



NATIONAL RESEARCH CENTER ON  
**HISPANIC  
CHILDREN  
& FAMILIES**

# Do State CCDF Policy Guidelines Differentially Affect Hispanic Families' Access and Utilization?

A Seven State Scan

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**National Research Center on Hispanic Children & Families**

# Presentation Outline



1. Background on CCDF and CCDF Utilization
2. Guiding Question
3. Methods
4. Findings from State Policy Scan

# Background on CCDF



- The Child Care and Development Fund (CCDF) is the primary federal program devoted to providing low-income working families with a child care subsidy.
- The federal government distributes money to States. States (and counties) establish their own policy guidelines for distributing subsidies.
- Funds are distributed through certificates (vouchers) or grants and contracts with providers to subsidize child care.

# Who uses CCDF?



- Approximately 8.6 million children are in families that are eligible to receive CCDF (GAO, 2016)
- CCDF served approximately 1.4 million children in (GAO, 2016)
- Compared to the eligible population, children served are:
  - Younger (66% are under age 5)
  - From families with lower levels of income
  - Less likely to be Hispanic

# Hispanic Families' Use of CCDF



- GAO found that in 23 of 44 states examined, the percentage of Hispanic children served by CCDF was lower than the percentage of children who would be eligible (GAO, 2016)
- This was true in all but one state, New Mexico (GAO, 2016)

# Guiding Question



Do state CCDF policy guidelines differentially affect Hispanic families' access and utilization?

# Selecting States

- Large Hispanic Population (#, %, Growth)
- Regional Diversity

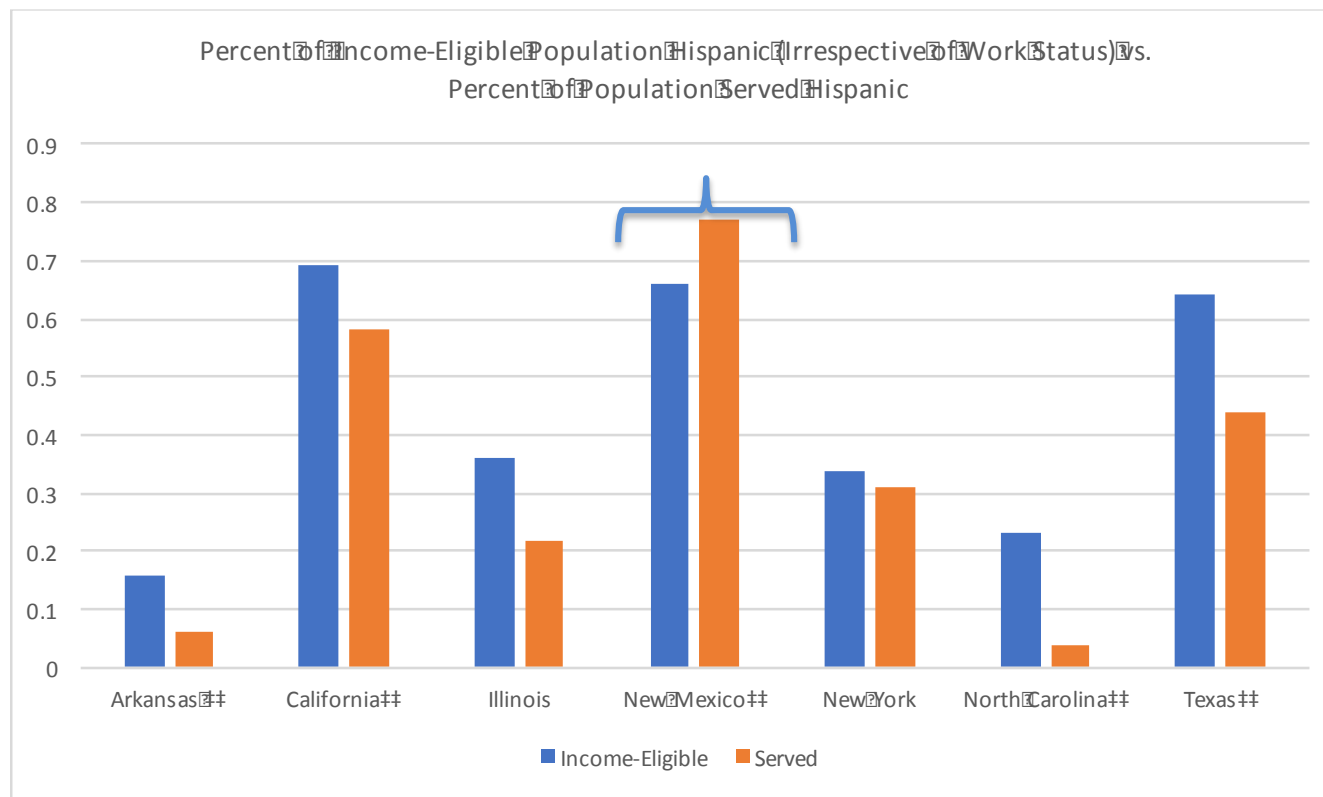


## States

1. Arkansas
2. California
3. Illinois
4. New York
5. New Mexico
6. North Carolina
7. Texas



Table 1: Percent Income-Eligible (Irrespective of Work Status) Hispanic vs. Percent Served Hispanic, 2014



‡ indicates state policy includes waiting list procedure

‡‡ families on waitlist in 2016



# Data Sources



1. [Urban Institute Policy Inventory](#)
2. State Policy Manuals
3. Investigation of the online user experience

# Types of Policy Guidelines Set by States that May Matter for Hispanic Families



- Eligibility Guidelines
  - How is work defined?
  - How is family defined?
  - Income cut-offs
- Documentation Guidelines
  - What documents must applicant provide?
  - What information does application solicit?
- Priority Guidelines
  - Which groups of families are given priority in instances of fund shortage?

# Sample of CCDF Policy Guideline Variation by State



	Arkansas	California	Illinois	New York	New Mexico	North Carolina	Texas
Is ESL an Approved Activity?	NO	YES	YES	YES	YES	NO	YES
Priority Given to TANF Recipients?	NO	NO	YES	YES	YES	YES	YES

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Guideline may facilitate utilization by Hispanic families



Guideline may constrain utilization by Hispanic families

# Sample of CCDF Policy Guideline Variation by State



	Arkansas	California	Illinois	New York	New Mexico	North Carolina	Texas
Work Hour Requirements	30 hrs/ adult in HH	No Minimum	No Minimum	No minimum (Hours of subsidized care tied to hours of work)	5 hrs/ month	No Minimum	25hrs/1P 50hrs/2P Higher if set by local board
Documentation Required to Verify HH Composition?	NO	NO	YES If claiming dependent	YES Varies by local dept.	NO	NO	NO
Does application ask for adult/HH SSN	YES	NO	YES*	YES*	YES*	Unavailable Online	YES*

# Sample of CCDF Policy Guideline Variation by State



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Guideline may facilitate utilization by Hispanic families



Guideline may constrain utilization by Hispanic families

# A Closer Look at Application Forms

# Excerpts of Texas CCDF Application



WORKFORCE SOLUTIONS  
PANHANDLE

P.O. Box 1682  
1206 W 7th Street  
Amarillo, Texas 79105  
806-372-2836

## Wait List Assessment for Child Care Services

Applicant is:	Applicant is:
<p>Check all that apply – if none apply, please leave blank and continue</p> <p><input type="checkbox"/> Currently receiving child care assistance form a different area of Texas</p> <p><input type="checkbox"/> a qualified veteran</p> <p><input type="checkbox"/> a foster youth</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> a parent on military deployment</p> <p><input type="checkbox"/> a teen parent</p> <p><input type="checkbox"/> a parent whose child has a disability</p>	<p>Check all that apply – if none apply, please leave blank and continue</p> <p><input type="checkbox"/> TANF recipient in last 12 months</p> <p><input type="checkbox"/> Parent participating in Workforce Solutions WIOA program</p> <p><input type="checkbox"/> Parent participating in Workforce Solutions NCP program</p> <p><input type="checkbox"/> Referred by WFS Partner. Please list name of Referring Agency: _____</p>

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ County: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ County: \_\_\_\_\_

City and Zip: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Msg. Number: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Hispanic or Latino ☐ Yes ☐ No

Race:  
☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

**Note:** When you are employed, we must have your employer name, hourly wage, or gross monthly salary and average number of hours per week you work.

Employer Name: \_\_\_\_\_ Gross monthly salary: \_\_\_\_\_

Rate of pay per hour: \_\_\_\_\_ Avg. # of work hours per week: \_\_\_\_\_

How often paid? ☐ Daily ☐ Weekly ☐ Every other week ☐ Twice Monthly ☐ Monthly

Training information:  
Currently enrolled at: \_\_\_\_\_ Number of semester hours currently enrolled: \_\_\_\_\_

### 2nd Parent

Name (if living in the home): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ☐ Male ☐ Female

Ethnicity: \_\_\_\_\_ Hispanic or Latino ☐ Yes ☐ No

Race:  
☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown

The Texas Workforce Commission, in partnership with 28 local workforce development boards, forms Texas Workforce Solutions. We are an equal opportunity employer/program. Auxiliary aids and services are available, upon request, to individuals with disabilities. Relay Texas (800) 735-2889 (TDD) (800) 735-2888 (Voice).

Employer Name: \_\_\_\_\_ Gross monthly salary: \_\_\_\_\_

Rate of pay per hour: \_\_\_\_\_ Avg. # of work hours per week: \_\_\_\_\_

How often paid? ☐ Daily ☐ Weekly ☐ Every other week ☐ Twice Monthly ☐ Monthly

Training information:  
Currently enrolled at: \_\_\_\_\_ Number of semester hours currently enrolled: \_\_\_\_\_

Total Household Monthly Income: What is your monthly gross (before taxes are taken out) total household income? \$ \_\_\_\_\_

What is the total Number of family members in your household? (includes child/ren eligible to receive child care services, the parents of that child living in the home, and household dependents) \_\_\_\_\_

First and Last Name of each child living in the Household	Date of Birth	*Social Security Number	Race W - White B - Black African American AI - American Indian or Alaskan Native PI - Native Hawaiian or Other Pacific Islander A - Asian U - Unknown	Ethnicity Hispanic or Latino Yes or No	Child Care Needed Yes or No	Sex M or F

Please **choose one** method of notification when funding becomes available:

☐ Please notify me by e-mail at \_\_\_\_\_

☐ Please notify me by U.S. Postal Service to my mailing address.

By signing below, I understand it is my responsibility to contact Child Care Service at 806-345-1345 if any changes to this application should occur, this includes address and phone numbers. I understand it is my responsibility to call the CCS office @ 345-1345 every 60 days to keep my name on the wait list. By not calling every 60 days, I am authorizing CCS to remove my name from the wait list.

*If you choose a relative provider, please ask for additional information and paperwork*

Name \_\_\_\_\_ Date \_\_\_\_\_

This assessment may be mailed or hand delivered to our office.

\*Social Security Number is Optional

Please visit our website @ [wspanhandle.com](http://wspanhandle.com) for Consumer Education Information.

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# Excerpts of New Mexico CCDF Application



## STATE OF NEW MEXICO DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES CHILD CARE APPLICATION

Date Received: \_\_\_\_\_

**Si necesita esta aplicación en Español dígame a la recepcionista.** Applications are processed within 15 days of receiving the completed form and required verification. Please answer all questions completely using a black or blue pen. Please print legibly.

### SECTION I - Participant Information

Your Name		Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
Physical Address /No. & Street		Mailing Address/PO Box	
City	State	Zip Code	City State Zip Code
Home Phone	Cell Phone	Language Preference	

Why do you need child care? ☐ Working ☐ Going to School ☐ Work Experience ☐ Training Program

### SECTION II - Verifications

Have you ever received child care assistance in New Mexico?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?
Have you ever received services under a different name?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Names used?

### SECTION III - List persons living in the household including yourself, adult members, all children under the age of 18 for whom you are responsible.

Household Members:	Race (See table below)	Ethnicity (See table below)	(Optional) Social Security Number	Birth Date MM/DD/YY	Gender M/F	Relationship to You	Do both parents live with child? Yes/No
Your Name							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							

# Implications for Future Studies



- This seven state scan uncovered new aspects of variation in states' CCDF policy guidelines that may differentially affect Hispanic families.
- Some aspects of CCDF implementation practices that **may facilitate** and **may constrain** eligible Hispanic families from applying.
- Whether or not the uncovered variation in policy and practice actually affects CCDF utilization, and other child care and family outcomes, remains an open question.
- The Hispanic Center is engaging in a similar review of state SNAP and TANF guidelines with the aim of synthesizing and mapping the variation to program utilization and outcomes.

# Thank you!



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