Increasing Equitable Access to the Child Care Subsidy in Washington, DC

APRIL 2023

Prepared by Mary Katherine West for the DC Fiscal Policy Institute

DC FISCAL POLICY INSTITUTE
UVA
FRANK BATTEN SCHOOL of LEADERSHIP and PUBLIC POLICY

Table of Contents

Acknowledgments

I would like to thank Professors Pennock and Ruhm for advising me on this project. I would also like to thank Tazra Mitchell from the DC Fiscal Policy Institute for serving as my client this year. I am so thankful for my support system on this project including my group members, Fara Islam and Tiffany Thai, my roommate, Jayla Hart, my parents, John and Karen West, my brother, Jack West, and my partner, Curtis Cooper, who have all been so encouraging and thoughtful throughout this endeavor.

Honor Statement

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

Disclaimer

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the authors, and are not necessarily endorsed by the Batten School, by the University of Virginia, or by any other agency.[1]

[1] Cover page Image Source: (*Child Care*, n.d.)

Key Abbreviations

CCDBG: Child Care Development Block Grant
CCDF: Child Care Development Fund
CHIP: Children's Health Insurance Plan
DCFPI: District of Columbia Fiscal Policy Institute
OSSE: Office of the State Superintendent of Education
PE: Presumptive Eligibility
TANF: Temporary Assistance for Needy Families

List of Tables and Figures

Executive Summary

Every child deserves access to a great start, and children are learning and developing from the moment they are born. Early childhood education can facilitate academic and social development that has lifetime impacts on children and families (Zero to Three, n.d.). However, the high costs of early childhood education make it inaccessible to many families, and Washington, DC has the highest childcare costs in the nation (Under3DC, n.d.).

In Washington, DC, too few low-income families access affordable child care for their infants and toddlers through the child care subsidy. The child care subsidy is a joint federal and state or local intervention that aims to provide access to affordable child care for low-income families by reimbursing providers for child care costs for covered families. However, DC has low rates of subsidy usage compared to the national average, and impacts of the COVID-19 Pandemic further reduced uptake (Ullrich & Schmit, 2019).

While the District works to stabilize and support the childcare industry, it is critical that people with low incomes facing multiple levels of marginalization have access to the subsidy. Populations with fewer resources face higher burdens to apply for and access the subsidy. Reducing administrative burdens to the application would alleviate the additional burden for these families (Lowrey, 2021).

I propose three alternatives to address this problem:

- Retain the Status Quo
- Advocate for Presumptive Eligibility for Recipients of Temporary Assistance for Needy Families (TANF)
- Advocate for the Creation of a Consolidated Online Portal

I evaluated these alternatives on the following criteria: equity, effectiveness, administrative feasibility, and cost. Through this evaluation, I determined that my client, the DC Fiscal Policy Institute (DCFPI), should advocate for the District to grant Presumptive Eligibility for child care subsidy applicants that receive TANF support. This alternative simplifies access to access services at a critical time of need, alleviating the need for child care while caregivers complete the application. In the long term, policymakers could treat this alternative as a pilot program and further expand presumptive eligibility to other key populations.

Introduction

Access to child care has critical implications for both children's academic and social outcomes and parental work and economic outcomes (Population Health Institute, 2022). According to the U.S. Department of Health and Human Services, child care is considered affordable if families spend no more than 7% of their incomes on these services (Mailk, 2019). The District of Columbia has one of the highest costs of child care in the nation. In 2018, the average monthly cost for childcare in DC was $2,020 a month for one child (Huang, n.d.; Under3DC, 2021). The median income for families with children was $84,892, so the full cost of childcare takes up almost 29% of the median income (Under3DC, n.d.) [2]. This cost is unattainable for many families.

The child care subsidy is a nationwide intervention that functions like a voucher program, using federal funds from the Child Care Development Block Grant's (CCDBG) Child Care Development Fund (CCDF) along with local investments to reimburse child care providers for serving families with the subsidy. However, these subsidies fail to support the majority of those eligible for them (Population Health Institute, 2022).

Travis Hardmon is the President and CEO of the GAP Community Child Development Center, a licensed childcare center that accepts subsidies. GAP has operated for 40 years, and Mr. Hardmon has worked in the DC child care sector for 30 years. Families can apply for the subsidy directly at GAP. In an interview, Mr. Hardmon reflected that he and his staff supported many parents and caregivers through this complex process of forms and documentation. The applicants had a range of identities and needs: they needed immediate care due to new work opportunities, they were teenage parents trying to continue their education, or they needed affordable child care but didn't speak English as their first language. Too often, Mr. Hardmon remarked, caregivers in these situations and with these identities became frustrated with the application process and its time frame. For many who would have been eligible to receive the assistance, barriers hindered their ability to complete the application, and they never received the support (T. Hardmon, personal communication, February 7, 2023).

Situations like the ones Mr. Hardmon described are all too common across the District, but they are also avoidable. It is essential that the District work to address structural barriers that prevent existing social supports from reaching the families who have the fewest resources.

[2] These costs are represented in 2018 dollars.

Problem Definition

In Washington, DC, too few low-income families access affordable child care for their infants and toddlers through the child care subsidy. Nationwide, the child care subsidy only served 8% of those eligible by federal income parameters in 2016. By state income parameters, which generally increase income eligibility, rates of service increase to 12% (Population Health Institute, 2022). In that period, DC only served 3% of eligible families by federal income parameters and 4% of families by local parameters (Ullrich & Schmit, 2019). The increase in participation with increased income eligibility shows that even though the eligibility pool expanded, the share of families with incomes between 100% and 250% of the federal poverty level access the subsidy at much higher rates than families with incomes below 100% of the federal poverty level.

The COVID-19 pandemic dramatically reduced subsidy usage levels. Between 2019 and 2021, enrollment for infants and toddlers in the child care subsidy dropped by 53%, from 5,173 to 2,683. However, between 2021 and 2022, enrollment only increased by 453 infants and toddlers, a mere 16% change (DC Action, n.d.-b).

The child care market is complex, and DC advocates and policymakers are working to address supply, affordability, and quality in the District. As they invest in the sector, the District should work to ensure that barriers do not inequitably obstruct subsidy access.

Client Orientation

DC Fiscal Policy Institute (DCFPI) is an anti-poverty, racial, and economic justice organization that conducts research and analysis to shape equitable budget, tax, and policy decisions in the District. A key area of research for DCFPI's research is in Early Child & Pre-K to 12 Education. DCFPI recognizes the persistent disparities in childhood development outcomes that Black and brown infants, toddlers, and students face in DC (DCFPI, n.d.). DCFPI supports strengthening the child care subsidy in DC by making necessary improvements to ensure that Black and brown children in families with low incomes have equitable access to resources as DC continues to expand its investments in the early childhood sector (DCFPI, n.d.).

Background

Understanding the mechanics of the child care subsidy is essential. First, this section describes the subsidy mechanism, parameters, and its theory of change. Next, this section discusses why families choose to participate in the program. Finally, this section details the surrounding context in which the subsidy operates.

The Child Care Subsidy Parameters and Mechanisms

Child care subsidies are a nationwide intervention that assists low-income working families access child care services. These are funded by the Child Care Development Block Grant (CCDBG) which is a federal block grant to states, DC, and U.S. territories. It began in 1990 and was reauthorized with bipartisan support in 2014. It supports children from birth to 13 (Alliance for Early Success, n.d.).

The Child Care Development Fund (CCDF) is a federal and state partnership within CCDBG. It is authorized by the Office of Child Care within the Administration for Children and Families under the U.S. Department of Health and Human Services and distributes funds used for subsidies to states, territories, and localities including the District of Columbia (Administration for Children and Families, 2022).

There are specific eligibility guidelines to access the subsidy. The federal income eligibility limit is 100% of the federal poverty level or about $30,000 for a family of four. Other federal requirements include that children must be citizens, and the parent is working, in job training, education, or actively seeking employment (OSSE, n.d.).

Beyond these guidelines, CCDF grants leeway to a designated Lead Agency in the states and DC to regulate and administer these funds. Lead Agencies may increase income eligibility and construct their own processes for application or eligibility confirmation (Department of Health and Human Services, 2016). This assistance program is not an entitlement, so not all families eligible will receive assistance if there is insufficient funding or supply.

Families confirmed to be eligible for the subsidy may enroll in an approved childcare facility. Guidelines for approved providers are determined by the Lead Agency. The provider receives subsidy payments for the care of subsidy assisted children from the Lead Agency. The schedule and process for these payments are determined by the Lead Agency. Furthermore, Lead Agencies may set copayment schedules wherein families make additional payments directly to providers .

The Child Care Subsidy Theory of Change

Figure 1 in Appendix A is a theory of change that outlines the causal chain of mechanisms describing how the subsidy works and how it produces the desired impacts in the District of Columbia. Inputs are the resources necessary to carry out the activities, activities are what an organization does and how it delivers resources, and outputs are the services provided. Short-term outcomes are changes, benefits, and effects that result from the intervention, while long-term outcomes are the broader social change the intervention intends to achieve (Harries et al., 2014).

Inputs

The first input necessary for the child care subsidy to function effectively is private childcare providers having available slots for children and a qualified workforce. Already, this input poses challenges for the effective administration of the child care subsidy because DC lacks a total child care supply (Under3DC, n.d.). Furthermore, the supply of child care is not equally distributed across the District, with proportionally fewer childcare slots in areas with more Black and brown, low-income populations (Ferguson, n.d.-a).

Funding from both federal and local investments are a key input to the program (DC Action, n.d.-b). DC is also responsible for creating quality and safety regulations for centers in addition to licensing the providers to be eligible to receive the subsidy.

The final input is outreach and marketing materials to inform and educate caregivers about the program and encourage uptake.

Activities

The first activity is that eligible parents or guardians apply for the subsidy. In DC and across the nation, systemic racism has created conditions in which Black and brown populations are more likely to have low incomes (Ferguson, n.d.-b). DC's subsidy currently covers families with incomes at 250% or less of the federal poverty level or about $66,000 for a family of four.

The next activity necessary for the child care subsidy to be effective is that parents are approved to receive subsidies and enroll children at a licensed facility. Families may be eligible, but if there are not enough funds, caregivers may have to join a waitlist. In addition, if there are enough funds, but a lack of local childcare supply, families cannot use their subsidy and must join a waitlist (DC Action, n.d.). Depending on income and family size, some families must pay a copayment to the child care provider.

The next activity is that DC reimburses childcare facilities based on the child's daily attendance. This presents difficulties for providers as the subsidy amount often does not match the costs of providing child care (OSSE, n.d.).

Outputs

The outputs of this intervention are that children have stable access to and consistently attend a licensed childcare facility and that providers receive technical assistance from OSSE.

Short-Term Outcomes

Child care subsidies increase the use of center-based care over care provided by non-licensed individuals. However, subsidies that cover more of the cost for families are more likely to increase center-based care than less generous subsidies. This outcome is important to achieve long-term outcomes because center-based care is often of higher quality (Population Health Institute, 2021). Furthermore, the subsidy provides increased access to quality and high-quality childcare for families who could not otherwise afford it. Participation in high-quality child care before the age of 5 is associated with similar math achievement for low-income children between ages 4.5 and 11 to their high-income peers and their high-income peers (DC Action, n.d.).

Increased stability of care decreases the likelihood of families making multiple arrangements. The stability of care is also impacted by the renewal timelines for subsidies, and DC has a renewal timeline of one year (DC Action, n.d.-b).

Because eligibility standards require that parents are working, actively seeking work, or in job training or education, the subsidy has strong evidence of increasing employment for low-income single mothers (Population Health Institute, 2021). Evidence showed that subsidy access caused mothers' participation in any work-related activity to increase by 14.7 percentage points. This includes an increase in maternal enrollment in education programs by 12.6 percentage points and job training by 8.3 percentage points (Herbst & Tekin, 2011). These results are stronger for mothers of younger children who have less education (Population Health Institute, 2021). Improving maternal income has immense impacts on families because forty-one percent of mothers in the U.S. are primary income earners, bringing in half or more of the family income. Access to stable childcare makes parents less likely to face schedule disruptions that affect workforce participation (DC Action, n.d.).

Long-term Outcomes

By increasing employment and earnings for low-income families, childcare subsidies have the potential to reduce poverty levels and racial and ethnic wealth disparities (Population Health Institute, 2021).

If child care subsidies provide low-income children access to high-quality childcare, then child care subsidies may contribute to improved achievement that is similar to higher-income peers (DC Action, n.d.-b).

In addition, if child care subsidies increase the stability of care, then children are more likely to develop secure attachment relationships by creating safe bonds with educators (DC Action, n.d.-b). Finally, there is growing evidence linking parental employment and positive impacts on children's social and emotional well-being. So, by increasing employment and strengthening families' economic security, child care subsidies may improve children's social and emotional well-being (DC Action, n.d.-b).

Analysis of Family Child Care Preferences and Participation in Subsidy

Child care has always been a complex and important decision for parents, and understanding their preferences helps to identify policy priorities that may match these preferences and incentivize participation.

In 2018, Weber conducted a mixed-methods analysis of a nationwide sample of low-income families that determined that parental education, income, household structure, and child characteristics are all important factors in this decision. Weber found that for these low-income families, parents with more education were more likely to choose center-based care and prioritize school readiness. Parents who prioritized a convenient location were more likely to choose family child care. Those who choose family child care are more likely to have more children under the age of 13 or have a greater social support network. In addition, employment in jobs with unpredictable schedules and non-traditional hours increased the likelihood of informal care usage. Finally, parents' ability to trust providers plays a substantive role in care selection, and lack of trust is associated with lower rates of center-based care. This research also supports existing evidence that financial assistance through subsidy increased the usage of center-based providers. Although this study does not provide a randomized, nationally representative sample, it implies that a holistic view of the multiple factors in play is necessary to provide effective support for low-income families' childcare needs (Weber et al., 2018).

Understanding why parents who access subsidies decide to halt usage also provides insight into barriers families face within the system. In Oregon, families who stopped using subsidies were more likely to have unstable employment or living situations or find subsidies and other assistance too much of a hassle (Grobe et al., 2008). While this evidence is limited due to its sample in Oregon in 2007, researchers found similar results in both rural and urban areas in New York and Illinois in 2016, citing communication difficulties with agencies, loss of paperwork, challenges reporting eligibility status, and administrative hassles to be responsible for leaving the program either temporarily or permanently (Henly et al., 2017).

In addition, Oregon's survey results report that qualified parents who did not use subsidies identify a lack of knowledge about the programs, the hassle of application, and eligibility requirements as barriers to participation (Grobe et al., 2008).

DC Child Care Context

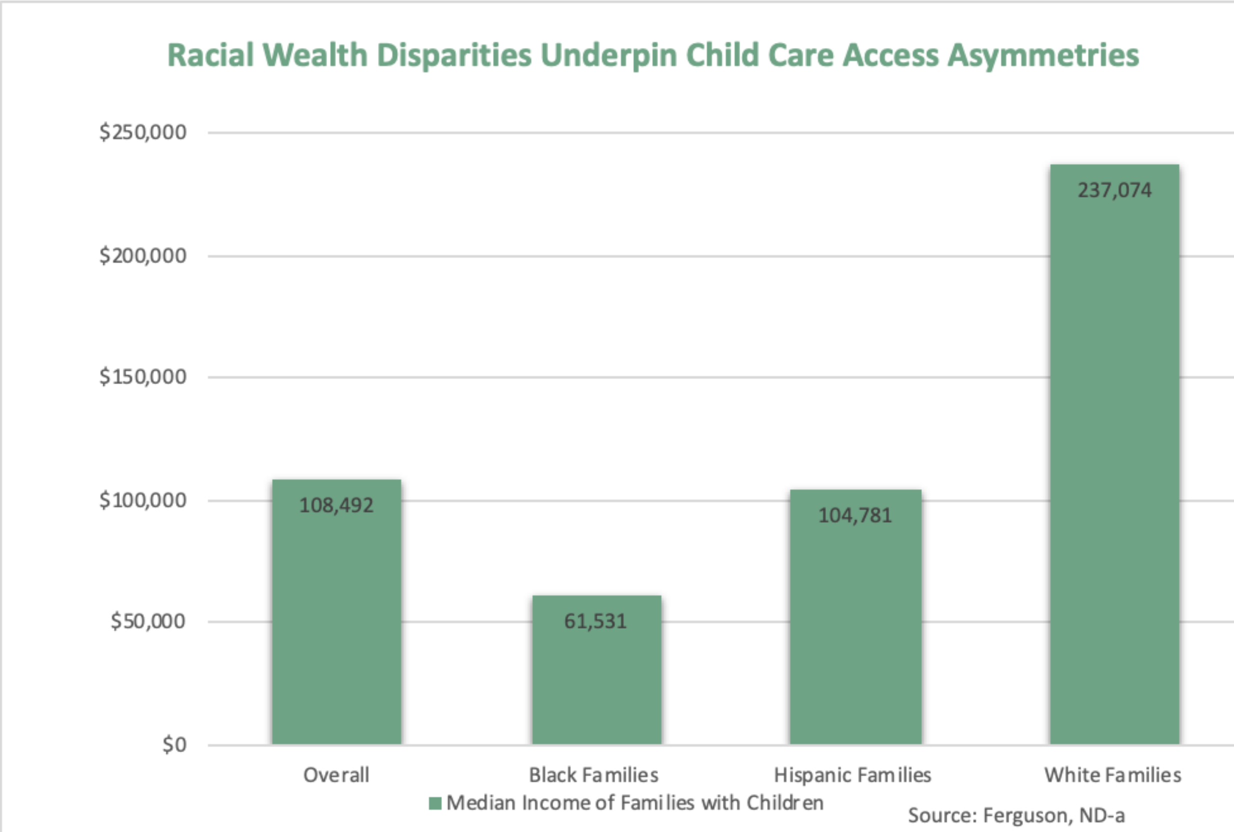
This section overviews economic conditions for children and families in the District, the current supply of child care, how the subsidy is operated in DC, the state of take-up for subsidy in DC, and recent policy regarding the child care industry and the subsidy itself.

DC Child Care and Economic Landscape

Multiple co-occurring factors make investing in child care a priority for the District. First, the child population is growing faster than the adult population, and access to child care has important impacts on the workforce. There is a lack of overall supply for child care in the District, and access to care reflects historical and ongoing racial discrimination (Ferguson, n.d.-b).

In 2022, there were 12,189 infant and toddler slots at licensed childcare providers in Washington, DC. For each spot, there was a predicted demand of 2.2 infants and toddlers. However, these rates were not consistent across the entire city. Ward 2, which has a higher proportion of wealthy, white residents has more licensed slots than predicted demand. Ward 7, which is home to over 90% Black residents, faced the largest disparity in slots. There were 3.3 infants and toddlers for each licensed slot in Ward 7 (Ferguson, n.d.-c). Furthermore, Ward 7 faces higher rates of childhood poverty compared to the city as a whole (Ferguson, n.d.-c).

Figure 1: Racial Wealth Disparities Underpin Child Care Access Asymmetries



These disparities in access to child care by race reflect structural wealth disparities. The median income for families with children in the district is just under $110,000. When disaggregated by race, the median income for white families is over double that at almost $240,000 per year, while the median income for Black families is about $60,000 (Ferguson, n.d.-b).

Furthermore, 36% of Black children live in families with incomes below the federal poverty level compared to less than 1% of white children and 13% of Latinx children (Ferguson, n.d.-b).

Take-up of Child Care Subsidy in DC

Between 2019 and 2021, enrollment for infants and toddlers in the child care subsidy dropped by 53%, from 5,173 to 2,683. However, between 2021 and 2022, enrollment only increased by 453 infants and toddlers, a 16% change (DC Action, n.d.-b). An outside organization is currently surveying families and providers in the District to understand their changing preferences since the pandemic and the specific causes of decreased participation. The results of this survey are so far unknown (T. Mitchell, personal communication, February 1, 2023).

Even before the COVID-19 pandemic, child care subsidies served far fewer families than eligible, and the District of Columbia had the lowest rate in the nation with only 3% of eligible families receiving CCDF based on federal income parameters. Based on their locally set parameters that expand income eligibility, 4% of eligible families received support (Ullrich & Schmit, 2019). This statistic shows that families with higher incomes access the subsidy at a higher rate than those with lower incomes.

There are 490 OSSE-licensed child development facilities, 385 of which are center-based, and 105 are home-based. Only 275 facilities accept subsidy vouchers (OSSE, n.d.). In 2021, 49% of participating centers and 45% of participating homes had fewer than half of their slots occupied by children receiving subsidies (Bruenig, 2021).

DC Child Care Subsidy Administrative Mechanics

Funding for child care subsidies comes from multiple different streams and is handled through a web of governmental agencies.

In DC, the child care subsidy is administered by the Early Learning Department in the Office of the State Superintendent of Education (OSSE) which is DC's state education agency. OSSE's mission is to close the achievement gap in DC so that every person is prepared to succeed in school and life. They achieve this mission by working in partnership with education and related systems to "sustain, accelerate and deepen progress for DC students" (OSSE, n.d.-a). The Early Learning Department is responsible for regulating and economically supporting child care in the District. Figure A-2 in Appendix A provides a visual representation of the governance relationships from the federal government to child care providers.

When deciding the plan for subsidy funds, OSSE consults with various stakeholders across the district including the District Child Care Recovery Workgroup, program managers from the District's publicly funded pre-k program, Early Childhood Stakeholders Group which consists of childcare providers, the District of Columbia Head Start Association, DC Early Learning Collaborative, and DC Action for children which runs the Under 3 DC coalition. These groups represent childhood advocates and practitioners, working to support and improve early education in the district (OSSE, n.d.-a).

OSSE directly reimburses providers at the end of the month for the number of days each child with the subsidy received care. The payment rates are based on the providers' Capital Quality designation, which ranks from Developing to High Quality. The daily reimbursement levels per child for 2022 are shown below. These differences in rates correspond to the range of costs associated with providing quality care. However, there are gaps between the subsidy reimbursement amount and the estimated costs to administer child care. These gaps are smallest and almost nonexistent for high-quality facilities and grow as the quality rating decreases. Developing facilities have the largest gap at $12 per child with subsidy vouchers per day. OSSE updates these levels every three years (OSSE, 2021).

Figure 2: Daily Subsidy Reimbursement Rate

Capital Quality Rating	Daily Reimbursement Amount
Developing	$65.43
Progressing	$68.32
Quality	$76.78
High Quality	$93.91

Source: (OSSE, 2021).

In addition, based on income and family size, families enrolled in the program may have to make a co-payment to the provider. The current copayment schedule is shown below.

Figure 3: Subsidy Copayment Scale by Income

Gross household income of this percent of the federal poverty guideline	**Maximum Percent Gross Income for Co-Payment**
0-100%	0%
More than 100% – 133%	1%
More than 133% – 167%	2%
More than 167% – 200%	3%
More than 200% – 233%	4%
More than 233% – 250%	5%

Source: (D.C. Law, n.d.)

Application and Eligibility

To apply for the subsidy, interested applicants must visit the Department of Human Services, Economic Security Administration, Child Care Services Division office in person or apply directly at an authorized Level II Child Care Center. After completing the application, applicants must schedule and complete an interview to verify eligibility. The earliest applicants are informed of the status of their application is after they have completed the interview. This is also the earliest applicants will learn the status of their copayment amount. Subsidy awards have a time limit of 12 months, after which families must reapply and prove their eligibility for continued service (DC Action, n.d.-b).

Eligibility requirements for the subsidy include: the child must be between 6 weeks and 13 years old.[3] In addition, DC Requires verification of the identity of the applicant, verification of citizenship and legal status of the child, verification of low-income status, verification that the parent is working, in job training, education, or is actively seeking employment, verification of the relationship between caregiver and child, and verification of residency in DC (OSSE, n.d.-b).[4]

[3] There is expanded coverage until 19 for children with disabilities.
[4] There are also alternate application processes for families experiencing homelessness.

DC Child Care Policy Landscape

Childcare is an important and complex issue facing the District, and policymakers and advocates have been working to address child care on the axes of supply, quality, and affordability.

In 2018, DC passed the Birth-to-Three Act which tasks OSSE to develop a competitive compensation system for early childhood educators to improve quality. This bill also sets out a plan for expanding income eligibility for subsidies because increasing quality will increase cost burdens on families who pay for child care out-of-pocket. It establishes that families up to 400% of the federal poverty level would not pay more than 7% of their income on child care (*DC Legislation Information Management System*, n.d.). Due to disruptions in the child care industry borne by the pandemic, there had been no movement on this plan. However, Mayor Bowser's 2024 Budget Proposal includes movement on this issue, increasing the income eligibility level to $90,000 for a family of four, which is equivalent to 300% of the federal poverty level. This change would make over 2,000 children newly eligible for the subsidy but does not include additional funding for the policy (Under3DC, 2023).

Since the onset of the pandemic, the Mayor has supported the industry with the Back-to-Work Child Care Grant. This is a $38 million intervention that supports child care facilities and enables parents to reenter the workforce. In addition, the DC Child Care Stabilization Grant allocated $38 million of federal American Rescue Plan funds to stabilize the industry after child care providers closed or faced reductions in demand during the pandemic.

Finally, DC passed the Access to Quality Child Care Grant in the fall of 2022 which allocates $10 million to increase the supply of child care services for infants and toddlers through subgrants and technical assistance. Funding is prioritized for current or future providers in neighborhoods designated in the District's affordable housing plan; serve at least 20% of their children through subsidy reimbursement; participate in the Capital Quality system; plan to offer or offer non-traditional hour care; that are non-profits; renovate to increase infant and toddler capacity; are time bound to acquire property or sign a lease, and that provide services for children with special needs or from culturally or linguistically diverse families (Office of the Mayor, 2022).

Ruqiyyah Anbar-Shaheen, a prominent early childhood policy advocate in DC, expressed concerns that amidst these investments, and the low usage rates of the subsidy, expanding income eligibility through the Birth-to-Three Act without addressing barriers to access for the lowest-income families may not promote equity in the District (R. Anbar-Shaheen, personal communication, October 19, 2022).

Consequences

While the provision of child care itself is costly, there are also significant individual and societal costs and consequences if children and families forgo child care options.

Externalities

At the highest quality of care, every $1 invested in early education can result in $4 to $13 in return based on children's educational attainment, employment, health, truancy, and criminality (Hirsh-Pasek, 2021). While these returns are not generalizable to all childcare options, they represent the opportunity for gains from investment in creating high-quality childcare.

In addition, access to childcare is highly correlated with maternal workforce participation. Since 2009, DC has offered free preschool to 3 and 4-year-olds. This intervention is strongly linked with a 10 percentage point increase in maternal workforce participation in the first decade of the program. This analysis used a synthetic control to estimate a relationship, however this method is limited and cannot produce a completely causal claim (Berkon, 2020). Women's workforce participation increases family economic security and well-being and is a substantial positive driver in the economy (Malik et al., 2020).

Opportunity Costs

Some caregivers who cannot afford the high costs of child care are forced to quit their jobs and interrupt their careers to care for young children. This interrupts current income streams, and can also impact future earnings. In 2014, the Center for American Progress estimated that if a 26-year-old woman working a full-time job for the median salary of $30,253 per year took five years off to care for children, she could lose $467,000 over her working career, a 19% reduction in lifetime earnings. For a man in the same scenario, the median salary was $33,278, and he would lose $596,000, or a 22% reduction in lifetime earnings. This calculation includes the direct wages lost over the period out of work, the loss of wage growth over the period, and retirement savings in Social Security and 401(k) accounts (Madowitz, Michael et al., 2016). These costs may also be higher for Black and Latina women who face additional burdens of discrimination in hiring and wages in the workplace (Malik et al., 2020). These estimates are in 2014 dollars and likely have increased further in the time since the study was conducted.

However, for families with single parents who rely on their sole income, it may not be possible to quit. Instead, they may choose alternatives such as having a family member care for the child or opt for lower-cost and lower-quality centers. Outside of family members, even lower-cost options have high costs. While these decisions are made in the face of steep financial constraints, lower-quality child care may not be in the child's long-term best interest and could negatively impact the child's future outcomes and earnings (Madowitz, Michael et al., 2016).

Evidence on Potential Solutions

There are many approaches to strengthening the childcare selector's ability to increase equitable access to care. The District's current interventions focus primarily on supporting providers and capacity building. The child care subsidy is an existing intervention, and researchers support a myriad of interventions for strengthening this mechanism. The literature indicates that monetary incentives alone may be inadequate to significantly alter behavior. Therefore, policymakers should also consider non-monetary interventions (Giapponi Schneider et al., 2021).

One subset of this literature addresses the administrative burden to applicants or the "time tax." The "time tax" is the regressive costs that are created by confusing and time-consuming processes for Americans with the fewest resources as they attempt to receive support from social programs. Programs that primarily support low-income people and people of color are more likely to have intensive time costs than programs that are designed for and benefit wealthier and whiter populations such as 529 College Savings accounts. This "time tax" not only reduces the number of people who successfully apply for and receive government support but also imposes a psychological toll on applicants (Lowrey, 2021).

Address Application and Eligibility Reassessment Burdens

One approach to reducing burden is to directly alter the application itself. Michigan undertook a significant project to redesign applications for assistance programs around applicant experience. Redesigning the application reduced the time to fill it out by almost a third and was associated with the percentage of applications completed increasing from 72% to 94%. In addition, the redesigned application was associated with reductions in the time government workers spent correcting applicant errors by 75%. However, these changes are not causal or generalizable data (Lowrey, 2021).

In Massachusetts, a study of policy changes in 2012 showed that administrative changes to make voucher reassessment processes more user-friendly and decrease costs associated with subsidy reassessment found positive and statistically significant associations between these reductions in administrative burden and stability in subsidy receipt. Researchers note that these associations vary across types of providers and that effects were stronger within providers that used contracts rather than vouchers (Ha et al., 2020).

In Indiana, experiments that reduced complexity in paperwork and employed "behavioral interventions to advance self-sufficiency" were able to increase the proportion of parents who attended a redetermination appointment and increased the proportion of parents who completed renewal of the subsidy on time by 2.4-2.7 percentage points (Dechausay & Anzelone, 2016). However, a similar study replicated in Ohio did not produce statistically significant results (Kruglaya, 2018).

One key limitation of the Indiana and Ohio studies is that they measure effects for families that are already within the subsidy system rather than families entering the system for the first time.

Address Timeliness of Eligibility Determination

Eligibility confirmation can be a lengthy process and a barrier to the subsidy. Different states employ multiple mechanisms to address the timeliness of subsidy receipt (Grobe et al., 2008).

Idaho consolidated eligibility operations over multiple government programs including Medicaid and child support, reducing administrative burden for centers in addition to decreasing waits for families (Adams et al., 2014). Another approach in Oklahoma is real-time processing of applications in which workers process eligibility within 2 days. Although there were additional costs to phase in the program, Oklahoma reports workers can determine eligibility within the two-day window for 95% of applications, which greatly reduces wait times for families (Adams et al., 2014). However, while these interventions address barriers to access, there is limited empirical evidence of the effectiveness of these interventions on families' participation in subsidy.

Delaware and Montana both provide applications of presumptive eligibility, often for families receiving Temporary Assistance for Needy Families (TANF) (Adams et al., 2014). Presumptive eligibility (PE) originated as a public health intervention that assumes eligibility for applicants, allowing families to take advantage of services while they wait for eligibility confirmation. This policy simplifies access at the time that it is needed most. Studies of the PE for low-income pregnant people accessing Medicaid, difference-in-difference models show that PE is associated with an increase in receipt of prenatal care by 10 percentage points for uninsured people in the first trimester. This data is not causal (Eliason et al., 2021). While in a different field, there are connections to be drawn between reducing barriers for low-income parents accessing government support for care.

Criteria for Evaluation

The following alternatives to address the problem will be addressed by the following criteria: equity, effectiveness, administrative feasibility, and cost. My chosen criteria evaluate my proposed alternatives and their respective weights reflect DCFPI's goals and priorities. DCFPI wants to promote equitable policy first and foremost to support the District's low income and Black and brown populations. They also believe that policies should be successful in their intended ends. However, the ability to implement policy and the cost of policies are still important. For this reason, equity and effectiveness each received 30% weight in the evaluation, and administrative feasibility and cost each received 20%.

Each criterion is rated on a scale of zero to three wherein zero is very undesirable and three is very desirable. Tables breaking down each criteria's point scale and descriptors are found in Figures 1-5 in Appendix B.

Equity

This criterion evaluates the degree to which policies target families with less than half of the median income and support those who face the impacts of structural and historic racism.[5] In DC, Black households have a median income of $61,531 while white households have a median income of $237,074. Furthermore, 90% of children living in poverty are Black (Ferguson, n.d.-a). Finally, 25% of children in DC are in households with at least one immigrant parent, so policies that promote solutions for people who do not speak English as their first language are preferred (Kids Count, 2022). This criterion receives 30% of the weight in the evaluation.

[5]The median family income for a family with children is just under $110,000 (Kids Count, 2022). Half of this is about $55,000.

Effectiveness

The effectiveness criterion evaluates policies potential to address the multiple barriers families face to accessing child care subsidies and the reach that these policies will have to families. Barriers of interest include limited supply in the neighborhoods where they live or work, time and transportation to the in-person application site, compiling necessary eligibility documents and completing the application, sustaining the waiting period until service provision, and language barriers for those who do not speak English as their first language (Department of Health and Human Services, 2016). Addressing these burdens will decrease barriers for families to access the subsidy, however, confounding relationships with factors including inadequate supply in the District make it impossible to project changes in uptake. This criterion receives 30% of the weight in the evaluation.

Administrative Feasibility

The administrative feasibility criterion evaluates policies on the complexity of passing and implementing the policy. It is operationalized through the number of steps to implementation, the degree of coordination with outside agencies, and the degree of coordination and support required for providers to adopt the changes. This criterion receives 20% of the weight in the evaluation.

Cost

The cost criterion evaluates the monetary costs to adopt and implement the policy alternative. The policy alternatives do not alter current eligibility guidelines, but rather streamline application processes for currently eligible children and families. The costs of programmatic expenditures of subsidy receipt above and beyond the status quo levels are not included in this estimate because this analysis lacks the ability to project enrollment increases due to confounding variables. While the value of increased subsidy receipts beyond the status quo level represents an opportunity cost, the funds for these children currently exist within the CCDF budget after the dramatic reduction in usage since the COVID-19 pandemic.

Costs will be measured as a percent change against their programmatic baseline funding. This criterion receives 20% weight in the evaluation.

Alternatives

The Status Quo

OSSE's long-term goal is for all children in the District to have access to high-quality childcare services (H. Matthews, personal communication, 2023). OSSE plans to promote equal access to child care include implementing supply-building mechanisms to maximize parental choice, assessing market rates and analyzing the cost of child care, establishing adequate payment rates, implementing timely payment practices, and establishing affordable co-payments. OSSE also supports outreach to families that speak languages other than English or have children with disabilities (OSSE, 2021).

While OSSE is working hard on multiple axes to improve supply and affordability for families, they do not address the many application experiences and administrative costs that may reduce take-up for the populations with the fewest resources (OSSE, 2021).

Equity: Undesirable (1)

OSSE's plans promote equality rather than equity in the subsidy administration (OSSE, 2021, p. 24). Their goals for equality center around all families having access to child care and increasing access to the subsidy while failing to address the increased barriers to subsidy access for marginalized populations. Their plans, while waiting on full funding, do not target those with the lowest incomes, and intend to expand their programming to families with incomes up to 400% of the federal poverty level.[6] Families with higher incomes in DC already access the subsidy at higher rates. As incomes increase, families are more likely to be white and have access to key resources like time, transportation, language, and knowledge of navigating the system (Matters, n.d.). If the income eligibility expansion moves forward, it may negatively impact equity for Black families and families with the lowest incomes.

OSSE's website approaches inclusivity for families that do not speak English as a first language as the website is translatable to six languages, however, the application itself only translates to three. This does not address translation barriers families may face during in-person communication (OSSE, n.d.).

However, OSSE's other supply-building interventions in the child care sector, outside of the subsidy, do promote equity through prioritizing funding for providers in low-income

[6] Mayor Bowser proposed to expand income eligibility to 300% in FY-24.

neighborhoods and that offer language and other culturally competent services. Overall, the status quo receives an undesirable rating in equity.

Effectiveness: Undesirable (.75)

The Status Quo receives an undesirable effectiveness rating. OSSE's current interventions include provisions that increase supply across the district. In addition, their webpage for "Child Care Assistance Payments" can be translated into six languages although the application itself is only available in English, Spanish, and Amharic (OSSE, n.d.).

Overall, OSSE's current application burdens fall heavily on caregivers, with little support for the timeliness of applications or the effort to make an appointment or walk into the DHS application center during traditional work hours. Caregivers can also apply for the subsidy in-person at designated Level II Center-based care providers, however, language services in these centers are not guaranteed. These factors reflect an undesirable rating in effectiveness for the status quo.

Administrative Feasibility: Very Desirable (3)

Adopting the status quo requires no additional steps, additional coordination, or communication across agencies or organizations, and does not require significant additions to support for providers, so it is highly feasible and receives a very desirable rating.

Cost: Very Desirable (3)

Funding for the child care subsidy and other childcare supports come from a mix of federal and local sources some of which have express purposes for funds. These budgets fluctuate given yearly appropriations. OSSE's operating budget from local funds has been approved for 2024 is over $203 million (Lee, 2022). The DC Department of Human Services does not directly support the subsidy, but other assistance programs including TANF, Medicaid, and SNAP and other support programs for children and families had a local budget of over $566 million (Lee, 2022).In December 2022, Biden signed the 2023 allocations from which the District received over $12 million in federal funds for CCDBG, of which up to 10% can be used for administration and technical assistance (Hardy, 2023). Since these values represent the base budget, there is a 0% change in the status quo and represents a very desirable rating.

Advocate for Presumptive Eligibility for TANF Recipients

This alternative applies Presumptive Eligibility (PE) to applicants who receive support from the Temporary Assistance for Needy Families (TANF) program - a temporary cash assistance program that targets low-income parents in a time of need (Department of Human Services, n.d.). PE is a recipient-centered intervention that allows families to take advantage of services while they wait for eligibility confirmation, simplifying access at the time it is needed most. Caretakers can only use PE once per year, and will lose access to services if eligibility requirements are not confirmed within 30 days. There is no penalty to families or providers for non-confirmation.

I propose PE for TANF recipients because TANF recipients represent the lowest-income families. They are already income-eligible, and due to TANF requirements, are likely to meet the work requirements for subsidy eligibility. However, this policy could be understood as a pilot for PE to be expanded in the future to cover a wider range of populations.[7] While there is no causal evidence that this intervention increases uptake, it targets support within the application process to families with some of the lowest incomes. This promotes equity because previous reports show that families with higher incomes within the eligibility pool use subsidies at higher rates. (Adams et al., 2014).

Equity: Desirable (2)

This policy builds upon the status quo, so it begins with the base points from the status quo. It goes beyond the status quo by targeting families receiving TANF which represent some of the lowest-income residents with the highest need for child care, so parents can work or receive an education. The income limit for families who receive TANF is $870 for a family of four which is about $10,000 a year. (Department of Human Services, n.d.). In 2020, 97.8% of the 21,596 TANF recipients identified as Black or African American (Office of Family Assistance, 2021). These factors give this policy a desirable designation. However, this policy does not address barriers for immigrant families or caregivers that do not speak English as their first language. Overall, this policy receives a desirable rating for equity.

[7] In 2023, Mayor Bowser proposed to increase the income eligibility to 300% federal poverty level. This change would make all children covered by Mediciad's Child Health Insurance Program (CHIP), which is also known as DC Healthy Families, eligible for the subsidy. These programs cover a quarter of a million DC residents and are highly effective with 98% of eligible children enrolled. Furthermore, 60% of those covered are working. An expansion of PE to this category of residents could reduce barriers for a significant portion of the DC population (DC Action, n.d.-a). It would be more costly than the current iteration, however.

Effectiveness: Moderately Desirable (1.5)
This intervention builds upon the status quo, so begins with the base points from the status quo. Beyond this, implementing PE eliminates the barrier of the application time frame for families.

However, it does not address the costs to in-person applications or language barriers that may exist. Furthermore, this policy has a limited reach to families. In 2022, DC reported assisting 15,000 TANF recipients (Austhermule, 2022). In FY 2022, the monthly average number of children supported by TANF was just under 10,000 (Song, 2022). This number represents roughly 20% of households with incomes less than half the median. Furthermore, in DC, children under 2 made up only 10% of TANF recipients and children between 2-5 made up 29.9% of recipients. Therefore, I estimate children zero to three represent roughly 20% of the TANF recipients. As this population already meets the requirements, some TANF recipients will already be using the subsidy system (Office of Family Assistance, 2021).[8] This interevention receives a moderately desirable rating for effectiveness.

Administrative Feasibility: Desirable (2)
PE for TANF recipients would be a policy internal to OSSE and would not introduce new coordination with outside organizations as the TANF program already coordinates with OSSE on eligibility. Beginning from advocacy, there are between 5 and 10 steps to implementation. Finally, this policy would not require some, but not a significant increase in support for providers. Overall, this policy receives a desirable rating for administrative feasibility.

Cost: Very Desirable (3)
Families receiving TANF have incomes below 100% of the federal poverty level, so they would not have to make copayments and there is no loss of potential revenue from copayments to OSSE. The main cost of the program is that those who apply with PE and do not end up being eligible cannot be covered by CCDF. So, this alternative requires about $230,000 in local funds to cover subsidy payments for those that do not complete eligibility confirmation.

There are also other implementation costs including the updates to the application and procedures which are within and would not necessitate increases to current budgets for

[8]There are 288,307 households in the District (Bureau, 2021). One-fourth of this is 72,076.75. 15,000 represents 20.8% of this number.

grant administration and technical assistance which is assumed to be about $150,000. This policy would increase the local budget but about .2%, which is very desirable.[9]

Funding for the subsidy has not been reduced in relation to the sudden and drastic reduction in usage since the pandemic. There are sufficient funds for an increase in uptake up to prior levels. There is not currently a waitlist for the subsidy, meaning that no applicants have been denied access to support due to inadequate funding (T. Mitchell, personal communication, February 1, 2023).

Recent policies from DC and Maryland demonstrate that presumptive eligibility does not require further targeted funds outside of the pre-existing budgets. Both areas are employing a variety of interventions in the child care sector, and within these investments and policy changes, neither Maryland's presumptive eligibility pilot nor DC's income eligibility expansion are granted specific, additional funding. Rather, these policies are supported by the existing program budgets.

If implemented, OSSE should monitor the effect of this policy on enrollment rates to determine if long-term budgets should be adjusted to reflect higher levels of subsidy uptake from the status quo in the future. However, it may be difficult to isolate the effect of this policy amid DC's concurrent interventions in the childcare sector. Overall, this policy receives a very desirable rating for cost.

Advocate for Online Application Portal to Streamline Benefits Programs

During the height of the pandemic, OSSE provided access to online applications, however, this was discontinued after the District returned to in-person functioning (H. Matthews, personal communication, 2023). The current OSSE website to find information about the subsidy is difficult to navigate which puts time and psychological costs on families looking for information.

This alternative proposes OSSE create an online application for caregivers interested in receiving support for child care services. However, families that are eligible for the child care subsidy are also likely to be eligible for other social support services including TANF, SNAP, and Medicaid. Currently, these programs are siloed and require individual applications from families which multiplies the time and psychological costs of applying. A comprehensive online portal that consolidates applicant information would reduce time

[9] Further explanation of the cost calculations are included in Appendix C

costs as well as barriers to access like in-person applications, and transportation. It would also increase access to information across benefit programs.

This policy should be pursued by the DC Human Services Department in conjunction with OSSE so that application information is consolidated over programs and benefits and costs are disbursed over departments. DC should learn from Virginia which began its online portal process focused solely on a child care assistance application but later broadened to include other departments and services. This alternative provides benefits to consumers of other assistance programs, however, externalities are beyond the scope of the current analysis.

Equity: Desirable (2.5)

This policy builds upon the status quo, so it begins with the base points from the status quo. In addition, the tool is designed to host multiple government support program applications to reduce time and energy burden for those eligible for multiple programs, targeting the lowest income populations, although all residents will be able to access it. Online access to applications will have stronger benefits to hourly workers, and workers who work multiple jobs. Holding multiple jobs is most prevalent for low-wage workers (Bureau, 2021). In these situations, caregivers may lack control over their schedules or the ability to leave work to travel to the application site during the day.

This also captures racial disparities in the labor force. Nationwide, Black workers, particularly Black women, work multiple jobs at a higher rate than workers of other races. In 2022, 6% of employed Black women held multiple jobs compared to 5.2% of white women, 3.6% of Asian women, and 3.5% of Hispanic or Latina women (U.S. Bureau of Labor Statistics, 2023). Furthermore, research shows that Black hourly-wage workers and workers of color are more likely to face unpredictable schedules and transportation challenges than their white counterparts (Good Jobs Institute, 2020).

Although the application portal should be created to be accessible on mobile devices, those without limited internet access may still face barriers to this alternative. DC has notable disparities in internet access, especially for low-income and Black populations. In 2021, about a third of people in Wards 7 and 8, which are home to a significant proportion of Black and low-income residents, lacked an internet subscription (Schick, 2021). DC has since installed free access hubs in these Wards, but no data exists on residents' changes in internet access. This creates a service gap in accessibility for low-income people to this resource. In the long term, DC's internet equity efforts may continue to reduce these gaps

(Washington Informer, 2022). Finally, it should be noted that the online portal will not eliminate the option for individuals to apply in person, but serve as a supplemental resource.

This tool also promotes language inclusivity by providing translated services and the need to reduce in-person translation during the application process. Overall, this alternative receives a desirable rating for equity.

Effectiveness: Desirable (2.5)

This intervention builds upon the status quo, so begins with the base points from the status quo. Beyond this, this policy eliminates the need to transport oneself to an application site during working hours, reduces application completion time, and likely reduces waiting periods. Caregivers can access applications 24 hours a day from a smartphone or computer in their homes or anywhere with internet access. This policy would not eliminate the possibility of applying in person, but be an alternative access point. This tool could also help caregivers that require support completing the application easily identify assistance (Michigan Gov., n.d.).

Furthermore, other applications of this tool result in decreased time to fill out the application and confirm eligibility. Creating an intuitive portal is critical to reducing confusion and burden. Michigan's intuitive online portal allowed citizens to submit 665,000 applications in less than half the time required to complete an application previously (Sutfin, 2018). In Virginia, eligibility determination online applications for SNAP through Virginia's CommonHelp portal went from an average wait time of 21 days to cases in which caregivers are called within minutes of application submission (Pittman, 2012). However, these examples from Michigan and Virginia should not be understood as causal or generalizable estimates.

Furthermore, both the website pages and application can be translated for caregivers to access and submit information (Michigan Gov., n.d.; Virginia Department of Social Services, n.d.). As an online platform, this policy has a broad reach to potential consumers. So, this alternative receives a desirable rating for effectiveness.

Administrative Feasibility: Very Undesirable (0)

Creating a shared portal that consolidates benefits would require high levels of coordination with other DC agencies over a sustained period. The Department of Human Services (DHS) would have to be convinced to forgo their siloed online systems for cash assistance programs and Medicaid programs to consider creating a unified portal. It also necessitates contracting the building of the portal from an outside organization. In Virginia, the consulting company, Deloitte, created the site. To choose a partner, OSSE and DHS would have to make a working group to establish shared goals and priorities for the portal. This group would then have to send a request for proposals to outside organizations, review proposals, and decide which organization to hire to create the site. The site creation process would likely include piloting the site with residents to ensure they find it user-friendly.

This intervention would also require coordinating a significant amount of technical assistance to train child care providers on the new system as well as train Medicaid, TANF, and SANP administrators on the new process. Overall, this policy requires greater than 10 steps to implementation and these require significant coordination across agencies including the likely creation of a new work group. Completing these steps will take at least a year and a half, if not longer before the portal is complete and residents can access the resource.

Working across departments to integrate and consolidate application processes will provide the most benefit to recipients in time savings and reduced burden and likely cost savings for the District in the long run, but there are significantly more barriers to implementation and coordination across departments to develop plans and secure funding. These factors reflect a very undesirable rating for administrative feasibility.

Cost: Moderately Desirable (2)

Building and maintaining an application portal website will cost approximately $9.3 million. This number derives from Virginia's 2012 costs of just under $11 million to build a comprehensive portal (Pittman, 2012). I made several reductions to this number given the differences between contexts including technology advancements, population differences, and the number of service providers. This value also includes calculations for 5 years of yearly website maintenance of which the present value is around $126,000. These costs are represented in 2023 dollars.[10]

Due to the nature of the intervention spanning OSSE and DHS, the project could be supported by funds from both departments. For Fiscal Year 2024, OSSE's locally funded budget was approved at over $203 million, and DHS's budget was approved at over $566

[10] A full description of cost calculations can be found in Appendix C.

million (Lee, 2022). Between departments, this investment represents a 1.22% increase in local spending.

If implemented, OSSE should monitor the effect of this policy on enrollment rates to determine if long-term budgets should be adjusted to reflect higher levels of subsidy uptake from the status quo in the future. However, it may be difficult to isolate the effect of this policy amid DC's concurrent interventions in the childcare sector.

Outcomes

The figure below compares the projected outcomes of the alternatives against the criteria. The overall score is calculated with the designated weights for each criterion.

Figure 4: Outcomes Matrix

	Status Quo	**Presumptive Eligibility for TANF**	**Online Application Portal**
Equity	Undesirable (1)	Desirable (2)	Desirable (2.5)
Effectiveness	Undesirable (.75)	Moderately Desirable (1.5)	Desirable (2.5)
Administrative Feasibility	Very Desirable (3)	Desirable (2)	Very Undesirable (0)
Cost	Very Desirable (3)	Very Desirable (3)	Moderately Desirable (2)
Overall Score[11]	Moderately Desirable (1.73)	Desirable (2.05)	Moderately Desirable (1.90)

Recommendation

I recommend that DCFPI advocate for OSSE to introduce Presumptive Eligibility for TANF recipients. Overall, this alternative received a desirable rating with desirable equity, moderately desirable effectiveness, and very desirable cost and administrative feasibility. I conducted a sensitivity analysis to determine if the criteria weights influenced the recommended outcome. To do this, I gave equal weights to all criteria and increased the

[11]Equity (30%), Effectiveness (30%), Administrative Feasibility (20%), Cost (20%)

weight of the client's priorities. In all but one iteration, that increased both the weight of equity and effectiveness, PE retained the highest score.[12]

Presumptive Eligibility will quickly reduce barriers for families that face some of the highest costs to accessing child care for families in times of need. In the long term, this application of PE could be understood as a pilot and the program could be expanded to other populations of interest such as Medicaid recipients.

However, there are tradeoffs to adopting this policy including the limited scope of the intervention. The second-rating alternative, the application portal, required significantly higher time and monetary investments from DC before implementation, however, in the long-term would have reduced more barriers for a larger number of DC families. This policy concentrates on the most marginalized but ultimately benefits all families. In addition, the externalities of the online portal that benefit residents accessing other assistance programs are not included in this analysis due to its scope.

Implementation

Implementation of Presumptive Eligibility for the child care subsidy for TANF recipients requires coordination within pre-established relationships between stakeholders. These entities may work together for a smooth implementation of this policy recommendation to support DC residents' access to the child care subsidy.

Stakeholders

Under 3 DC

The Under 3 DC Coalition is an essential stakeholder in moving the recommendation forward. This coalition is composed of 48 DC organizations that meet monthly to work toward an equitable future for children to have the resources they need for a strong start (Under3DC, n.d.). DCFPI is a member of this coalition. In pursuance of policy implementation, DCFPI should bring the policy proposal to the Under 3 DC to build support and momentum to convince OSSE to undertake the policy recommendation. As this policy promotes racial and economic equity by removing barriers to access to the child care subsidy for families, I believe the Under 3 DC Coalition will be supportive of this intervention.

Temporary Assistance for Needy Families Program and Recipient

[12] Figure 6 in Appendix B contains the full results of the sensitivity analysis.

Recipients of TANF are the primary beneficiaries of this policy change as it decreases their barriers to access to further support. TANF is administered through the DC Department of Human Services (Department of Human Services, n.d.). I predict the program would be supportive of this policy change and provide support advocating for the change outreach to beneficiaries.

Office of the State Superintendent of Education

The most crucial stakeholder is OSSE, the Lead Agency that administers the federal child care subsidy. OSSE would be responsible for ultimately creating and passing the policy amendment through the Federal CCDF Amendment process.

Within OSSE, The Early Learning Department is responsible for regulating and economically supporting child care in the District and Sara Mead is the Deputy Superintendent of this team. Within the department, the Operations & Grants position is responsible for establishing eligibility policies and payment rates, however, this position is currently vacant. Hannah Matthews occupies the Policy & Planning position and provides leadership over developing and implementing child care, pre-K, early intervention, and subsidized child care policies and regulations. Matthews supports the development of the strategic plan and engages with other district agencies (DV Gov., 2023).

Matthews would be the connection that DCFPI and the Under 3 DC should pursue to further the Presumptive Eligibility intervention. However, due to the current lack of capacity in OSSE and the considerable concurrent policy interventions they are pursuing to support childcare access, there may be some resistance to policy implementation (Department of Health and Human Services, 2016).

HHS Administration for Children and Families

The Department of Health and Human Services Administration for Children and Families (ACF) is the federal agency that oversees the Child Care Development Block Grant which funds the child care subsidy through the Child Care Development Fund (CCDF). This stakeholder is responsible for approving any amendments to CCDF administration. However, the ACF grants the states leeway in their administration processes of CCDF, and would support the implementation of Presumptive Eligibility.

Steps to Implementation

For DCFPI to move this recommendation further, they should first build support for the intervention within the Under 3 DC coalition at a monthly coalition meeting. Building a broad range of supporters is essential to mitigate potential resistance from OSSE if there is evidence of a broad, and successful voicing of the need for policy change.

CCDF plans are created and submitted to the ACF on a three-year basis for approval from the Regional Office (Child Care Technical Assistance Network, 2016). DC's Regional Program Manager is Agda Burchard, located out of Philadelphia, PA (Administration for Children and Families, 2022; Child Care Technical Assistance Network, 2022). Currently, DC is in the middle of this three-year timeline in the CCDF Plan for FY 22-24 (OSSE, n.d.). This means that to make the changes, OSSE should propose an Amendment to the current CCDF plan. To make an amendment, the OSSE must consult with the Regional Office which will support the submission process. After submission, ACF will decide in no more than 90 days (Child Care Technical Assistance Network, 2016). If an amendment is not pursued by OSSE or not approved, the Under 3 DC coalition should continue to advocate for presumptive eligibility for TANF recipients to be included in the FY25-27 CCDF Plan.

After approval from ACF, OSSE must update its application forms to reflect changes offering Presumptive eligibility to families with TANF support. In addition, OSSE should provide support for Level-II providers who handle application and intake processes on-site regarding the changes in when services are received. Finally, the stakeholders should coordinate to provide outreach to increase understanding and participation among TANF recipients.

After a year of program implementation and the income eligibility expansion has gone into effect, OSSE should consider expanding presumptive eligibility to cover CHIP recipients.

Conclusion

Every child deserves a good start. Quality child care has tremendous effects on the child and their family as a whole. DC knows that investing in this care can make a world of difference for a child.

As the District employs interventions to build quality, supply, and affordability for child care, it is essential that the child care subsidy, an essential resource for affordable care, is accessible to families with the lowest incomes and who face the highest barriers to access. Implementing presumptive eligibility for residents who receive TANF assistance will reduce barriers for families at the time when they need it most. This policy can be implemented to alter families experiences in the short-term, and provide a foundation for future policy in the long-term.

Appendix A: Background Figures

Figure A- 1: Child Care Subsidy Theory of Change

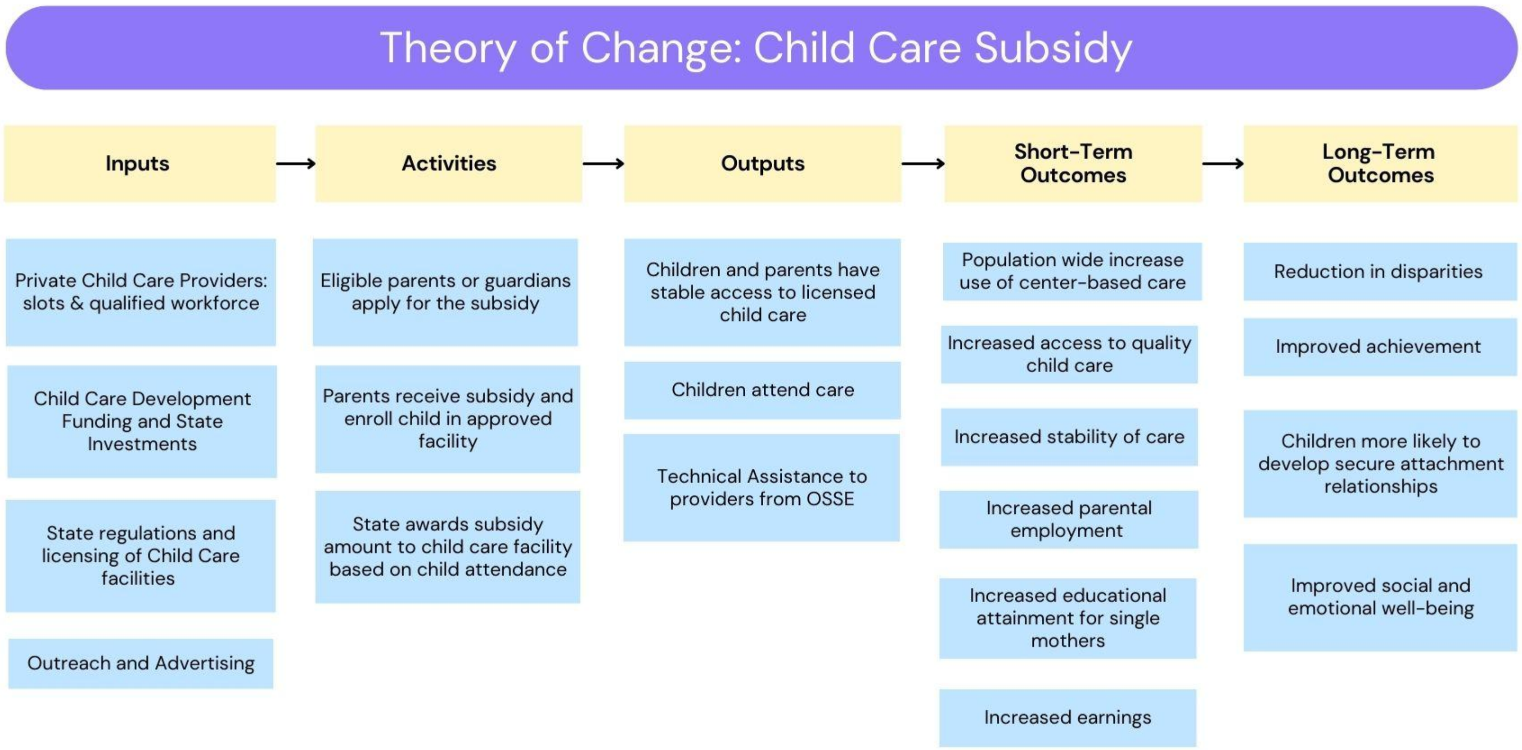
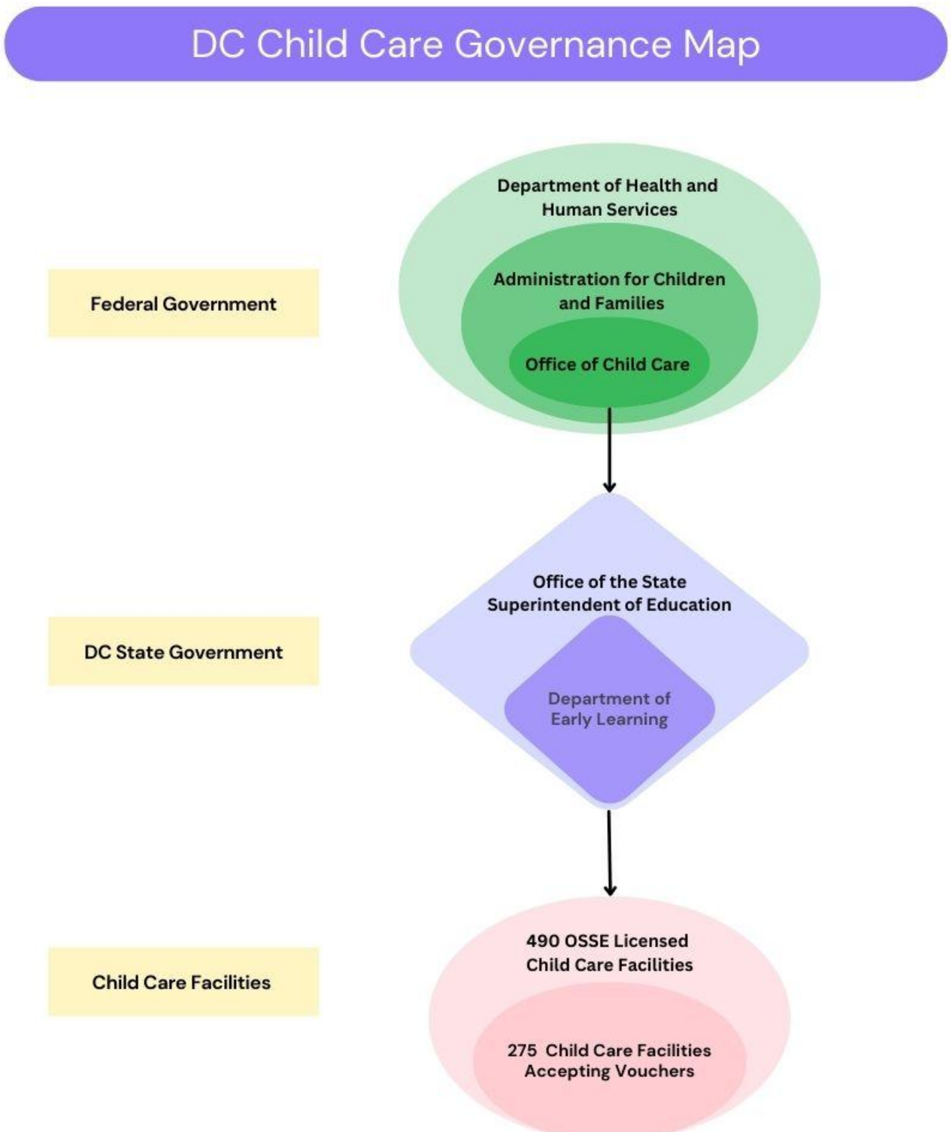


Figure A-2: DC Child Care Subsidy Governance Map



Appendix B: Criteria Calculation Tables

This appendix holds tables depicting the operationalization of each criteria and their values, as well as the translation from numeric to qualitative descriptor of values, and finally the full output of the outcomes matrix and sensitivity analysis.

All criteria are scored between zero and three. However, criteria are operationalized by a heterogenous number of relevant components. For each criteria, the relevant component(s) exist as its own row within the scoring table. These relevant components are broken down and assigned point values to evaluate the degree to which the alternative addresses each component. The maximum sum of all components is three, no matter the number of components. Figures B-1 through B-4 depict the relevant components and their scoring potential for the criteria.

Three is the most desirable score, and zero is the least desirable score. Figure B-5 depicts the translation of quantitative to qualitative criteria. This translation ensures that scores values are described consistently across criteria.

Figure B-6 contains the full outcomes matrix which depicts the projected outcomes of the alternatives against the criteria. The overall score is calculated with the designated weights for each criterion. This figure further includes the outcomes of the sensitivity analysis. The first weight adjustment increases weight for effectiveness by 5% and reduces weight of cost by 5%. This change reduces the score for the first and second alternative and increases the score for the third alternative. The presumptive eligibility alternative is reduced by .7 points and changes qualitative categories to the “Moderately Desirable” category. The scores retain their original order in which presumptive eligibility holds the highest score and the status quo holds the lowest score.

The second weight adjustment increases the weight for both equity and effectiveness by 5% and reduces the weight of cost and administrative feasibility by 5%. This change reduces the score for the first and second alternative and increases the score for the third alternative. The third alternative passes the threshold to gain a “Desirable” rating, and the second alternative reduces by .7 points and moves to the “Moderately Desirable” category. In this iteration, the application portal holds the highest score by a margin of .7 points, followed by the presumptive eligibility alternative.

The third weight adjustment evaluates all the criteria equally at 25%. This change increases the score for the first and second alternative and decreases the score for the third alternative. However, it does not change the qualitative category of any alternatives, and the scores retain their original order in which presumptive eligibility holds the highest score and the status quo holds the lowest score.

Figure B-1: Equity Projection Table

	0	**+.5**	**+1**
Targets Black Populations	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses
Targets Populations with income below 250%	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses
Targets Families that do not speak English as a first language	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses

Figure B-2: Effectiveness Projection Table

	0	**+.25**	**+.5**
Supply in Neighborhood	Does Not address	Indirectly or moderately addresses	Directly or Significantly Addresses
Application Completion Time	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses
Time until services provided	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses
Transportation to Application	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses
Language	Does Not Address	Indirectly or Moderately Addresses	Directly or Significantly Addresses
Scope	Base level	Reaches <50% of families with less than the half median income	Reaches <50% of families with less than the half median income

Figure B-3: Administrative Feasibility Projection Table

	0	+.5	+1
Agency interaction	Introduces significant coordination with outside organizations	Introduces some coordination with outside agencies	Does not introduce new coordination with outside agencies
Steps to completion	Greater than 10 steps to completions	Between 5 and 10 steps to completion	Fewer than 5 steps to completion
Technical Assistance to providers	Introduces significant additional technical assistance for providers	Introduces minimal additional technical assistance for providers	No introduction of technical assistance

Figure B-4: Cost Projection Table

	0	+1	+2	+3
Percent Change	Greater than 5% Increase	3-5% Increase	1-3% Increase	Less than 1% Increase

Figure B-5: Numeric to Descriptor Indicator

Descriptor	**Very Undesirable**	**Undesirable**	**Moderately Desirable**	**Desirable**	**Very Desirable**
Number	0	0 < X < = 1	1 < X < 2	2 < = X < 3	3

Figure B-6: Outcomes Matrix with Sensitivity Analysis

	Status Quo	Presumptive Eligibility for TANF	Create Consolidated Application Portal
Equity	Moderately Desirable (1)	Desirable (2)	Desirable (2.5)
Effectiveness	Undesirable (.75)	Moderately Desirable (1.5)	Desirable (2.5)
Administrative Feasibility	Very Desirable (3)	Desirable (2)	Very Undesirable (0)
Cost	Very Desirable (3)	Very Desirable (3)	Moderately Desirable (2)
Overall Score[13]	Moderately Desirable (1.73)	Desirable (2.05)	Moderately Desirable (1.90)
Weight Adjustment 1[14]	Moderately Desirable (1.61)	Moderately Desirable (1.98)	Moderately Desirable (1.93)
Weight Adjustment 2[15]	Moderately Desirable (1.51)	Moderately Desirable (1.98)	Desirable (2.05)
Weight Adjustment 3[16]	Moderately Desirable (1.94)	Desirable (2.13)	Moderately Desirable (1.75)

[13] Original Adjustment: Equity (30%), Effectiveness (30%), Administrative Feasibility (20%), Cost (20%)
[14] Adjustment 1: Equity (30%), Effectiveness (35%), Administrative Feasibility (20%), Cost (15%)
[15] Adjustment 2: Equity (35%), Effectiveness (35%), Administrative Feasibility (15%), Cost (15%)
[16] Adjustment 3: All criteria weighted equally

Appendix C: Cost Calculations

Calculations for the Status Quo

Funding for the child care subsidy and other childcare supports come from a mix of federal and local sources some of which have express purposes for funds. These budgets fluctuate given yearly appropriations. OSSE's operating budget from local funds has been approved for 2024 is $203,862,507 (Lee, 2022). The DC Department of Human Services which supports TANF and other support programs for children and families had a local budget of $566,905,364. In December 2022, Biden signed the 2023 allocations from which the District received $12,214,441 in federal funds for CCDBG, of which up to 10% can be used for administration and technical assistance (Hardy, 2023).

Since these values represent the base budget, there is a 0% change in the status quo

Calculations for Presumptive Eligibility

Federal CCDF and DC matching funds cannot be used for presumptively eligible children who are later deemed ineligible, so DC must use local funds to cover these costs (Choudhury, 2023).

The reimbursement for a quality designation is $77. I chose this rate as it will balance the costs over few providers with high quality designations with the many with developing or progressing designations (OSSE, 2021). I multiplied this amount by 30 days, the window for presumptive eligibility. The number of children who fall into this category is dependent on a variety of factors which makes it difficult to estimate. However, given the small sample of TANF recipients who can use presumptive eligibility in their application, as well as the work and income requirements in the program, I give a generous estimate of 100 families. In total, these costs were $231,000.

I assume there will be administrative costs including updating applications and supporting providers, so I included an additional $150,000 to cover these costs.

I do not include additional costs for the potential increase in uptake because this intervention does not expand supply, so the number of slots available to provide subsidies remains the same. In addition, uptake is so low that CCDF has the funds to cover costs. In Maryland's 2023 pilot of PE, they do not explicitly grant funds to cover increased uptake for eligible children (Choudhury, 2023). Furthermore, DC's eligibility 2024 eligibility expansion makes over 2,000 more children eligible for the subsidy. This also does not include costs to provide additional subsidy in response to take-up. These costs are covered within the current CCDF, matching, and local budgets (Executive Office of the Mayor, 2023).

I calculated the percent change from the original budget by adding the program and administrative costs together with the local program budget for the second value in the percent change formula. The first value was the $203,862,507 from the 2024 local budget since federal funds cannot be used for children that are deemed ineligible. The percent change between these values was a .19% increase.

Calculations for the Application Portal

Virginia reports its cost for building an integrated application portal as $10,779,739 which includes the 18-month contract with Deloitte, travel, and staff training (Pittman, 2012). However this number did not include final close-out costs, so I included an extra $250,000 to cover these costs. Then I used the Bureau of Labor Statistics CPI calculator to adjust this value for inflation. This calculation created a cost of $14,638,688.72.

I assume that these costs will be lower due to technology improvements since 2012, so I reduced the value by 10% which brought it to $13,174,820. I also assume that since the District of Columbia is substantially smaller geographically and the site will serve far fewer families and providers. DC only has 12% of the number of child care providers that Virginia does (Child Care Center U.S., n.d.; OSSE, n.d.). The District's Medicaid program serves about 16% of the number of individuals that Virginia does (DC Action, n.d.-a; Department of Medical Assistance Services, 2021). This results in a significant reduction in the number of staff members and providers needing training. There are also significantly reduced travel costs as the geography is constrained to the city rather than an entire state.

While these are significant reductions in the quantity of service provision necessary, these are not the only costs included in the value given in Virginia, so I reduced the value by 30% to account for this difference. The final value for the website creation came out to $9,222,373.89.

I also included costs to maintain the website for 5 years by finding the estimate of monthly cost to upkeep websites. I took the median of the estimated costs for the traffic range DC would expect and multiplied it by 12 to get a yearly amount which was $29,400. I multiplied this by 5 to understand the cost of 5 years of maintenance and upkeep which was $147,00. I used a 3% interest rate to calculate the present value of 5 years of website maintenance because DC law requires that interest rates not exceed 4% (D.C. Law, n.d.). The present value of the website maintenance cost was $126,803.49. I combined this value with the value for the website development for a total of $9,396,373.89.

Due to the nature of the intervention spanning OSSE and DHS, the project could be supported by funds from both departments. For Fiscal Year 2024, OSSE's locally funded budget was approved at $203,862,507, and DHS's budget was approved at $566,905,364 (Lee, 2022). I added these budgets together to get the total local budget for the original value in the percent change formula. I added the website and upkeep costs for the website to the original budget to calculate the second value in the percent change formula. The percent change formula between these values was a 1.22% increase in spending.

References

Adams, G., Snyder, K., & Banghart, P. (2014). *Designing Subsidy Systems to Meet the Needs of Families: An Overview of Policy Research Findings*. The Urban Institute. file:///Users/mkw5ac/Downloads/Designing_Subsidy_Systems_to_Meet_the_Needs_of_Fam.pdf

Administration for Children and Families. (2022, May 9). *OCC Fact Sheet*. https://www.acf.hhs.gov/occ/fact-sheet

Administration for Children and Families. (2022, June 15). *Regional Offices*. https://www.acf.hhs.gov/oro/regional-offices

Alliance for Early Success. (n.d.). What is CCDBG? *Alliance for Early Success*. Retrieved April 18, 2023, from https://earlysuccess.org/what-is-ccdbg/

Anbar-Shaheen, R. (2022, October 19). *Interview* [Personal communication].

Austhermule, M. (2022, August 18). *DC To Give $1,000 In Cash To 15,000 Low-Income Families | DCist*. https://dcist.com/story/22/08/18/dc-temporary-assistance-cash-families-school/

Berkon, E. (2020, January 9). For Some D.C. Parents, It's Too Expensive To Work. *NPR*. https://www.npr.org/local/305/2020/01/09/794851835/for-some-d-c-parents-it-s-too-expensive-to-work

Bruenig, M. (2021, November 2). DC's Education Superintendent Confirms Big Price Hikes from Dem Child Care Plan. *People's Policy Project*. https://www.peoplespolicyproject.org/2021/11/02/dcs-education-superintendent-confirms-big-price-hikes-from-dem-child-care-plan/

Bureau, U. C. (2021, February 3). *Using Administrative Data, Census Bureau Can Now Track the Rise in Multiple Jobholders*. Census.Gov. https://www.census.gov/library/stories/2021/02/new-way-to-measure-how-many-americans-work-more-than-one-job.html

Child Care. (n.d.). ZERO TO THREE. Retrieved February 1, 2023, from https://www.zerotothree.org/issue-areas/child-care/

Child Care Center U.S. (n.d.). *Virginia Child Care Centers*. Retrieved April 5, 2023, from https://childcarecenter.us/state/virginia

Child Care Technical Assistance Network. (2016). *ACF-118: CCDF Plan, Implementation Timeline, and Amendment Process*. https://childcareta.acf.hhs.gov/ccdf-fundamentals/acf-118-ccdf-plan-implementation-timeline-and-amendment-process

Child Care Technical Assistance Network. (2022). *Federal Contacts*. https://childcareta.acf.hhs.gov/ccdf-fundamentals/federal-contacts

Choudhury, M. (2023). *Senate Education, Business & Administration Subcommittee – February 10, 2023*. https://dbm.maryland.gov/budget/FY2024Testimony/R00A99.pdf

DC Action. (n.d.-a). *Medicaid and Children's Health Insurance Program (CHIP).* https://www.wearedcaction.org/MedicaidandCHIP#:~:text=DC%20Medicaid%20and%20DC%20Healthy%20Families%20cover%20more%20than%20a,two%20in%20five%20District%20residents.

DC Action. (n.d.-b). *Policy Snapshot: The Child Care Subsidy Program*. Retrieved September

22, 2022, from https://www.wearedcaction.org/policy-snapshot-child-care-subsidy-program

D.C. Law. (n.d.). *Chapter 33. Interest and Usury. | D.C. Law Library*. Retrieved March 26, 2023, from https://code.dccouncil.us/us/dc/council/code/titles/28/chapters/33

D.C. Law. (n.d.). *D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018. | D.C. Law Library*. Retrieved April 3, 2023, from https://code.dccouncil.us/us/dc/council/laws/22-179

DC Legislation Information Management System. (n.d.). Retrieved December 5, 2022, from https://lims.dccouncil.gov/Legislation/B22-0203

DCFPI. (n.d.). Vision & Mission. *DC Fiscal Policy Institute*. Retrieved September 22, 2022, from https://www.dcfpi.org/about/mission-values/

Dechausay, N., & Anzelone, C. (2016). *Cutting Through Complexity: Using Behavioral Science to Improve Indiana's Child Care Subsidy Program*. The Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/sites/default/files/documents/opre/research_snapshot_bias_indiana_508.pdf

Department of Health and Human Services. (2016, September 30). *Child Care and Development Fund (CCDF) Program*. Federal Register. https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program

Department of Human Services. (n.d.). *TANF for District Families | dhs*. Retrieved March 2, 2023, from https://dhs.dc.gov/service/tanf-district-families

Department of Medical Assistance Services. (2021). *Virginia's Medicai Program*. https://www.dmas.virginia.gov/media/3170/mag-2021-2_22_21-final.pdf

DV Gov. (2023). *OSSE Organization Chart*. https://osse.dc.gov/publication/osse-organizational-chart

Eliason, E., Daw, J., & Allen, H. (2021, June 17). *Access to Care for Pregnant Women: The Role of Presumptive Eligibility Policies in Medicaid*. 2021 Annual Research Meeting. https://academyhealth.confex.com/academyhealth/2021arm/meetingapp.cgi/Paper/45082

Executive Office of the Mayor. (2023, March 22). *Mayor Bowser Presents Fiscal Year 2024 Budget Proposal | mayormb*. https://mayor.dc.gov/release/mayor-bowser-presents-fiscal-year-2024-budget-proposal

Ferguson, K. (n.d.-a). Early Childhood. *DC Kids Count*. Retrieved September 23, 2022, from https://dckidscount.org/early-childhood/

Ferguson, K. (n.d.-b). Early Childhood. *DC Kids Count*. Retrieved September 30, 2022, from https://dckidscount.org/early-childhood/

Ferguson, K. (n.d.-c). Ward 7 Snapshot. *DC Kids Count*. Retrieved September 30, 2022, from https://dckidscount.org/ward-snapshots/ward7/

Giapponi Schneider, K., Joshi, P., & Ha, Y. (2021). An examination of child care provider participation in state subsidy contract systems. *Children and Youth Services Review*, *127*, 106099. https://doi.org/10.1016/j.childyouth.2021.106099

Good Jobs Institute. (2020). *Race & Low-Wage Work*.

https://goodjobsinstitute.org/wp-content/uploads/2020/07/Good-Jobs-Institute-Report-Race-and-Low-Wage-Work.pdf

Grobe, D., Weber, R. B., & Davis, E. E. (2008). Why Do They Leave? Child Care Subsidy Use in Oregon. *Journal of Family and Economic Issues*, *29*(1), 110–127. https://doi.org/10.1007/s10834-007-9094-3

Ha, Y., Joshi, P., Schneider, K. G., & Hardy, E. (2020). Can Administrative Changes Improve Child-Care Subsidy Stability? *Social Service Review*, *94*(2), 285–338. https://doi.org/10.1086/709444

Hardmon, T. (2023, February 7). *Interview with President and CEO of Gap Child Care Center* [Personal communication].

Hardy, A. (2023, January 10). *CCDBG FY 2023 State-by-State Appropriations Distribution Estimates and Increases*. CLASP. https://www.clasp.org/publications/fact-sheet/ccdbg-2023-state-approps-estimates/

Harries, E., Hodgson, L., & Noble, J. (2014). *Creating Your Theory of Change*. NPC. https://www.thinknpc.org/wp-content/uploads/2018/07/Creating-your-theory-of-change1.pdf

Henly, J. R., Kim, J., Sandstrom, H., Pilarz, A. R., & Claessens, A. (2017). What Explains Short Spells on Child-Care Subsidies? *Social Service Review*, *91*(3), 488–533. https://doi.org/10.1086/693751

Herbst, C., & Tekin, E. (2011, March 10). *Do child care subsidies influence single mothers' decision to invest in human capital?*

https://doi.org/10.1016/j.econedurev.2011.03.006

Hirsh-Pasek, A. S. B., Eric Dearing, Henrik Daae Zachrisson, Deborah Lowe Vandell, and Kathy. (2021, November 4). High-quality early child care and education: The gift that lasts a lifetime. *Brookings*. https://www.brookings.edu/blog/education-plus-development/2021/11/04/high-quality-early-child-care-and-education-the-gift-that-lasts-a-lifetime/

Huang, D. S. P. (n.d.). *How Much It Costs to Raise a Small Child in Each State*. LendingTree. Retrieved October 12, 2022, from https://www.lendingtree.com/debt-consolidation/raising-a-child-study/

Kids Count. (2022, November). *Children in immigrant families | KIDS COUNT Data Center*. https://datacenter.kidscount.org/data/tables/115-children-in-immigrant-families?loc=10&loct=3

Kruglaya, I. (2018, January 12). *A County Official's Perspective on Testing Behavioral Interventions* [Text]. MDRC. https://www.mdrc.org/publication/county-official-s-perspective-testing-behavioral-interventions

Lee, G. (2022). Government of the District of Columbia. https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/FY%202024%20CSFL%20-%20Final.pdf

Lowrey, A. (2021, July 27). *The Time Tax*. The Atlantic. https://www.theatlantic.com/politics/archive/2021/07/how-government-learned-waste-your-time-tax/619568/

Madowitz, Michael, Hamm, K., & Rowell, A. (2016, June 1). Calculating the Hidden Cost of Interrupting a Career for Child Care. *Center for American Progress*. https://www.americanprogress.org/article/calculating-the-hidden-cost-of-interrupting-a-career-for-child-care/

Mailk, R. (2019, June 20). Working Families Are Spending Big Money on Child Care. *Center for American Progress*. https://www.americanprogress.org/article/working-families-spending-big-money-child-care/

Malik, R., Lee, W., Hamm, K., Sojourner, A., & Davis, E. (2020, June 22). *The Coronavirus Will Make Child Care Deserts Worse and Exacerbate Inequality*. Center for American Progress. https://www.americanprogress.org/article/coronavirus-will-make-child-care-deserts-worse-exacerbate-inequality/

Matters, D. H. (n.d.). *DC Health Matters: Demographics :: City :: District of Columbia :: Race*. Retrieved March 1, 2023, from https://www.dchealthmatters.org/demographicdata?id=130951&sectionId=940#sectionPiece_177

Matthews, H. (2023). *Interview with OSSE Director of Policy, Planning, and Research* [Personal communication].

Michigan Gov. (n.d.). *MI Bridges*. Retrieved February 28, 2023, from https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US

Mitchell, T. (2023, February 1). *Interview with Tazra Mitchell* [Personal communication].

Office of Family Assistance. (2021). *Characteristics and Financial Circumstances of TANF Recipients Fiscal Year*. https://www.acf.hhs.gov/sites/default/files/documents/ofa/fy2020_characteristics_data_final.pdf

Office of the Mayor. (2022, June 7). *Mayor Bowser Announces $32 Million Program to Improve Child Care Supply and Help Families Return to Work | mayormb*. https://mayor.dc.gov/release/mayor-bowser-announces-32-million-program-improve-child-care-supply-and-help-families-return

OSSE. (n.d.-a). *About OSSE | osse*. Retrieved September 22, 2022, from https://osse.dc.gov/page/about-osse

OSSE. (n.d.-b). *Child Care Subsidy Program FAQ for Parents: Learn More About Eligibility for your Family!* Retrieved September 22, 2022, from https://osse.dc.gov/childcaresubsidyfaq

OSSE. (n.d.). *Child Care Subsidy/Voucher Program | osse*. Retrieved February 28, 2023, from https://osse.dc.gov/service/child-care-subsidyvoucher-program

OSSE. (n.d.). *DC Child Care and Development Fund | osse*. Retrieved March 1, 2023, from https://osse.dc.gov/publication/dc-child-care-and-development-fund

OSSE. (n.d.). *My Child Care*. Retrieved October 11, 2022, from https://mychildcare.dc.gov/

OSSE. (2021). *Draft FY 2022-2024 CCDF Preprent for Second Public Comment Period*.

Pittman, E. (2012). *Virginia Launches Online Public Assistance System*. GovTech. https://www.govtech.com/health/Virginia-Launches-Online-Public-Assistance-System.html

Population Health Institute. (2021, October 21). *Child care subsidies*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/child-care-subsidies

Population Health Institute. (2022, October 4). *Child care subsidies*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/child-care-subsidies

Schick, W. (2021, November 4). DC faces challenges in trying to overcome digital divide, expand internet access. *TheDCLine.Org*. https://thedcline.org/2021/11/04/dc-faces-challenges-in-trying-to-overcome-digital-divide-expand-internet-access/

Song, Y. (2022). Temporary Assistance for Needy Families (TANF): Caseload Data—Fiscal Year (FY) 2022. *New York*.

Sutfin, L. (2018, December 18). *Michigan's MI Bridges website wins national award honoring digital innovation*. Health and Human Services. https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2018/12/18/michigans-mi-bridges-website-wins-national-award-honoring-digital-innovation

Ullrich, R., & Schmit, S. (2019, April 25). *Inequitable Access to Child Care Subsidies*. CLASP. https://www.clasp.org/publications/report/brief/inequitable-access-child-care-subsidies/

Under3DC. (n.d.). *U3DC Child Care Subsidies Fact Sheet*.

https://under3dc.org/wp-content/uploads/2020/04/U3DC-Factsheet-Child-Care-Subsidies.pdf

Under3DC. (n.d.). Who We Are. *Under 3 DC*. Retrieved March 18, 2023, from https://under3dc.org/who-we-are/

Under3DC. (2021). *Child Care Development Resource Guide*. https://www.wearedcaction.org/sites/default/files/2021-04/Child%20Care%20Development%20Fund%20Resource%20Guide.pdf

Under3DC. (2023, March 28). STATEMENT: Bowser's 2024 Budget Proposal for Early Childhood is a Mixed Bag. *Under 3 DC*. https://under3dc.org/statement-bowsers-2024-budget-proposal-for-early-childhood-is-a-mixed-bag/

U.S. Bureau of Labor Statistics. (2023, January 25). *Multiple jobholders by selected characteristics*. https://www.bls.gov/cps/cpsaat36.htm#cps_eeann_mult_jobhder.f.1

Virginia Department of Social Services. (n.d.). *Virginia CommonHelp*. Retrieved February 28, 2023, from https://commonhelp.virginia.gov/

Washington Informer. (2022, May 26). *Bowser Launches Project to Offer Free and Low-Cost Internet Access—The Washington Informer*. https://www.washingtoninformer.com/bowser-launches-project-to-offer-free-and-low-cost-internet-access/

Weber, R. B., Grobe, D., & Scott, E. K. (2018). Predictors of low-income parent child care selections. *Children and Youth Services Review*, *88*, 528–540.

https://doi.org/10.1016/j.childyouth.2018.04.001

Zero to Three. (n.d.). *Early Learning | ZERO TO THREE*. Retrieved April 6, 2023, from https://www.zerotothree.org/issue-areas/early-learning/