
Louisiana	44%	56%
Maine	51%	49%
Maryland	87%	13%
Massachusetts	75%	25%
Michigan	100%	0%
Minnesota	38%	62%
Mississippi	55%	45%
Missouri	32%	68%
Montana	59%	41%
Nebraska	2%	98%
Nevada	16%	84%
New Hampshire	32%	68%
New Jersey	31%	69%
New Mexico	74%	26%
New York	43%	57%
North Carolina	93%	7%
North Dakota	42%	58%
Northern Mariana Islands	100%	0%
Ohio	—	—
Oklahoma	—	—

Table 11a—Child Care and Development Fund (Continued)

States/Territories	Relative	Nonrelative
Oregon	28%	72%
Pennsylvania	14%	86%
Puerto Rico	—	—
Rhode Island	71%	29%
South Carolina	0%	100%
South Dakota	65%	35%
Tennessee	43%	57%
Texas	100%	0%
Utah	95%	5%
Vermont	10%	90%
Virgin Islands	77%	23%
Virginia	52%	48%
Washington	79%	21%
West Virginia	54%	46%
Wisconsin	100%	0%
Wyoming	56%	44%
National Average (Weighted)	52%	48%

Notes applicable to this table:

1. In some States there were no children served in unregulated settings and thus the percent is "-" since division by zero is undefined. Ohio, Oklahoma, and Wisconsin have no Providers Legally Operating Without Regulation.
2. For children served by multiple providers, the child's count is proportioned based on the ratio of the hours with each provider divided by the total hours of service.
3. For consistency with related reports involving setting data, the Invalid/Not Reported category includes children with any element of any setting identified as invalid or not reported including zero hours served, zero cost, or no setting records.

Table 12a—Child Care and Development Fund

Average Monthly Percentages of Children Served by Payment Method (FY 2004)

States/Territories	Grants/Contracts %	Certificates %	Cash %
Alabama	0%	100%	0%
Alaska	0%	92%	8%
American Samoa	0%	100%	0%
Arizona	0%	100%	0%
Arkansas	0%	100%	0%
California	40%	60%	0%
Colorado	1%	97%	3%
Connecticut	42%	58%	0%
Delaware	0%	100%	0%
District of Columbia	42%	58%	0%
Florida	46%	54%	0%
Georgia	0%	100%	0%
Guam	0%	100%	0%
Hawaii	35%	0%	65%
Idaho	0%	100%	0%
Illinois	9%	91%	0%
Indiana	4%	96%	0%
Iowa	0%	100%	0%
Kansas	0%	91%	9%
Kentucky	0%	100%	0%
Louisiana	0%	100%	0%
Maine	32%	67%	1%
Maryland	0%	100%	0%
Massachusetts	44%	56%	0%
Michigan	0%	69%	31%
Minnesota	0%	100%	0%
Mississippi	13%	87%	0%
Missouri	0%	100%	0%
Montana	0%	98%	2%
Nebraska	0%	100%	0%
Nevada	21%	79%	0%
New Hampshire	0%	100%	0%
New Jersey	19%	81%	0%
New Mexico	0%	100%	0%
New York	21%	79%	0%
North Carolina	0%	100%	0%
North Dakota	0%	100%	0%

Table 12a—Child Care and Development Fund (Continued)

States/Territories	Grants/Contracts %	Certificates %	Cash %
Northern Mariana Islands	0%	100%	0%
Ohio	0%	100%	0%
Oklahoma	—	—	—
Oregon	5%	95%	0%
Pennsylvania	0%	80%	20%
Puerto Rico	58%	42%	0%
Rhode Island	0%	100%	0%
South Carolina	1%	99%	0%
South Dakota	2%	98%	0%
Tennessee	0%	100%	0%
Texas	0%	100%	0%
Utah	0%	0%	100%
Vermont	9%	91%	0%
Virgin Islands	12%	88%	0%
Virginia	0%	100%	0%
Washington	0%	81%	19%
West Virginia	0%	100%	0%
Wisconsin	0%	100%	0%
Wyoming	0%	100%	0%
National Average (Weighted)	11%	85%	3%

Notes applicable to this table:

1. The source for this table is ACF-800 data for FFY 2004. The ACF-800 is based on an annual unduplicated count of families and children; i.e., a family or child that receives 1 hour of service on one day is counted the same as a family or child that receives full-time care throughout the fiscal year.
2. All counts are "adjusted" numbers of families and children unless otherwise indicated. These "adjusted" numbers represent the number funded through CCDF only. The "adjusted" number is the raw or "unadjusted" number reported by the State multiplied by the pooling factor as reported on the ACF-800. A few States have indicated that the pooling factor reported on the ACF-800 is not applicable to the ACF-801. This report takes all these factors into consideration in calculating the "adjusted" numbers or percentages.
3. A "0-percent" indication often means the value is less than 0.5 percent rather than actually zero. In a few instances, the sum of the categories may not appear to add up to exactly 100 percent because of rounding.
4. At the time of publication, Oklahoma had not yet reported FFY 2004 ACF-800 data.

**Table 13a—Child Care and Development Fund
Consumer Education Strategies Summary (FY 2004)**

States/Territories	Grants/ Contracts or Certificate Information	Resource and Referral	Provider List	Types/ Quality of Care	Health and Safety Materials	Child Care Regulatory Information	Child Care Complaint Policy	Mass Media	Other	Number of Families Receiving Information
Alabama	Y	Y	Y	Y	Y	Y	Y	Y	Y	41,930
Alaska	NA	Y	Y	Y	Y	Y	Y	Y	N	8,385
American Samoa	Y	Y	Y	Y	Y	Y	N	Y	–	2,000
Arizona	NA	Y	Y	Y	Y	Y	Y	Y	–	158,670
Arkansas	Y	Y	Y	Y	Y	Y	Y	Y	N	15,507
California	Y	Y	Y	Y	Y	Y	Y	Y	N	2,025,285
Colorado	Y	Y	Y	Y	Y	Y	Y	Y	Y	108,365
Connecticut	Y	Y	Y	Y	Y	Y	Y	N	Y	84,468
Delaware	Y	Y	Y	Y	Y	–	Y	Y	Y	18,417
District of Columbia	Y	Y	Y	Y	Y	N	Y	Y	Y	20,000
Florida	Y	Y	Y	Y	Y	Y	Y	Y	N	193,218
Georgia	Y	Y	Y	Y	Y	Y	Y	Y	N	60,624
Guam	Y	Y	Y	Y	Y	Y	Y	Y	–	887
Hawaii	N	Y	Y	Y	Y	N	Y	N	–	10,571
Idaho	NA	Y	N	Y	Y	N	N	N	N	10,659
Illinois	Y	Y	Y	Y	Y	Y	Y	Y	N	265,300
Indiana	Y	Y	Y	Y	Y	Y	Y	Y	N	26,025
Iowa	N	Y	Y	Y	Y	Y	Y	Y	N	13,932
Kansas	NA	Y	Y	Y	Y	Y	Y	Y	N	114,058
Kentucky	NA	Y	Y	Y	Y	Y	Y	N	N	74,822
Louisiana	NA	Y	Y	Y	Y	Y	Y	Y	N	50,902
Maine	Y	Y	Y	Y	Y	Y	Y	Y	–	8,028
Maryland	NA	Y	Y	Y	Y	Y	Y	Y	Y	248,237
Massachusetts	Y	Y	Y	Y	Y	Y	Y	Y	Y	72,860
Michigan	NA	Y	Y	Y	Y	Y	Y	Y	N	1,176,225
Minnesota	Y	Y	Y	Y	Y	Y	Y	Y	–	1,859,277
Mississippi	N	Y	Y	Y	Y	Y	Y	Y	N	19,482
Missouri	Y	Y	Y	Y	Y	Y	Y	Y	–	47,419
Montana	Y	Y	Y	Y	Y	Y	Y	Y	N	882,678
Nebraska	NA	Y	Y	Y	Y	Y	Y	Y	N	440,172
Nevada	Y	Y	Y	Y	Y	Y	Y	Y	N	7,214
New Hampshire	Y	Y	Y	Y	Y	Y	N	N	N	8,532
New Jersey	Y	Y	N	Y	Y	Y	Y	Y	N	156,072
New Mexico	NA	Y	Y	Y	Y	Y	Y	Y	Y	23,909
New York	Y	Y	Y	Y	Y	Y	Y	Y	–	767,731

Table 13a—Child Care and Development Fund (Continued)

States/Territories	Grants/ Contracts or Certificate Information	Resource and Referral	Provider List	Types/ Quality of Care	Health and Safety Materials	Child Care Regulatory Information	Child Care Complaint Policy	Mass Media	Other	Number of Families Receiving Information
North Carolina	Y	Y	Y	Y	N	Y	Y	Y	N	247,577
North Dakota	NA	Y	Y	Y	Y	Y	Y	Y	N	9,549
Northern Mariana Islands	Y	Y	Y	Y	Y	Y	Y	Y	N	472
Ohio	Y	Y	Y	Y	Y	Y	Y	Y	N	129,223
Oklahoma	–	–	–	–	–	–	–	–	–	–
Oregon	Y	Y	Y	Y	Y	Y	Y	Y	N	31,366
Pennsylvania	NA	Y	Y	Y	Y	Y	Y	Y	N	178,215
Puerto Rico	Y	Y	Y	Y	Y	Y	Y	N	N	19,267
Rhode Island	Y	Y	Y	Y	Y	N	N	Y	N	9,000
South Carolina	Y	Y	Y	Y	Y	N	Y	N	N	22,913
South Dakota	Y	Y	Y	Y	Y	Y	Y	Y		215,492
Tennessee	NA	Y	Y	Y	Y	N	Y	N	N	38,621
Texas	Y	Y	Y	Y	Y	Y	Y	Y	N	120,544
Utah	NA	Y	Y	Y	Y	Y	Y	Y	N	8,199
Vermont	NA	Y	Y	Y	Y	Y	Y	Y	N	8,088
Virgin Islands	NA	Y	Y	Y	Y	Y	Y	Y	–	404
Virginia	Y	Y	Y	Y	Y	N	Y	Y	–	39,646
Washington	NA	Y	Y	Y	Y	Y	Y	Y	–	24,382
West Virginia	NA	Y	Y	Y	Y	Y	Y	Y	Y	8,150
Wisconsin	Y	Y	N	Y	Y	Y	Y	Y	N	48,934
Wyoming	NA	Y	Y	Y	Y	N	Y	Y	Y	29,137
Total Yes	33	55	52	55	54	46	51	47	10	10,211,040

Notes applicable to this table:

1. The source for this table is ACF-800 data for FFY 2004, an unduplicated annual count.
2. These data have not been adjusted by the pooling factor (unadjusted data) because it is impossible to tell which families receiving consumer information also received CCDF funding.
3. NA=not applicable, does not offer grants or contracts for subsidized child care slots.
4. A blank cell indicates that the State did not provide a response.
5. At the time of publication, Oklahoma had not yet reported FFY 2004 ACF-800 data.

Table 14a—Child Care and Development Fund

Average Monthly Percentages of Families With TANF as One of Their Sources of Income
(FY 2004)

States/Territories	Yes	No	Invalid/ Not Reported	Total
Alabama	10%	90%	0%	100%
Alaska	9%	91%	0%	100%
American Samoa	0%	100%	0%	100%
Arizona	24%	76%	0%	100%
Arkansas	44%	56%	0%	100%
California	15%	86%	0%	100%
Colorado	27%	74%	0%	100%
Connecticut	70%	30%	0%	100%
Delaware	15%	85%	0%	100%
District of Columbia	23%	77%	0%	100%
Florida	12%	86%	2%	100%
Georgia	20%	80%	0%	100%
Guam	—	—	—	—
Hawaii	19%	81%	0%	100%
Idaho	2%	98%	0%	100%
Illinois	6%	94%	0%	100%
Indiana	24%	76%	0%	100%
Iowa	41%	60%	0%	100%
Kansas	11%	89%	0%	100%
Kentucky	2%	98%	0%	100%
Louisiana	14%	84%	3%	100%
Maine	4%	96%	0%	100%
Maryland	16%	84%	0%	100%
Massachusetts	20%	80%	0%	100%
Michigan	32%	68%	0%	100%
Minnesota	40%	60%	0%	100%
Mississippi	0%	100%	0%	100%
Missouri	30%	70%	1%	100%
Montana	14%	86%	0%	100%
Nebraska	32%	68%	0%	100%
Nevada	30%	70%	0%	100%
New Hampshire	26%	66%	8%	100%
New Jersey	16%	84%	0%	100%
New Mexico	12%	88%	0%	100%
New York	38%	62%	0%	100%
North Carolina	6%	94%	0%	100%

Table 14a—Child Care and Development Fund (Continued)

States/Territories	Yes	No	Invalid/ Not Reported	Total
North Dakota	20%	80%	0%	100%
Northern Mariana Islands	0%	100%	0%	100%
Ohio	18%	82%	0%	100%
Oklahoma	16%	84%	0%	100%
Oregon	32%	67%	0%	100%
Pennsylvania	8%	66%	26%	100%
Puerto Rico	—	—	—	—
Rhode Island	10%	90%	0%	100%
South Carolina	26%	74%	0%	100%
South Dakota	8%	92%	0%	100%
Tennessee	63%	37%	0%	100%
Texas	2%	98%	0%	100%
Utah	0%	100%	0%	100%
Vermont	16%	84%	0%	100%
Virgin Islands	5%	95%	0%	100%
Virginia	27%	73%	0%	100%
Washington	18%	82%	0%	100%
West Virginia	12%	89%	0%	100%
Wisconsin	11%	89%	0%	100%
Wyoming	0%	100%	0%	100%
National Average (Weighted)	19%	80%	1%	100%

Notes applicable to this table:

1. The percentage shown as "Yes" is the number reported as "Yes" divided by the families that answered "Yes" or "No" or an invalid response (excluding families that were in protective services). The Invalid/Not Reported column includes families that did not indicate whether TANF was a source of income or not and the family was not reported as being in protective services.

Table 15a—Child Care and Development Fund
Mean Family Copayment as a Percentage of Family Income (FY 2004)

States/Territories	Families With Income=\$0; Protective Services; Invalid Data (Column 1)	Families With Copay=\$0; Income>\$0; (Not in Column 1)	Families With Copay>\$0; Income>\$0; (Not in Column 1)	All Families	Mean Copay/Income	
					Including Families With Copay=\$0	Excluding Families With Copay=\$0
Alabama	3,285	1,220	12,140	16,645	6.30%	7.00%
Alaska	210	360	2,130	2,699	3.20%	3.80%
American Samoa	15	487	0	502	0.00%	0.20%
Arizona	4,936	3,233	14,316	22,486	3.80%	4.70%
Arkansas	687	6,414	1,444	8,544	1.70%	9.30%
California	6,461	73,974	25,765	106,200	0.80%	3.20%
Colorado	3,470	641	7,065	11,175	7.80%	8.50%
Connecticut	744	177	5,045	5,966	4.50%	4.70%
Delaware	678	741	2,457	3,876	6.30%	8.20%
District of Columbia	1,414	566	1,176	3,156	3.00%	4.50%
Florida	12,252	323	50,882	63,457	5.40%	5.50%
Georgia	5,358	6,058	21,525	32,941	5.10%	6.50%
Guam	—	—	—	—	—	—
Hawaii	288	2,873	3,028	6,189	1.60%	3.00%
Idaho	664	1	5,153	5,817	9.50%	9.50%
Illinois	1,719	746	42,479	44,943	5.70%	5.80%
Indiana	586	13,871	3,452	17,909	1.10%	5.40%
Iowa	1,137	5,606	3,068	9,810	2.00%	5.70%
Kansas	2,211	1,740	5,646	9,597	4.80%	6.30%
Kentucky	2,643	4,693	11,814	19,150	5.50%	7.70%
Louisiana	1,348	2,652	26,402	30,402	12.70%	14.00%
Maine	172	81	2,487	2,740	7.40%	7.60%
Maryland	433	3,076	10,531	14,040	5.90%	7.70%
Massachusetts	4,256	6,979	12,762	23,998	5.70%	8.90%
Michigan	847	5,380	16,519	22,746	2.20%	2.90%
Minnesota	1,439	2,627	7,976	12,042	4.00%	5.30%
Mississippi	1,331	126	11,606	13,062	4.20%	4.20%
Missouri	4,613	7,169	10,827	22,609	3.60%	6.00%
Montana	143	0	2,883	3,027	3.50%	3.50%
Nebraska	3,007	3,483	1,130	7,620	2.20%	8.90%
Nevada	88	940	1,464	2,493	3.90%	6.40%
New Hampshire	848	1,148	2,543	4,539	0.10%	0.10%
New Jersey	3,123	4,356	18,192	25,671	5.80%	7.20%
New Mexico	892	3,502	8,786	13,181	3.50%	4.70%
New York	12,540	21,143	50,082	83,764	3.20%	4.40%
North Carolina	7,069	2,046	39,759	48,874	8.10%	8.50%
North Dakota	550	165	2,374	3,089	14.10%	15.00%

Table 15a—Child Care and Development Fund (Continued)

States/Territories	Families With Income=\$0; Protective Services; Invalid Data (Column 1)	Families With Copay=\$0; Income>\$0; (Not in Column 1)	Families With Copay>\$0; Income>\$0; (Not in Column 1)	All Families	Mean Copay/Income	
					Including Families With Copay=\$0	Excluding Families With Copay=\$0
Northern Mariana Islands	58	0	173	231	8.50%	8.50%
Ohio	2,358	1,072	26,678	30,109	7.90%	8.30%
Oklahoma	2,452	6,726	4,219	13,398	1.00%	2.50%
Oregon	2,937	834	7,910	11,682	8.00%	8.80%
Pennsylvania	10,319	2,005	23,236	35,560	5.90%	6.30%
Puerto Rico	–	–	–	–	–	–
Rhode Island	167	1,123	2,441	3,730	3.20%	4.70%
South Carolina	759	83	11,077	11,919	3.50%	3.50%
South Dakota	561	1,340	1,010	2,910	4.70%	10.90%
Tennessee	119	17,664	7,174	24,957	0.40%	1.50%
Texas	19,944	3,736	40,162	63,842	8.90%	9.80%
Utah	127	281	4,314	4,722	4.10%	4.30%
Vermont	380	750	1,106	2,236	3.40%	5.80%
Virgin Islands	17	127	28	171	0.00%	0.10%
Virginia	634	4,697	11,296	16,628	7.00%	9.90%
Washington	7,188	21,173	4,755	33,116	1.40%	5.80%
West Virginia	325	763	4,833	5,921	3.80%	4.40%
Wisconsin	2,712	432	12,637	15,780	6.00%	6.20%
Wyoming	613	51	2,078	2,742	4.70%	4.80%
National	143,119	251,076	610,033	1,004,228	4.80%	6.20%

Notes applicable to this report:

1. "Mean Copay/Income" columns exclude families with zero income because dividing by zero is undefined. Columns labeled as "Column 1" include families with zero income, families in protective services or families headed by a child, and families with invalid income or copay.
2. The results shown under "Mean Copay/Income" feature two different statistics, "Including" and "Excluding" \$0 copay. The data analyzed for the "Including Families With Copay=\$0" category includes all families except those families in the "Column 1" data i.e., the total minus the Column 1 data. The data analyzed for "Excluding Families With Copay=\$0" includes only those families in the category "Families With Copay >\$0 (and not in Column 1)." Alternatively, the data used for "Excluding Families With Copay=\$0" is all the family data minus those families in Column 1 and minus those families with \$0 copay.
3. The national weighted values were determined by multiplying each State's average copayment/income percentage by the adjusted number of families in each State, summing across the States and then dividing by the adjusted number of families served for the Nation.
4. Family records with income equal to \$0 and a copay greater than \$0 are treated as invalid.

FY 2005 CCDF DATA FROM AGGREGATE AND CASE-LEVEL REPORTS

The following notes are applicable to all FY 2005 tables derived from ACF-801 data (which include Tables 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 10b, 11b, 14b, and 15b). Notes specific to FY 2005 tables derived from ACF-800 data follow each table (which include Tables 9b, 12b, and 13b).

1. The source for this table is ACF-801 data for FY 2005.
2. All counts are "adjusted" numbers of families and children. These "adjusted" numbers represent the number funded through CCDF only. The "adjusted" number is the raw or "unadjusted" number reported by the State multiplied by the pooling factor as reported on the ACF-800. A few States have indicated that the pooling factor reported on the ACF-800 is not applicable to the ACF-801. This report takes all these factors into consideration in calculating the "adjusted" numbers or percentages.
3. All States provide an actual unadjusted count of families served each month. For States reporting full population data, the number of child records reported each month were directly counted. However, for States that only submit samples, the ratio of children-to-families was determined each month from the samples and then multiplied by the reported number of families to obtain an estimate of the unadjusted number of children served each month. The unadjusted average number of families and children were obtained from the monthly numbers in the Federal Fiscal Year (FFY). (The "unadjusted" numbers are not necessarily the total number of families or children served in a State, because some States only report the number served by CCDF in the ACF-801 and thus report a 100-percent pooling factor but still serve additional children and families with separate State funds.)
4. For tables that report percentages, national percentages are based on the "adjusted" national counts. In other words, the national percentages are equivalent to a weighted average of the State percentages, where the weights are the "adjusted" number of families or children served as appropriate. A table with a "0-percent" indication often means the value is less than 0.5 percent rather than actually zero. In a few instances, the sum of the categories may not appear to add up to exactly 100 percent because of rounding.
5. At the time of publication, American Samoa and Guam had not yet reported ACF-801 data for FFY 2005. One other Territory submitted less than 12 months of ACF-801 data; the Northern Mariana Islands submitted 9 months.
6. Connecticut does not report ACF-801 data on all or nearly all children served by contracted centers. Wisconsin has been reporting some children that are authorized for care but do not receive care. Nebraska has been reporting child records for some children that do not receive a subsidy if other children in the same family are receiving a subsidy. Alaska's reported population does not accurately reflect the population served by CCDF due to sampling difficulties the State is trying to resolve. Furthermore, Alaska does not report any children in foster care or families headed by a child.

Table 1b—Child Care and Development Fund
Average Monthly Adjusted Numbers of Families and Children Served (FY 2005)

States/Territories	Average Number of Families	Average Number of Children
Alabama	14,900	27,100
Alaska	2,900	4,700
American Samoa	—	—
Arizona	18,300	30,900
Arkansas	6,200	10,300
California	92,500	140,700
Colorado	10,400	19,100
Connecticut	5,700	9,600
Delaware	4,200	6,900
District of Columbia	2,700	3,800
Florida	69,600	116,300
Georgia	33,400	60,600
Guam	—	—
Hawaii	5,700	8,900
Idaho	5,900	10,600
Illinois	44,800	84,000
Indiana	16,800	32,200
Iowa	10,400	17,900
Kansas	10,200	18,800
Kentucky	14,100	25,200
Louisiana	30,700	51,800
Maine	3,700	5,300
Maryland	11,700	20,500
Massachusetts	23,900	34,900
Michigan	40,300	79,300
Minnesota	14,300	25,500
Mississippi	16,400	33,300
Missouri	21,100	36,300
Montana	3,200	5,200
Nebraska	7,600	13,400
Nevada	2,800	4,600
New Hampshire	4,900	7,100
New Jersey	25,400	37,400
New Mexico	13,400	23,100
New York	77,500	127,600

Table 1b—Child Care and Development Fund (Continued)

States/Territories	Average Number of Families	Average Number of Children
North Carolina	50,600	104,300
North Dakota	2,300	3,700
Northern Mariana Islands	200	400
Ohio	26,200	46,600
Oklahoma	12,000	19,700
Oregon	11,700	21,300
Pennsylvania	41,400	72,600
Puerto Rico	3,400	4,400
Rhode Island	3,300	5,200
South Carolina	11,200	19,500
South Dakota	3,000	4,700
Tennessee	22,600	43,200
Texas	66,700	123,400
Utah	6,000	11,100
Vermont	4,200	6,100
Virgin Islands	300	500
Virginia	18,200	29,300
Washington	32,900	53,900
West Virginia	5,900	10,000
Wisconsin	16,400	28,700
Wyoming	2,900	4,600
National Total	1,007,000	1,746,100

Notes applicable to this table:

1. The reported results have been rounded to the nearest 100.

Table 2b—Child Care and Development Fund

Average Monthly Percentages of Children by Age Group (FY 2005)

States/ Territories	0 to <1 yr	1 yr to <2 yrs	2 yrs to <3 yrs	3 yrs to <4 yrs	4 yrs to <5 yrs	5 yrs to <6 yrs	6 yrs to <13 yrs	13+ yrs	Invalid/Not Reported	Total
Alabama	6%	9%	12%	14%	14%	11%	34%	0%	0%	100%
Alaska	4%	8%	10%	13%	16%	14%	34%	0%	0%	100%
American Samoa	—	—	—	—	—	—	—	—	—	—
Arizona	6%	10%	12%	13%	13%	11%	34%	0%	0%	100%
Arkansas	10%	15%	17%	16%	13%	8%	20%	0%	0%	100%
California	3%	5%	9%	14%	18%	12%	40%	0%	0%	100%
Colorado	7%	12%	13%	13%	13%	11%	32%	0%	0%	100%
Connecticut	5%	9%	11%	13%	13%	10%	39%	0%	0%	100%
Delaware	8%	12%	12%	13%	13%	11%	32%	0%	0%	100%
District of Columbia	5%	13%	17%	18%	13%	8%	25%	0%	0%	100%
Florida	6%	11%	13%	14%	15%	11%	30%	0%	0%	100%
Georgia	8%	13%	14%	14%	12%	9%	29%	0%	0%	100%
Guam	—	—	—	—	—	—	—	—	—	—
Hawaii	5%	11%	13%	15%	19%	8%	27%	0%	0%	100%
Idaho	7%	11%	12%	13%	13%	11%	32%	0%	0%	100%
Illinois	6%	9%	10%	11%	11%	9%	43%	1%	0%	100%
Indiana	4%	10%	12%	14%	13%	12%	35%	0%	0%	100%
Iowa	8%	12%	13%	13%	11%	9%	34%	1%	0%	100%
Kansas	7%	11%	13%	13%	13%	11%	32%	0%	0%	100%
Kentucky	7%	11%	13%	13%	12%	10%	33%	0%	0%	100%
Louisiana	8%	13%	15%	15%	11%	8%	29%	0%	0%	100%
Maine	4%	8%	11%	15%	16%	12%	33%	1%	0%	100%
Maryland	4%	8%	11%	12%	13%	11%	41%	0%	0%	100%
Massachusetts	5%	10%	11%	13%	13%	10%	38%	0%	0%	100%
Michigan	6%	9%	10%	10%	10%	9%	45%	1%	0%	100%
Minnesota	6%	12%	13%	13%	12%	11%	32%	0%	0%	100%
Mississippi	5%	12%	13%	13%	12%	10%	35%	1%	0%	100%
Missouri	7%	11%	12%	13%	13%	10%	29%	0%	5%	100%
Montana	7%	12%	13%	14%	14%	11%	28%	0%	0%	100%
Nebraska	9%	13%	13%	13%	12%	10%	30%	1%	0%	100%
Nevada	7%	12%	14%	13%	14%	11%	30%	0%	0%	100%
New Hampshire	5%	10%	13%	14%	14%	12%	32%	0%	0%	100%
New Jersey	4%	9%	13%	13%	11%	10%	38%	2%	0%	100%
New Mexico	7%	12%	13%	13%	12%	10%	33%	0%	0%	100%

Table 2b—Child Care and Development Fund (Continued)

States/ Territories	0 to <1 yr	1 yr to <2 yrs	2 yrs to <3 yrs	3 yrs to <4 yrs	4 yrs to <5 yrs	5 yrs to <6 yrs	6 yrs to <13 yrs	13+ yrs	Invalid/Not Reported	Total
New York	4%	8%	10%	12%	13%	10%	42%	0%	0%	100%
North Carolina	5%	9%	11%	12%	13%	11%	40%	0%	0%	100%
North Dakota	10%	14%	13%	13%	12%	10%	28%	1%	0%	100%
Northern Mariana Islands	6%	12%	13%	14%	13%	12%	30%	0%	0%	100%
Ohio	6%	11%	13%	13%	12%	10%	34%	0%	0%	100%
Oklahoma	9%	14%	15%	15%	12%	10%	25%	0%	0%	100%
Oregon	7%	11%	11%	11%	12%	11%	37%	0%	0%	100%
Pennsylvania	5%	9%	11%	11%	12%	11%	41%	0%	0%	100%
Puerto Rico	3%	7%	12%	18%	19%	10%	29%	2%	0%	100%
Rhode Island	4%	9%	11%	12%	12%	11%	40%	0%	0%	100%
South Carolina	7%	12%	14%	14%	13%	10%	31%	0%	0%	100%
South Dakota	9%	13%	14%	14%	14%	11%	26%	0%	0%	100%
Tennessee	5%	12%	13%	13%	12%	10%	34%	0%	0%	100%
Texas	7%	12%	13%	13%	11%	9%	33%	0%	0%	100%
Utah	6%	10%	12%	12%	13%	11%	36%	0%	0%	100%
Vermont	5%	9%	13%	14%	14%	11%	34%	1%	0%	100%
Virgin Islands	2%	5%	11%	17%	18%	12%	33%	1%	0%	100%
Virginia	5%	11%	14%	14%	13%	10%	32%	0%	0%	100%
Washington	6%	12%	12%	12%	13%	11%	35%	0%	0%	100%
West Virginia	6%	10%	12%	13%	12%	10%	36%	0%	0%	100%
Wisconsin	7%	11%	12%	13%	12%	10%	35%	0%	0%	100%
Wyoming	7%	13%	14%	15%	14%	10%	27%	0%	0%	100%
National	6%	10%	12%	13%	13%	10%	36%	0%	0%	100%

Notes applicable to this table:

1. The Invalid/Not Reported category only includes children with an invalid year/month of birth or report date.

Table 3b—Child Care and Development Fund
Average Monthly Percentages of Children by Racial Group (FY 2005)

States/Territories	Native American or Alaska Native	Asian	Black or African- American	Native Hawaiian or Pacific Islander	White	Multi- racial	Invalid/ Race Not Reported	Total
Alabama	0%	0%	76%	0%	23%	0%	0%	100%
Alaska	7%	3%	11%	2%	49%	15%	13%	100%
American Samoa	—	—	—	—	—	—	—	—
Arizona	5%	0%	14%	1%	78%	3%	0%	100%
Arkansas	0%	1%	64%	0%	35%	1%	0%	100%
California	2%	5%	21%	1%	46%	1%	24%	100%
Colorado	1%	0%	15%	0%	43%	2%	39%	100%
Connecticut	0%	0%	37%	0%	24%	5%	33%	100%
Delaware	0%	0%	66%	1%	33%	0%	0%	100%
District of Columbia	0%	0%	93%	0%	5%	0%	2%	100%
Florida	0%	0%	51%	0%	47%	2%	0%	100%
Georgia	0%	0%	78%	0%	19%	2%	1%	100%
Guam	—	—	—	—	—	—	—	—
Hawaii	0%	37%	1%	36%	12%	14%	0%	100%
Idaho	1%	0%	1%	0%	95%	2%	1%	100%
Illinois	0%	1%	65%	1%	18%	1%	14%	100%
Indiana	1%	0%	51%	0%	41%	7%	0%	100%
Iowa	0%	0%	20%	0%	79%	0%	0%	100%
Kansas	1%	0%	28%	0%	64%	2%	5%	100%
Kentucky	0%	0%	32%	0%	60%	0%	8%	100%
Louisiana	0%	0%	80%	0%	19%	1%	0%	100%
Maine	1%	1%	3%	0%	85%	5%	5%	100%
Maryland	0%	0%	82%	0%	15%	1%	2%	100%
Massachusetts	0%	2%	17%	0%	28%	1%	53%	100%
Michigan	0%	0%	58%	0%	40%	1%	0%	100%
Minnesota	3%	3%	34%	0%	58%	2%	0%	100%
Mississippi	0%	0%	89%	0%	10%	1%	0%	100%
Missouri	0%	0%	56%	0%	42%	1%	1%	100%
Montana	12%	0%	2%	0%	82%	4%	0%	100%
Nebraska	3%	0%	25%	0%	70%	1%	0%	100%
Nevada	2%	1%	29%	1%	60%	8%	0%	100%
New Hampshire	0%	0%	1%	0%	22%	1%	76%	100%
New Jersey	0%	2%	57%	12%	21%	2%	6%	100%

Table 3b—Child Care and Development Fund (Continued)

States/Territories	Native American or Alaska Native	Asian	Black or African-American	Native Hawaiian or Pacific Islander	White	Multi-racial	Invalid/Race Not Reported	Total
New Mexico	6%	0%	4%	0%	86%	3%	0%	100%
New York	0%	1%	45%	1%	31%	1%	21%	100%
North Carolina	3%	0%	61%	0%	36%	0%	0%	100%
North Dakota	21%	0%	3%	0%	73%	3%	0%	100%
Northern Mariana Islands	0%	0%	0%	100%	0%	0%	0%	100%
Ohio	0%	0%	56%	0%	41%	1%	2%	100%
Oklahoma	9%	1%	30%	0%	61%	0%	0%	100%
Oregon	2%	2%	10%	0%	85%	1%	0%	100%
Pennsylvania	0%	1%	33%	0%	63%	1%	2%	100%
Puerto Rico	0%	0%	0%	0%	58%	0%	42%	100%
Rhode Island	0%	0%	9%	0%	22%	0%	68%	100%
South Carolina	0%	0%	76%	0%	24%	0%	0%	100%
South Dakota	18%	0%	4%	0%	73%	4%	0%	100%
Tennessee	0%	0%	72%	0%	27%	0%	0%	100%
Texas	0%	0%	35%	0%	39%	1%	25%	100%
Utah	3%	2%	4%	0%	91%	0%	0%	100%
Vermont	0%	1%	2%	0%	97%	1%	0%	100%
Virgin Islands	4%	1%	95%	0%	0%	0%	0%	100%
Virginia	9%	2%	63%	0%	25%	2%	0%	100%
Washington	2%	2%	8%	0%	44%	0%	45%	100%
West Virginia	0%	0%	13%	0%	76%	9%	2%	100%
Wisconsin	2%	2%	41%	0%	45%	3%	7%	100%
Wyoming	3%	0%	4%	0%	81%	0%	12%	100%
National	1%	1%	44%	1%	41%	1%	10%	100%

Notes applicable to this table:

1. The multiracial category includes any child where more than one race was answered Yes (1). Several States do not capture and report more than one race per child and thus do not provide multiracial data.

2. The Invalid/Race Not Reported category includes children where one or more race fields had anything other than a No (0) or Yes (1), blank, null, or space.

3. Several States including Washington are still reporting ethnicity (Latino/Hispanic) as a race rather than as an ethnicity in accordance with the Pre-FY 2000 Technical Bulletin 3 standard. In many of these instances if a child is designated as Latino, no race is designated. In many States, including Texas, Illinois, Louisiana, and Wisconsin, self-reporting of race is optional and no race will be reported other than self-reporting.

Table 4b—Child Care and Development Fund
Average Monthly Percentages of Children by Latino Ethnicity (FY 2005)

States/Territories	Latino	Not Latino	Invalid/ Not Reported	Ethnicity Total
Alabama	1%	99%	0%	100%
Alaska	9%	91%	0%	100%
American Samoa	—	—	—	—
Arizona	46%	54%	0%	100%
Arkansas	1%	99%	0%	100%
California	50%	48%	2%	100%
Colorado	35%	65%	0%	100%
Connecticut	36%	64%	0%	100%
Delaware	8%	92%	0%	100%
District of Columbia	7%	93%	0%	100%
Florida	23%	77%	0%	100%
Georgia	2%	98%	0%	100%
Guam	—	—	—	—
Hawaii	4%	96%	0%	100%
Idaho	15%	85%	0%	100%
Illinois	12%	85%	3%	100%
Indiana	6%	94%	0%	100%
Iowa	6%	94%	0%	100%
Kansas	10%	90%	0%	100%
Kentucky	2%	92%	5%	100%
Louisiana	2%	98%	0%	100%
Maine	2%	98%	0%	100%
Maryland	2%	98%	0%	100%
Massachusetts	32%	68%	0%	100%
Michigan	4%	96%	0%	100%
Minnesota	3%	97%	0%	100%
Mississippi	1%	99%	0%	100%

Table 4b—Child Care and Development Fund (Continued)

States/Territories	Latino	Not Latino	Invalid/ Not Reported	Ethnicity Total
Missouri	3%	97%	0%	100%
Montana	6%	94%	0%	100%
Nebraska	10%	90%	0%	100%
Nevada	25%	75%	0%	100%
New Hampshire	2%	0%	98%	100%
New Jersey	27%	73%	0%	100%
New Mexico	74%	26%	0%	100%
New York	19%	81%	0%	100%
North Carolina	5%	95%	0%	100%
North Dakota	3%	97%	0%	100%
Northern Mariana Islands	0%	100%	0%	100%
Ohio	4%	96%	0%	100%
Oklahoma	7%	93%	0%	100%
Oregon	19%	81%	0%	100%
Pennsylvania	7%	93%	0%	100%
Puerto Rico	100%	0%	0%	100%
Rhode Island	23%	77%	0%	100%
South Carolina	0%	100%	0%	100%
South Dakota	3%	97%	0%	100%
Tennessee	1%	99%	0%	100%
Texas	44%	56%	0%	100%
Utah	14%	86%	0%	100%
Vermont	1%	99%	0%	100%
Virgin Islands	12%	88%	0%	100%
Virginia	12%	88%	0%	100%
Washington	15%	85%	0%	100%
West Virginia	2%	98%	0%	100%
Wisconsin	8%	92%	0%	100%
Wyoming	12%	88%	0%	100%
National	18%	82%	1%	100%

Notes applicable to this table:

1. The Invalid/Not Reported category includes children where anything other than a No (0) or Yes (1) was in the Ethnicity Total field.

Table 5b—Child Care and Development Fund

National Average (Weighted) Monthly Percentages of Children in Child Care by Age Category and Type of Care (FY 2005)

Age Group	Child's Home	Family Home	Group Home	Center	Total
Infants (0 to <1 yr)	7%	34%	5%	54%	100%
Toddlers (1 yr to <3 yrs)	6%	29%	5%	60%	100%
Preschool (3 yrs to <6 yrs)	6%	23%	4%	67%	100%
School Age (6 yrs to <13 yrs)	12%	33%	4%	52%	100%
13 Years and Older	23%	46%	2%	28%	100%
All Ages	8%	29%	4%	59%	100%

Notes applicable to this table:

1. Nationally 2.5 percent of the children were excluded from the above table because either their age was invalid/not reported or one more setting elements of the child's setting record(s) were invalid or not reported.
2. The National values were determined by multiplying each State's percentage by the adjusted number of children served for each State, summing across the States and then dividing by the adjusted number of children served for the Nation. "Adjusted" means adjusted to represent CCDF funding only.
3. Some children are reported to have multiple settings for the same month. If a child was in more than one of the above setting categories within the same month, the child was counted in each setting in proportion to the number of hours of service received in each setting. For example if the child spent 70 hours in a setting and 30 hours in a child's home, the child would be scored as 0.7 count in Center and 0.3 count in Child's Home (proportional counting).

Table 6b—Child Care and Development Fund

National Average (Weighted) Monthly Hours of Child Care by Age Group and Type of Care (FY 2005)

Age Group	Child's Home	Family Home	Group Home	Center	Average (Weighted)
0 to <1 yr	161	159	153	161	160
1 to <2 yrs	165	164	165	169	167
2 to <3 yrs	168	165	161	170	168
3 to <4 yrs	168	163	163	168	167
4 to <5 yrs	164	161	160	163	163
5 to <6 yrs	153	147	141	143	145
6 to <13 yrs	139	131	118	112	122
13+ Years	137	126	130	104	123
National	150	148	145	147	147

Notes applicable to this table:

1. Average hours per month were based on sums of hours per month in categories divided by counts of children in categories as further defined below.
2. Nationally 2.5 percent of the children were excluded from the above table because either their age was invalid/not reported or one or more setting elements of a child's setting record was invalid or not reported. Wisconsin reports 0 hours (data element 26) with \$0 cost (data element 27) for some children authorized or previously authorized for care that do not receive any care which would be considered invalid.
3. For children served by multiple providers, the child's count is proportioned based on the ratio of the monthly hours with each provider divided by the monthly total hours of service. The average hours and payments for each State-month combination are based on the sum of hours in each category divided by the sum of proportional counts in each category. The State's annual results are determined by calculating a weighted average of the monthly results where the weight was the "adjusted" number of children served in each month. The national results shown above represent a weighted average of the State's fiscal annual results where the weight for each State is the average monthly "adjusted" number of children served in each State for the fiscal year.
4. Some States have been reporting the maximum number of hours authorized rather than the actual number of hours service provided.

Table 7b—Child Care and Development Fund

National Average (Weighted) Monthly Expenditures by Age Group and Type of Care (FY 2005)

Age Group	Child's Home	Family Home	Group Home	Center	Average (Weighted)
0 to <1 yr	\$275	\$352	\$447	\$434	\$396
1 to <2 yrs	\$302	\$364	\$469	\$444	\$410
2 to <3 yrs	\$294	\$356	\$442	\$427	\$401
3 to <4 yrs	\$284	\$342	\$438	\$415	\$392
4 to <5 yrs	\$280	\$336	\$434	\$416	\$391
5 to <6 yrs	\$265	\$309	\$388	\$368	\$347
6 to <13 yrs	\$251	\$282	\$347	\$289	\$285
13+ yrs	\$260	\$276	\$320	\$282	\$275
National	\$266	\$318	\$408	\$375	\$351

Notes applicable to this table:

1. Average cost per month was based on sums of costs per month in categories divided by counts of children in categories as further defined below.
2. Nationally 2.5 percent of the children were excluded from the above table because either their age was invalid/not reported or one or more setting elements of a child's setting record was invalid or not reported. Wisconsin reports 0 hours (data element 26) with \$0 cost (data element 27) for some children authorized or previously authorized for care that do not receive any care which would be considered invalid.
3. For children served by multiple providers, the child's count is proportioned based on the ratio of the monthly hours with each provider divided by the monthly total hours of service. The average hours and payments for each State-month combination are based on the sum of hours in each category divided by the sum of proportional counts in each category. The State's annual results are determined by calculating a weighted average of the monthly results where the weight was the "adjusted" number of children served in each month. The national results shown above represent a weighted average of the State's fiscal annual results where the weight for each State is the average monthly "adjusted" number of children served in each State for the fiscal year.
4. The current Technical Bulletin 3 indicates that a payment over \$1000 per month is considered above the Out of Range Standard and therefore is considered invalid. However, the market survey data from the highest cost areas of some States shows that the 75th-percentile full-time child care market rate cost is above \$1000 per month. In addition several States have indicated in their ACF-801 notes that they have valid costs over \$1000. States that fall in at least one of these categories include: Minnesota, Massachusetts, District of Columbia, Wisconsin, California, Washington, Pennsylvania, North Carolina, New York and Oregon. Nationally approximately 1 percent of the reported cost data in FFY 2005 exceeded \$1000 and no State had more than 5 percent exceeding \$1,000. (Note that some of these data percentages with costs over \$1,000 were very large and thus clearly invalid.) The Child Care Bureau is currently planning on increasing this Out of Range Standard to \$2000 effective October 1, 2006.
5. Some States have been reporting the maximum number of hours authorized rather than the actual number of hours service provided.

Table 8b—Child Care and Development Fund
Reasons for Receiving Care (FY 2005)

States/Territories	Employment	Training/ Education	Employment and Training/ Education	Protective Services	Other	Invalid/ Not Reported	Total
Alabama	78%	8%	4%	9%	1%	0%	100%
Alaska	86%	3%	8%	0%	4%	0%	100%
American Samoa	—	—	—	—	—	—	—
Arizona	70%	1%	7%	20%	1%	0%	100%
Arkansas	75%	10%	1%	6%	8%	0%	100%
California	85%	6%	5%	2%	3%	0%	100%
Colorado	78%	15%	4%	0%	3%	0%	100%
Connecticut	92%	7%	1%	0%	0%	0%	100%
Delaware	86%	5%	2%	2%	5%	0%	100%
District of Columbia	56%	34%	3%	1%	6%	0%	100%
Florida	76%	4%	6%	12%	2%	0%	100%
Georgia	74%	14%	2%	7%	1%	1%	100%
Guam	—	—	—	—	—	—	—
Hawaii	82%	4%	10%	1%	2%	0%	100%
Idaho	72%	12%	17%	0%	0%	0%	100%
Illinois	89%	4%	2%	0%	5%	0%	100%
Indiana	72%	8%	8%	0%	12%	0%	100%
Iowa	80%	12%	1%	7%	0%	0%	100%
Kansas	91%	6%	2%	0%	1%	0%	100%
Kentucky	70%	9%	2%	10%	0%	8%	100%
Louisiana	79%	8%	10%	4%	0%	0%	100%
Maine	85%	5%	5%	2%	2%	0%	100%
Maryland	80%	13%	6%	0%	1%	0%	100%
Massachusetts	77%	10%	0%	7%	4%	3%	100%
Michigan	86%	9%	2%	1%	2%	0%	100%
Minnesota	81%	6%	9%	0%	4%	0%	100%
Mississippi	75%	12%	8%	1%	4%	0%	100%
Missouri	64%	21%	1%	10%	1%	2%	100%
Montana	64%	12%	17%	7%	0%	0%	100%
Nebraska	71%	14%	3%	12%	1%	0%	100%
Nevada	84%	9%	3%	0%	4%	0%	100%
New Hampshire	81%	10%	0%	7%	1%	0%	100%
New Jersey	80%	3%	3%	5%	10%	0%	100%
New Mexico	61%	12%	11%	0%	16%	0%	100%
New York	72%	16%	2%	0%	9%	0%	100%
North Carolina	89%	11%	0%	0%	0%	0%	100%

Table 8b—Child Care and Development Fund (Continued)

States/Territories	Employment	Training/ Education	Employment and Training/ Education	Protective Services	Other	Invalid/ Not Reported	Total
North Dakota	78%	13%	7%	0%	2%	0%	100%
Northern Mariana Islands	67%	26%	7%	0%	0%	0%	100%
Ohio	68%	18%	4%	0%	10%	0%	100%
Oklahoma	67%	9%	21%	3%	0%	0%	100%
Oregon	74%	3%	20%	2%	0%	0%	100%
Pennsylvania	48%	6%	2%	0%	0%	43%	100%
Puerto Rico	69%	21%	8%	1%	1%	0%	100%
Rhode Island	90%	8%	2%	0%	0%	0%	100%
South Carolina	80%	20%	0%	0%	0%	0%	100%
South Dakota	63%	10%	12%	15%	0%	0%	100%
Tennessee	43%	36%	19%	0%	1%	0%	100%
Texas	72%	23%	2%	0%	2%	0%	100%
Utah	82%	3%	3%	0%	12%	0%	100%
Vermont	68%	13%	1%	13%	5%	0%	100%
Virgin Islands	84%	10%	1%	5%	0%	0%	100%
Virginia	84%	5%	8%	1%	2%	0%	100%
Washington	83%	7%	1%	8%	1%	0%	100%
West Virginia	77%	14%	9%	1%	0%	0%	100%
Wisconsin	91%	1%	6%	0%	2%	0%	100%
Wyoming	89%	10%	0%	0%	0%	0%	100%
National	76%	11%	5%	3%	3%	2%	100%

Notes applicable to this table:

1. The Invalid/Not Reported only includes family records with an invalid or missing number for ACF-801 element 6, Reason for Receiving Subsidized Child Care.
2. Several States only capture the primary reason for receiving services and therefore do not report any families in the Both Employment and Training/Education category. States reporting no families in this combination category of “Both Employment and Training/Education” include New Hampshire, North Carolina, South Carolina, and Wyoming.
3. Inconsistencies in income reporting appear in several States between ACF-801 element 6 (reason for receiving a subsidy, element 9 (total income for determining eligibility), and elements 10 through 15 (the sources of income). For example, element 6 may indicate that the reason is employment, element 10 may indicate employment as an income source, and element 9 may show a monthly income of \$0. All combinations of inconsistencies between these three types of data elements have been observed.
4. Connecticut reports that they inadvertently did not code families in protective services as such.

Table 9b—Child Care and Development Fund
Number of Child Care Providers Receiving CCDF Funds (FY 2005)

States/Territories	Child's Home	FCC Home	Group Home	Center	Total
Alabama	16	1,249	288	1,610	3,163
Alaska	884	1,566	87	199	2,736
American Samoa	—	—	—	—	—
Arizona	891	4,156	353	1,278	6,678
Arkansas	0	1,310	0	2,086	3,396
California	12,471	62,528	8,010	6,724	89,733
Colorado	1,458	6,428	0	2,744	10,630
Connecticut	5,376	3,673	20	1,575	10,644
Delaware	606	1,436	48	399	2,489
District of Columbia	7	180	0	221	408
Florida	127	7,198	0	8,053	15,378
Georgia	438	3,087	156	3,342	7,023
Guam	76	2	1	59	138
Hawaii	1,075	5,807	8	757	7,647
Idaho	158	2,488	433	526	3,605
Illinois	34,700	50,081	279	3,477	88,537
Indiana	83	3,826	0	1,245	5,154
Iowa	251	7,479	465	767	8,962
Kansas	897	2,423	2,387	743	6,450
Kentucky	393	4,132	123	1,798	6,443
Louisiana	6,226	2,306	0	2,297	10,829
Maine	147	1,753	0	475	2,375
Maryland	2,600	5,519	0	1,505	9,624
Massachusetts	2,268	2,344	3,996	2,714	11,322
Michigan	30,517	41,352	2,891	2,504	77,264
Minnesota	3,328	14,830	0	2,127	20,285
Mississippi	860	5,217	38	1,270	7,385
Missouri	1,023	9,578	198	2,052	12,851
Montana	254	1,452	454	251	2,411
Nebraska	549	3,715	331	625	5,220
Nevada	84	566	8	551	1,209
New Hampshire	539	2,158	0	609	3,306
New Jersey	924	6,497	0	2,527	9,948
New Mexico	9	8,579	187	497	9,272
New York	24,635	56,616	4,365	4,779	90,395

Table 9b—Child Care and Development Fund (Continued)

States/Territories	Child's Home	FCC Home	Group Home	Center	Total
North Carolina	116	4,547	0	4,356	9,019
North Dakota	0	1,903	672	139	2,714
Northern Mariana Islands	0	199	0	19	218
Ohio	17	12,171	137	3,672	15,997
Oklahoma	—	—	—	—	—
Oregon	4	12,874	148	800	13,826
Pennsylvania	8,566	28,849	669	3,564	41,648
Puerto Rico	48	3,086	0	734	3,868
Rhode Island	192	1,132	7	334	1,665
South Carolina	1,053	2,163	177	1,144	4,537
South Dakota	63	1,441	84	226	1,814
Tennessee	568	1,702	403	1,742	4,415
Texas	11,690	14,711	975	6,389	33,765
Utah	2,448	6,569	326	506	9,849
Vermont	553	3,027	0	738	4,318
Virgin Islands	0	14	38	93	145
Virginia	—	—	—	—	—
Washington	10,376	8,884	0	2,005	21,265
West Virginia	8	2,865	88	409	3,370
Wisconsin	110	6,573	0	2,267	8,950
Wyoming	719	2,834	264	218	4,035
National Total	170,401	447,075	29,114	91,741	738,328

Notes applicable to this table:

1. The source for this table is ACF-800 data for FFY 2005, an unduplicated annual count.
2. These data have not been adjusted by the pooling factor (unadjusted data) because ACF-800 Data Element 6a it is reported as a count of providers receiving CCDF funding.
3. Note that this table reports the number of providers (not the number of children). A provider that serves 1 child is counted the same as a provider serving 200 children per day.
4. At the time of publication, American Samoa and Oklahoma had not yet reported FFY 2005 ACF-800 data.
5. Virginia did not report the number of providers.

Table 10b—Child Care and Development Fund
Average Monthly Percentages of Children Served in All Types of Care (FY 2005)

States/Territories	Licensed or Regulated Providers				Providers Legally Operating Without Regulation							
	Child's Home	Family Home	Group Home	Center	Child's Home		Family Home		Group Home		Invalid/Not Reported	
					Non-relative	Relative	Non-relative	Relative	Non-relative	Center		
Alabama	0%	5%	4%	67%	0%	0%	1%	0%	0%	0%	13%	11%
Alaska	0%	21%	6%	52%	5%	2%	6%	9%	0%	0%	0%	1%
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	0%	8%	7%	72%	3%	0%	9%	0%	0%	0%	0%	0%
Arkansas	0%	19%	0%	80%	0%	1%	0%	0%	0%	0%	0%	0%
California	0%	11%	9%	47%	4%	1%	15%	6%	0%	0%	5%	1%
Colorado	0%	19%	0%	60%	5%	1%	9%	5%	0%	0%	0%	1%
Connecticut	0%	12%	0%	32%	23%	7%	18%	1%	0%	0%	3%	4%
Delaware	0%	32%	3%	55%	3%	0%	5%	0%	0%	0%	2%	0%
District of Columbia	0%	4%	0%	93%	0%	0%	1%	0%	0%	0%	0%	2%
Florida	0%	10%	0%	80%	0%	2%	0%	0%	0%	0%	7%	1%
Georgia	0%	9%	2%	84%	1%	0%	3%	1%	0%	0%	0%	0%
Guam	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	0%	7%	0%	28%	11%	2%	42%	7%	0%	0%	3%	0%
Idaho	0%	0%	13%	48%	1%	1%	13%	24%	0%	0%	0%	0%
Illinois	0%	18%	1%	28%	12%	13%	7%	19%	0%	0%	4%	0%
Indiana	0%	33%	0%	33%	0%	1%	3%	8%	0%	0%	23%	0%
Iowa	0%	36%	7%	36%	0%	0%	4%	16%	0%	0%	0%	1%
Kansas	0%	8%	40%	32%	3%	3%	12%	0%	0%	0%	0%	2%
Kentucky	0%	8%	2%	77%	0%	0%	9%	6%	0%	0%	0%	0%
Louisiana	0%	0%	0%	69%	11%	6%	3%	7%	0%	0%	3%	0%
Maine	0%	33%	0%	52%	1%	2%	6%	5%	0%	0%	0%	1%
Maryland	0%	36%	0%	40%	10%	3%	9%	0%	0%	0%	0%	1%
Massachusetts	0%	5%	17%	68%	3%	1%	3%	0%	0%	0%	0%	3%
Michigan	0%	7%	9%	14%	28%	0%	36%	0%	0%	0%	0%	6%
Minnesota	0%	33%	0%	34%	6%	4%	5%	9%	0%	0%	2%	7%
Mississippi	0%	0%	1%	70%	3%	1%	13%	11%	0%	0%	0%	0%
Missouri	0%	11%	2%	44%	1%	1%	10%	17%	0%	0%	6%	7%
Montana	0%	13%	35%	39%	2%	1%	5%	4%	0%	0%	0%	0%
Nebraska	0%	22%	8%	53%	0%	0%	0%	17%	0%	0%	0%	1%
Nevada	0%	4%	1%	74%	3%	6%	0%	2%	0%	0%	10%	0%
New Hampshire	0%	8%	0%	56%	3%	3%	5%	16%	0%	0%	0%	8%
New Jersey	0%	12%	0%	74%	1%	1%	3%	6%	0%	0%	0%	4%
New Mexico	0%	2%	6%	48%	2%	1%	31%	10%	0%	0%	0%	0%
New York	0%	10%	9%	30%	9%	9%	11%	17%	0%	0%	2%	3%
North Carolina	0%	17%	0%	81%	0%	0%	1%	0%	0%	0%	0%	0%
North Dakota	0%	8%	31%	25%	0%	0%	13%	22%	0%	0%	0%	0%
Northern Mariana Islands	12%	51%	3%	33%	0%	0%	1%	0%	0%	0%	0%	0%
Ohio	0%	33%	1%	54%	0%	0%	0%	0%	0%	0%	0%	12%
Oklahoma	0%	1%	0%	98%	0%	0%	0%	0%	0%	0%	0%	0%

Table 10b—Child Care and Development Fund (Continued)

States/Territories	Licensed or Regulated Providers				Providers Legally Operating Without Regulation							
	Child's Home	Family Home	Group Home	Center	Relative	Child's Home Non-relative	Family Home Relative	Family Home Non-relative	Group Home Relative	Group Home Non-relative	Center	Invalid/Not Reported
Oregon	0%	21%	2%	18%	0%	0%	17%	40%	0%	1%	1%	0%
Pennsylvania	0%	7%	5%	48%	6%	8%	10%	15%	0%	0%	0%	2%
Puerto Rico	1%	2%	1%	47%	0%	1%	31%	5%	0%	0%	13%	0%
Rhode Island	0%	29%	0%	67%	0%	1%	1%	1%	0%	0%	0%	0%
South Carolina	0%	3%	3%	76%	0%	7%	0%	11%	0%	0%	0%	0%
South Dakota	0%	36%	0%	52%	0%	1%	7%	4%	0%	0%	0%	0%
Tennessee	0%	6%	5%	78%	2%	0%	4%	6%	0%	0%	0%	0%
Texas	0%	3%	3%	76%	9%	0%	9%	0%	0%	0%	0%	0%
Utah	0%	13%	6%	37%	9%	1%	31%	1%	0%	0%	0%	2%
Vermont	0%	49%	0%	43%	0%	2%	0%	4%	0%	0%	0%	1%
Virgin Islands	8%	0%	6%	84%	1%	0%	0%	0%	0%	0%	0%	0%
Virginia	1%	24%	0%	56%	2%	1%	8%	6%	0%	0%	2%	0%
Washington	0%	25%	0%	41%	14%	0%	4%	0%	0%	0%	0%	15%
West Virginia	0%	38%	4%	55%	0%	0%	1%	0%	0%	0%	1%	1%
Wisconsin	0%	35%	0%	59%	0%	0%	0%	0%	0%	0%	0%	6%
Wyoming	0%	8%	7%	16%	5%	2%	12%	9%	0%	0%	0%	41%
Percentage	0%	13%	4%	55%	5%	3%	9%	6%	0%	0%	2%	2%

Notes applicable to this table:

1. For children served by multiple providers, the child's count is proportioned based on the ratio of the hours with each provider divided by the total hours of service.
2. For consistency with related reports involving setting data, the Invalid/Not Reported category includes children with any element of any setting identified as invalid or not reported including zero hours served, zero cost, or no setting records.

Table 11b—Child Care and Development Fund

Children Served in Settings Legally Operating Without Regulation: Percentage Served by Relatives vs. Nonrelatives (FY 2005)

States/Territories	Relative	Nonrelative
Alabama	4%	96%
Alaska	51%	50%
American Samoa	—	—
Arizona	100%	0%
Arkansas	1%	99%
California	61%	39%
Colorado	71%	29%
Connecticut	79%	21%
Delaware	83%	17%
District of Columbia	89%	11%
Florida	4%	96%
Georgia	79%	21%
Guam	—	—
Hawaii	82%	18%
Idaho	35%	65%
Illinois	35%	65%
Indiana	9%	91%
Iowa	18%	82%
Kansas	84%	16%
Kentucky	60%	40%
Louisiana	48%	52%
Maine	51%	49%
Maryland	87%	13%
Massachusetts	80%	20%
Michigan	100%	0%
Minnesota	43%	57%
Mississippi	55%	45%
Missouri	31%	69%
Montana	58%	42%
Nebraska	3%	97%
Nevada	15%	85%
New Hampshire	30%	70%
New Jersey	33%	67%
New Mexico	75%	25%
New York	42%	58%
North Carolina	80%	20%

Table 11b—Child Care and Development Fund (Continued)

States/Territories	Relative	Nonrelative
North Dakota	37%	63%
Northern Mariana Islands	100%	0%
Ohio	—	—
Oklahoma	—	—
Oregon	29%	71%
Pennsylvania	41%	59%
Puerto Rico	63%	37%
Rhode Island	42%	58%
South Carolina	0%	100%
South Dakota	60%	40%
Tennessee	44%	56%
Texas	100%	0%
Utah	95%	5%
Vermont	12%	88%
Virgin Islands	50%	50%
Virginia	53%	47%
Washington	98%	2%
West Virginia	42%	58%
Wisconsin	—	—
Wyoming	60%	40%
National	56%	44%

Notes applicable to this table:

- 1. In some States there were no children served in unregulated settings and thus the percent is "--" since division by zero is undefined. Ohio, Oklahoma, and Wisconsin have no Providers Legally Operating Without Regulation.*
- 2. For children served by multiple providers, the child's count is proportioned based on the ratio of the hours with each provider divided by the total hours of service.*
- 3. For consistency with related reports involving setting data, the Invalid/Not Reported category includes children with any element of any setting identified as invalid or not reported including zero hours served, zero cost, or no setting records.*

Table 12b—Child Care and Development Fund
Average Monthly Percentages of Children Served by Payment Method (FY 2005)

States/Territories	Grants/Contracts %	Certificates %	Cash %
Alabama	0%	100%	0%
Alaska	0%	91%	9%
American Samoa	—	—	—
Arizona	0%	100%	0%
Arkansas	0%	100%	0%
California	39%	61%	0%
Colorado	1%	96%	3%
Connecticut	44%	56%	0%
Delaware	0%	100%	0%
District of Columbia	3%	97%	0%
Florida	42%	57%	0%
Georgia	0%	100%	0%
Guam	49%	51%	0%
Hawaii	36%	0%	64%
Idaho	0%	100%	0%
Illinois	8%	92%	0%
Indiana	4%	96%	0%
Iowa	0%	100%	0%
Kansas	0%	94%	6%
Kentucky	0%	100%	0%
Louisiana	0%	100%	0%
Maine	31%	67%	2%
Maryland	0%	100%	0%
Massachusetts	40%	60%	0%
Michigan	0%	70%	30%
Minnesota	0%	100%	0%
Mississippi	4%	96%	0%
Missouri	0%	100%	0%
Montana	0%	98%	2%
Nebraska	0%	100%	0%
Nevada	18%	82%	0%
New Hampshire	0%	100%	0%
New Jersey	18%	82%	0%
New Mexico	0%	100%	0%
New York	22%	78%	0%

Table 12b—Child Care and Development Fund (Continued)

States/Territories	Grants/Contracts %	Certificates %	Cash %
North Carolina	0%	100%	0%
North Dakota	0%	100%	0%
Northern Mariana Islands	0%	100%	0%
Ohio	0%	100%	0%
Oklahoma	—	—	—
Oregon	4%	96%	0%
Pennsylvania	0%	79%	21%
Puerto Rico	70%	30%	0%
Rhode Island	0%	100%	0%
South Carolina	0%	100%	0%
South Dakota	2%	98%	0%
Tennessee	0%	100%	0%
Texas	0%	100%	0%
Utah	0%	0%	100%
Vermont	8%	92%	0%
Virgin Islands	0%	0%	100%
Virginia	0%	100%	0%
Washington	0%	82%	18%
West Virginia	0%	100%	0%
Wisconsin	0%	100%	0%
Wyoming	0%	100%	0%
National Total	11%	85%	4%

Notes applicable to this table:

1. The source for this table is ACF-800 data for FFY 2005. The ACF-800 is based on an annual unduplicated count of families and children; i.e., a family or child that receives 1 hour of service on one day is counted the same as a family or child that receives full-time care throughout the fiscal year.
2. All counts are "adjusted" numbers of families and children unless otherwise indicated. These "adjusted" numbers represent the number funded through CCDF only. The "adjusted" number is the raw or "unadjusted" number reported by the State multiplied by the pooling factor as reported on the ACF-800. A few States have indicated that the pooling factor reported on the ACF-800 is not applicable to the ACF-801. This report takes all these factors into consideration in calculating the "adjusted" numbers or percentages.
3. A "0-percent" indication often means the value is less than 0.5 percent rather than actually zero. In a few instances, the sum of the categories may not appear to add up to exactly 100 percent because of rounding.
4. At the time of publication, American Samoa and Oklahoma had not yet reported FFY 2005 ACF-800 data.

Table 13b—Child Care and Development Fund
Consumer Education Strategies Summary (FY 2005)

States/Territories	Grants/ or Certificate Information	Resource and Referral	Provider List	Types/ Quality of Care	Health and Safety Materials	Child Care Regulatory Information	Child Care Complaint Policy	Mass Media	Other	Number of Families Receiving Information
Alabama	Y	Y	Y	Y	Y	Y	Y	Y	Y	34,921
Alaska	NA	Y	Y	Y	Y	Y	Y	Y	N	8,381
American Samoa	—	—	—	—	—	—	—	—	—	—
Arizona	NA	Y	Y	Y	Y	Y	Y	Y	N	158,855
Arkansas	Y	Y	Y	Y	Y	Y	Y	Y	N	22,356
California	Y	Y	Y	Y	Y	Y	Y	Y	N	2,054,455
Colorado	Y	Y	Y	Y	Y	Y	Y	Y	N	121,188
Connecticut	Y	Y	Y	Y	Y	Y	Y	N	Y	65,655
Delaware	Y	Y	Y	Y	Y	Y	Y	Y	Y	18,806
District of Columbia	Y	Y	Y	Y	Y	Y	Y	Y	Y	21,000
Florida	Y	Y	Y	Y	Y	Y	Y	Y	N	95,324
Georgia	Y	Y	Y	Y	Y	Y	Y	Y	—	79,894
Guam	Y	Y	Y	Y	Y	Y	Y	Y	Y	1,057
Hawaii	Y	Y	Y	Y	Y	Y	Y	N	N	20,744
Idaho	NA	Y	N	Y	Y	N	N	Y	N	10,453
Illinois	Y	Y	Y	Y	Y	Y	Y	Y	N	217,390
Indiana	Y	Y	Y	Y	Y	Y	Y	Y	N	24,446
Iowa	N	Y	Y	Y	Y	Y	Y	Y	N	30,174
Kansas	NA	Y	Y	Y	Y	Y	Y	Y	N	127,009
Kentucky	N	Y	Y	Y	N	Y	Y	N	N	—
Louisiana	N	Y	Y	Y	Y	Y	Y	Y	N	6,027
Maine	Y	Y	Y	Y	Y	Y	Y	Y	—	7,438
Maryland	NA	Y	Y	Y	Y	Y	Y	Y	N	225,000
Massachusetts	Y	Y	Y	Y	Y	Y	Y	Y	Y	82,304
Michigan	NA	Y	Y	Y	Y	Y	Y	Y	N	1,165,432
Minnesota	Y	Y	Y	Y	Y	Y	Y	Y	N	1,859,277
Mississippi	Y	Y	Y	Y	Y	Y	Y	Y	N	17,993
Missouri	Y	Y	Y	Y	Y	Y	Y	Y	N	44,215
Montana	NA	Y	Y	Y	Y	Y	Y	Y	Y	1,278,937
Nebraska	NA	Y	Y	Y	Y	Y	Y	Y	N	449,933
Nevada	Y	Y	Y	Y	Y	Y	Y	Y	N	8,339
New Hampshire	Y	Y	Y	Y	Y	Y	N	N	N	9,848
New Jersey	Y	Y	N	Y	Y	Y	Y	Y	N	150,619
New Mexico	NA	Y	Y	Y	Y	Y	Y	Y	Y	24,299
New York	Y	Y	Y	Y	Y	Y	Y	Y	—	800,925
North Carolina	Y	Y	Y	Y	N	Y	Y	Y	N	253,816
North Dakota	NA	Y	Y	Y	Y	Y	Y	Y	N	9,350
Northern Mariana Islands	Y	Y	Y	Y	Y	Y	Y	Y	N	454
Ohio	Y	Y	Y	Y	Y	Y	Y	Y	N	110,330
Oklahoma	—	—	—	—	—	—	—	—	—	—
Oregon	Y	Y	Y	Y	Y	Y	Y	Y	N	31,776

Table 13b—Child Care and Development Fund (Continued)

States/Territories	Grants/ Contracts or Certificate Information	Resource and Referral	Provider List	Types/ Quality of Care	Health and Safety Materials	Child Care Regulatory Information	Child Care Complaint Policy	Mass Media	Other	Number of Families Receiving Information
Pennsylvania	NA	Y	Y	Y	Y	Y	Y	Y	N	187,012
Puerto Rico	Y	Y	Y	Y	Y	Y	Y	Y	N	11,473
Rhode Island	NA	Y	Y	Y	Y	N	N	Y	N	9,200
South Carolina	Y	Y	Y	Y	Y	N	Y	N	N	20,197
South Dakota	Y	Y	Y	Y	Y	Y	Y	Y	N	249,165
Tennessee	Y	Y	Y	Y	N	Y	N	N	–	36,754
Texas	NA	Y	Y	Y	Y	Y	Y	Y	N	123,402
Utah	NA	Y	Y	Y	Y	Y	Y	Y	N	8,193
Vermont	N	Y	Y	Y	Y	Y	Y	Y	N	8,756
Virgin Islands	NA	Y	Y	Y	Y	Y	Y	Y	N	637
Virginia	Y	Y	Y	Y	Y	N	Y	Y	–	40,000
Washington	NA	Y	Y	Y	Y	Y	Y	Y	–	23,127
West Virginia	NA	Y	Y	Y	Y	Y	Y	Y	Y	8,448
Wisconsin	Y	Y	N	Y	Y	Y	Y	Y	N	50,562
Wyoming	Y	Y	Y	Y	Y	Y	Y	Y	N	11,390
Total Yes	33	54	51	54	51	50	50	48	9	10,436,736

Notes applicable to this table:

1. The source for this table is ACF-800 data for FFY 2005, an unduplicated annual count.
2. These data have not been adjusted by the pooling factor (unadjusted data) because it is impossible to tell which families receiving consumer information also received CCDF funding.
3. NA=not applicable, does not offer grants or contracts for subsidized child care slots.
4. A blank cell indicates that the State did not provide a response. Kentucky reported in the affirmative for providing several categories of consumer education, but did not report a valid number or estimate of the number of families receiving consumer information.
5. At the time of publication, American Samoa and Oklahoma had not yet reported FFY 2005 ACF-800 data.

Table 14b—Child Care and Development Fund

Average Monthly Percentages of Families With TANF as One of Their Sources of Income
(FY 2005)

States/Territories	Yes	No	Invalid/ Not Reported	Total
Alabama	13%	87%	0%	100%
Alaska	11%	89%	0%	100%
American Samoa	—	—	—	—
Arizona	22%	78%	0%	100%
Arkansas	37%	63%	0%	100%
California	11%	88%	0%	100%
Colorado	18%	82%	0%	100%
Connecticut	71%	29%	0%	100%
Delaware	13%	87%	0%	100%
District of Columbia	20%	80%	0%	100%
Florida	10%	89%	1%	100%
Georgia	15%	85%	0%	100%
Guam	—	—	—	—
Hawaii	17%	83%	0%	100%
Idaho	2%	98%	0%	100%
Illinois	7%	93%	0%	100%
Indiana	30%	70%	0%	100%
Iowa	38%	62%	0%	100%
Kansas	10%	90%	0%	100%
Kentucky	1%	99%	0%	100%
Louisiana	12%	84%	4%	100%
Maine	4%	96%	0%	100%
Maryland	18%	82%	0%	100%
Massachusetts	21%	79%	0%	100%
Michigan	45%	55%	0%	100%
Minnesota	36%	64%	0%	100%
Mississippi	22%	78%	0%	100%
Missouri	25%	75%	0%	100%
Montana	13%	87%	0%	100%
Nebraska	28%	72%	0%	100%
Nevada	28%	72%	0%	100%
New Hampshire	27%	66%	7%	100%
New Jersey	15%	85%	0%	100%
New Mexico	17%	83%	0%	100%

Table 14b—Child Care and Development Fund (Continued)

States/Territories	Yes	No	Invalid/ Not Reported	Total
New York	39%	61%	0%	100%
North Carolina	7%	93%	0%	100%
North Dakota	20%	80%	0%	100%
Northern Mariana Islands	0%	100%	0%	100%
Ohio	18%	82%	0%	100%
Oklahoma	15%	85%	0%	100%
Oregon	33%	67%	0%	100%
Pennsylvania	9%	47%	43%	100%
Puerto Rico	0%	100%	0%	100%
Rhode Island	9%	91%	0%	100%
South Carolina	46%	54%	0%	100%
South Dakota	7%	93%	0%	100%
Tennessee	62%	38%	0%	100%
Texas	2%	98%	0%	100%
Utah	11%	89%	0%	100%
Vermont	17%	83%	0%	100%
Virgin Islands	2%	98%	0%	100%
Virginia	26%	74%	0%	100%
Washington	20%	80%	0%	100%
West Virginia	9%	91%	0%	100%
Wisconsin	7%	93%	0%	100%
Wyoming	0%	100%	0%	100%
National	19%	79%	2%	100%

Notes applicable to this table:

1. The percentage shown as "Yes" is the number reported as "Yes" divided by the families that answered "Yes" or "No" or an invalid response, excluding families that were in protective services. The Invalid/Not Reported column includes families that did not indicate whether TANF was a source of income or not and the family was not reported as being in protective services.

Table 15b—Child Care and Development Fund
Mean Family Copayment as a Percentage of Family Income (FY 2005)

States/Territories	Families With Income=\$0; Protective Services; Invalid Data (Column 1)	Families With Copay=\$0; Income>\$0; (Not in Column 1)	Families With Copay>\$0; Income>\$0; (Not in Column 1)	All Families	Mean Copay/Income	
					Including Families With Copay=\$0	Excluding Families With Copay=\$0
Alabama	3,374	1,221	10,337	14,931	6%	7%
Alaska	202	282	2,376	2,860	4%	4%
American Samoa	–	–	–	–	–	–
Arizona	4,291	2,068	11,983	18,342	4%	5%
Arkansas	647	4,442	1,141	6,230	2%	9%
California	4,391	63,481	24,634	92,506	1%	3%
Colorado	3,083	699	6,606	10,388	8%	9%
Connecticut	628	175	4,909	5,711	5%	5%
Delaware	503	1,687	2,042	4,231	5%	9%
District of Columbia	1,156	519	999	2,674	3%	4%
Florida	11,724	400	57,467	69,592	6%	6%
Georgia	6,358	4,976	22,093	33,427	6%	8%
Guam	–	–	–	–	–	–
Hawaii	226	2,612	2,844	5,682	2%	3%
Idaho	656	1	5,212	5,869	10%	10%
Illinois	1,625	625	42,563	44,813	6%	6%
Indiana	204	13,095	3,519	16,818	1%	6%
Iowa	1,213	5,959	3,250	10,423	2%	6%
Kansas	2,165	1,859	6,213	10,237	5%	6%
Kentucky	2,907	3,092	8,095	14,094	5%	7%
Louisiana	1,540	2,343	26,776	30,659	13%	14%
Maine	256	101	3,320	3,677	8%	8%
Maryland	430	3,039	8,242	11,710	6%	8%
Massachusetts	3,951	7,044	12,950	23,945	6%	9%
Michigan	2,546	9,059	28,677	40,282	2%	3%
Minnesota	1,094	3,403	9,820	14,318	4%	5%
Mississippi	3,386	1,151	11,829	16,366	4%	4%
Missouri	5,970	4,976	10,154	21,099	4%	6%
Montana	297	0	2,871	3,168	4%	4%
Nebraska	3,000	3,433	1,155	7,588	2%	9%
Nevada	82	654	2,016	2,752	5%	7%
New Hampshire	819	1,655	2,435	4,909	0%	0%
New Jersey	2,979	4,046	18,332	25,356	6%	7%
New Mexico	883	2,703	9,859	13,445	4%	5%
New York	5,896	26,645	45,004	77,544	3%	5%

Table 15b—Child Care and Development Fund (Continued)

States/Territories	Families With Income=\$0; Protective Services; Invalid Data (Column 1)	Families With Copay=\$0; Income>\$0; (Not in Column 1)	Families With Copay>\$0; Income>\$0; (Not in Column 1)	All Families	Mean Copay/Income	
					Including Families With Copay=\$0	Excluding Families With Copay=\$0
North Carolina	7,052	2,853	40,717	50,622	8%	8%
North Dakota	665	1	1,659	2,325	15%	15%
Northern Mariana Islands	47	0	180	227	9%	9%
Ohio	1,996	1,549	22,682	26,226	6%	7%
Oklahoma	2,454	6,260	3,296	12,011	0%	1%
Oregon	3,710	847	7,146	11,704	7%	8%
Pennsylvania	19,563	2,788	19,036	41,387	4%	4%
Puerto Rico	584	1,223	1,574	3,382	2%	4%
Rhode Island	146	929	2,187	3,262	3%	5%
South Carolina	774	1	10,462	11,237	4%	4%
South Dakota	618	1,336	1,026	2,979	5%	11%
Tennessee	147	17,991	4,483	22,620	0%	1%
Texas	18,844	3,819	44,011	66,674	9%	10%
Utah	169	872	4,938	5,979	4%	4%
Vermont	1,126	828	2,200	4,153	4%	5%
Virgin Islands	23	231	69	322	0%	0%
Virginia	810	4,892	12,529	18,231	7%	10%
Washington	6,961	19,659	6,330	32,950	2%	7%
West Virginia	364	856	4,725	5,945	4%	5%
Wisconsin	2,624	482	13,334	16,440	6%	6%
Wyoming	360	67	2,434	2,861	5%	5%
National	147,519	244,930	614,737	1,007,186	5%	6%

Notes applicable to this report:

1. The "Mean CoPay/Income" columns exclude families with zero income because dividing by zero is undefined. Columns labeled as "Column 1" include families with zero income; families in protective services or families headed by a child; families with invalid income or copay.

2. The results shown under "Mean CoPay/Income" feature two different statistics, "Including" and "Excluding" \$0 copay. The data analyzed for the "Including Families With Copay=\$0" category includes all families except those families in the "Column 1" data, i.e., the total minus the Column 1 data. The data analyzed for "Excluding Families With Copay=\$0" includes only those families in the category "Families with CoPay >\$0 (and not in Column 1)". Alternatively, the data used for "Excluding Families With Copay=\$0" is all the family data minus those families in Column 1 and minus those families with \$0 copay.

3. The National weighted values were determined by multiplying each State's average copayment/income percentage by the adjusted number of families in each State, summing across the States and then dividing by the adjusted number of families served for the Nation.

4. Family records with income equal to \$0 and a copay greater than \$0 are treated as invalid.

1. Estimates of available funding for child care do not match actual State expenditures reported in Part III of this report since States have more than 1 year to liquidate their CCDF funds, and thus can spend dollars from both current and prior fiscal year appropriations.

2. In most States the Market Rate Survey (MRS) is conducted every 2 years as required by regulation, but some States report reimbursement rates based on a prior year MRS due to a lag between the date of the survey and implementation of the revised rate ceiling.