



Equal Access Components Checklist

Equal access refers to the assurance that states and territories must provide in their Child Care and Development Fund (CCDF) plans that CCDF subsidies are sufficient to ensure eligible children have the same access to child care services that are comparable to services provided to children whose parents are not eligible to receive child care assistance. Equal access is comprised of the components listed and highlighted below.

Use this checklist to evaluate progress made in addressing each component of Equal Access.: I – In Progress, C – Complete;

	Progress to Date (I or C)	Action Needed
A Choice of a Full Range of Providers is Available Across all Geographic Areas		
Gathered data regarding providers' barriers to participation.		
Considered providers' barriers to participation: <ul style="list-style-type: none"> <input type="checkbox"/> Low Rates <input type="checkbox"/> Pay practices <input type="checkbox"/> Administrative burden <input type="checkbox"/> Lack of understanding of how subsidy works <input type="checkbox"/> Other 		
Adequate Payment Rates are Based on MRS/AM and Cost of Care		
Data from a valid and reliable market rate survey or alternative methodology conducted within two years of CCDF plan, assisted in rate setting.		
Used narrow cost analysis to estimate costs to provide base-level care.		
Used narrow cost analysis to estimate costs of quality at each level.		

Base Payment Rates Support Health, Safety, Quality & Staffing		
Considers increases in base rates at least every three years.		
Considered paying providers a differential above their private rate and either adopted or rejected as a means of ensuring base rates support health, safety, quality and staffing (e.g., rates for special needs care, non-traditional hour care, infant-toddler care, etc.).		
Cost for Higher Quality Care is Addressed		
Used estimated cost of care at each level of quality to set subsidy rates for higher quality.		
Considered paying providers a differential above their private rate as a means of covering the costs for higher quality care.		
Co-payments are Affordable		
Set co-payments on a sliding fee scale based on family size/income.		
Updates sliding fee scale periodically.		
Parent co-payments are not impacted by irregular fluctuations in earnings.		
Considered lower co-payments as incentives for higher quality.		
Considered waiving co-payments for different populations.		
Co-payments do not increase during initial 12-month eligibility period.		
Collected data on whether providers charge parents more than the subsidy amount, including the size and frequency of the amount.		
If allow providers to charge parents more than the subsidy amount, it includes in its plan a rationale demonstrating that its policy promotes affordability and access.		



Payment Practices Support Equal Access		
Payments are timely because providers are: <ul style="list-style-type: none"> • Paid prospectively, or, • Paid within 21 days of complete invoice receipt 		
Payments are delinked from occasional absences because: <ul style="list-style-type: none"> <input type="checkbox"/> Pay based on enrollment, or, <input type="checkbox"/> Full pay is provided if child attends at least 85 percent, or, <input type="checkbox"/> Full pay is provided if child is absent five days/month or fewer, or, <input type="checkbox"/> An alternate approach has been approved 		
Payments are set based on generally accepted payment practices because: <ul style="list-style-type: none"> Payments are for part-time and full-time Payments are allowed for reasonable registration fees Other 		
Considered Differential Payment Rates		
Considered and established differential rates for <ul style="list-style-type: none"> <input type="checkbox"/> Geographic location <input type="checkbox"/> Age of child <input type="checkbox"/> Needs of child <input type="checkbox"/> Non-traditional hour care <input type="checkbox"/> Quality of care <input type="checkbox"/> Other 		