CARE ASSEMBLY

2026 PRACTITIONER BRIEFING

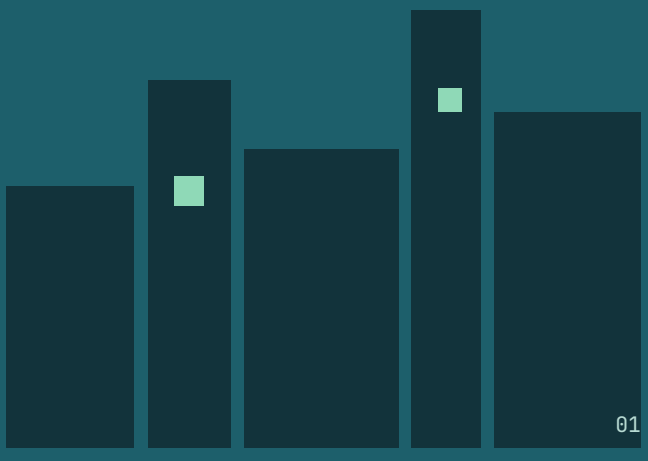
Tax-advantaged Employer-Supported Childcare

A tax advisor's guide to IRC §45F and the implementation gap

FOR CPAs AND OTHER TAX ADVISORS

Tax incentives. Practical design.

A clearer path from opportunity to implementation.



Contents

Read this as a planning guide

The briefing connects the tax rules with the operating facts needed to support a program. The examples are illustrative; footnotes identify the authorities and research behind the discussion.

A big incentive with a big implementation gap

Employer-supported childcare deserves a place in a tax advisor's benefits-planning conversation with small and medium businesses. The federal employer child care credit, IRC §45F, now covers 40% of qualified childcare expenditures, or 50% for eligible small businesses, subject to annual limits. State incentives can further improve the economics, with total recovery potentially reaching 80% or more. For a suitable client, the result can be a large employee benefit at a low net cost.[1]

Tax-advantaged childcare helps both employee and employer. For working parents with young kids, childcare often costs as much as housing. Gaps in available care lead employees to leave, or to have high rates of absenteeism. For employers, rising health insurance premiums have put pressure on compensation budgets. Tax-advantaged care programs offer a way to add a substantial employee benefit at a lower net employer cost.[2]

An employer-funded §45F program can offer employees far more than a standard dependent care FSA (i.e., a §129 DCAP funded through salary reductions under a §125 cafeteria plan). The latter lets employees spend their own wages before tax; it does not itself add employer funding. Following the expansion of the Child and Dependent Care Tax Credit, some families may actually be *worse* off using a DCFSA, which is generally mutually exclusive with the CDCTC. See our detailed analysis here (https://careassembly.com/blog/dcfsa-vs-the-new-credit).[3]

But actually harnessing the 45F opportunity is challenging. For health insurance and 401(k)s, employers can draw on a mature ecosystem of standardized plans, administrators and advisors. The expanded childcare credit does not yet offer a comparably standardized implementation path. A vendor can help with parts of the process, but provider eligibility, workforce access, contracts, payroll and tax positions still have to fit the particular employer. Clients need informed financial advisors and specialists who can connect those pieces.[4]

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[1] IRC §45F(a)–(c), (f). IRS, Employer-Provided Child Care Credit (2026 and later).
[2] First Five Years Fund, Address the Affordability Crisis by Supporting Child Care (2026). Child Care Aware of America, 2024 Price & Supply. KFF, 2025 Employer Health Benefits Survey. Moms First / BCG, The Benefit That Pays for Itself.
[3] IRC §129. IRC §125. Jake Arluck, DCFSA vs. the New Child Care Credit.
[4] Bipartisan Policy Center, §45F Frequently Asked Questions.

An opportunity within the advisory relationship

A client facing retention or attendance pressure may see childcare only as another benefits expense. The advisor can show how a well-designed program changes the after-tax cost, where that result depends on available credits, and which facts must be established before the employer commits. That is a useful extension of the planning conversation, especially when a client's benefits team has not connected program design with tax capacity.

Why this matters to employers

Child Care Aware of America reports a 29% rise in childcare prices from 2020 to 2024, versus 22% for overall prices: a 7-percentage-point gap. The First Five Years Fund highlights the pressure on families.[5] Moms First and BCG's research at five employers also documents business value from childcare benefits, including retention and attendance.

Meanwhile, KFF reports that average annual premiums for employer-sponsored family health coverage reached $26,993 in 2025, up 6% in one year and 26% over five years. That pressure makes the net cost of adding a meaningful benefit especially important.[6]

What this briefing helps you assess

This briefing connects the federal framework, state incentives and the operating facts needed to turn a statute into a working benefit. It focuses on contracted care through existing providers, while flagging the different issues raised by owning or building a facility.

Our research spans statutory text and legislative history, state incentives, neighboring benefit nondiscrimination rules and workforce-level scenario modeling. The conclusion: program design and the quality of the supporting file matter as much as awareness of the credit.

Care Assembly coordinates implementation and prepares the advisor file. The tax advisor retains responsibility for tax analysis, credit computation and return positions. Bring both into the process before the employer commits to a design.

[5] First Five Years Fund, Address the Affordability Crisis by Supporting Child Care (2026). Child Care Aware of America, 2024 Price & Supply.
[6] KFF, 2025 Employer Health Benefits Survey.

The federal framework

The federal employer childcare credit has existed since 2001 but saw almost no uptake for 25 years, due to low rates, a limited cap, and a focus on on-site care. In 2025, the OBBBA legislation greatly increased its rates and caps, and clarified that contracted care, either directly or via an intermediate entity, is eligible. The enhanced credit applies to all tax years starting in 2026 and later, with no scheduled sunset.

2026 federal parameter	General rule	Eligible small business
Qualified childcare expenditure rate	40%	50%
Qualified resource and referral rate	10%	10%
Maximum annual credit (per business)	$500,000	$600,000

The cap covers the combined credit, rather than creating separate allowances for care and referral services. The higher small-business rate depends on a modified §448(c) gross-receipts test using five years. IRS guidance gives a ~$32 million average annual gross-receipts threshold for 2026. Related entities and special gross-receipts rules require attention; headcount alone does not settle eligibility. The credit caps are inflation indexed after 2026.[7]

Several routes to qualifying expenditure

The statute distinguishes facility acquisition or construction, facility operating costs, and contractual payments for care. For the contracting route, the agreement can be with a qualified facility or with an intermediate entity that contracts with qualified facilities. Resource and referral services have their own definition and lower credit rate. These categories should be identified before a bundled invoice is treated as one credit-generating amount.[8]

A qualified facility must satisfy applicable state and local requirements, including licensing. There are also employer-specific access and nondiscrimination conditions. A provider's

[7] IRC §45F(a)–(c), (f). IRS, Employer-Provided Child Care Credit (2026 and later).
[8] IRC §45F(a)–(c), (f).

license is therefore necessary where licensing is required, but is not the entire federal eligibility analysis. A special 30% employee-dependent enrollment rule only applies if the care facility is the taxpayer's principal trade or business.[9]

State-licensed daycares and preschool facilities qualify for the credit. Home-based providers, afterschool programs, and summer camps may qualify, depending on applicable state and local rules. K-12 tuition and non-licensed care (nannies, au pairs, relatives) do not.

From statutory credit to usable tax benefit

The federal credit is part of the general business credit (§38). Current use depends on the taxpayer's limitations, other credits and tax position. The general limitation preserves 25% of net regular tax liability above $25,000; individual claimants also need to consider the alternative minimum tax. Corporate and other special rules require separate review. Unused credit generally carries back one year or forward up to 20 years, but a future credit is not cash available to fund this year's program.[10]

The no-double-benefit rule reduces otherwise available deductions or basis by the credit amount. Thus, a 50% credit plus a deduction for 100% of the same expenditure overstates the federal benefit. The worked example later in this briefing separates those effects. Capital projects also call for separate basis and recapture analysis.[11]

[9] IRC §45F(a)–(c), (f). IRS, Employer-Provided Child Care Credit (2026 and later).
[10] IRS, Form 3800 instructions, credit limits and carryovers.
[11] IRC §45F(a)–(c), (f). IRS, Form 8882; use the applicable filing-year version.

State addendum to the federal framework

State incentives can make total recovery very high for a qualifying employer. Their value varies with expenditure definitions, caps, refundability, applications and treatment of federal benefits. New York and Kansas both offer refundable employer childcare credits, but use different structures and limits. Model the combination that applies to the client, rather than add advertised rates.[12]

Some programs support recurring care; others emphasize facilities, contributions or narrower groups. Provider location, employee work location and the claimant's tax footprint can each matter.

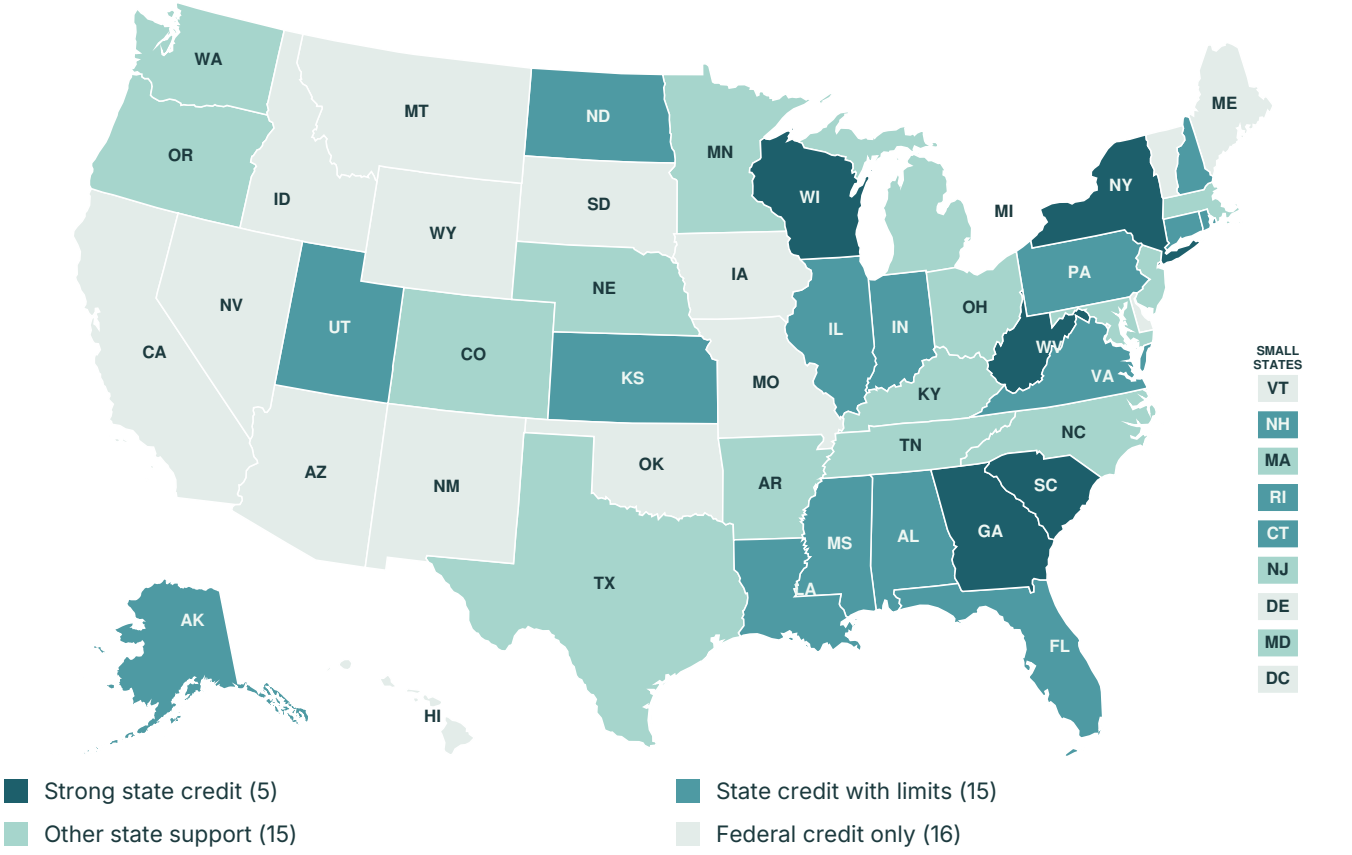


Figure 1. September 2026 landscape, matching Care Assembly's state credit map (accessed September 27, 2026). Categories include enacted future-start programs and other forms of support; they do not establish current eligibility. Confirm effective dates, law, funding and program availability.

A favorable state result can change a client's decision materially. The final model still needs to account for deduction adjustments, taxation of state benefits, timing and fees. A large nominal combined credit and a large net cash recovery are different measures.

[12] NY Department of Taxation and Finance, employer-provided childcare credit. Kansas Department of Revenue, child day care assistance credit.

Which clients warrant a closer look

Start with the workforce and the business objective, then consider the tax circumstances of the client. Key criteria are:

- Business needs. As with most tax strategies, it is seldom a good idea to let the "tax tail wag the business dog." The client should have reasons to consider childcare support - retention, recruitment, reducing absenteeism, enabling flexible work schedules, alignment with client values - separately from any tax effect.
- Headcount. The federal credit is capped at $500k/$600k per entity. 2,500 employees is thus an approximate upper bound for the full credit; if 10% of employees participate, such a company could offer up to $5,000 in support per employee (2,500 x 10% x $5,000 x 40% credit = $500,000). Conversely, there is no hard lower bound, but nondiscrimination tests may be harder to pass for very small companies if owners or senior people receive benefits (if only rank-and-file employees need care, this isn't a concern).
- Entity status. Both C-corps and pass-throughs can benefit, but they face different rules governing the maximum credit usable per year. Nonprofits usually can't benefit, unless they pay significant UBIT.
- Tax liability. The federal credit is non-refundable, so companies need material tax liability to fully benefit. This commonly excludes startups, which are usually C-corps with substantial NOLs.

Questions for a first conversation

Ask the client	Why the answer changes the analysis
Who would use the benefit, and where?	Establishes care needs, provider locations, expected participation and geographic reach.
What entities and owners are involved?	Frames aggregation, claimant identity, owner participation and the relevant workforce.
What childcare benefits already exist?	Surfaces dependent care FSA elections, payroll treatment and potentially overlapping benefits.
How much will the employer contribute?	Defines affordability, employee value, budget exposure and possible concentration of benefits.

Ask the client	Why the answer changes the analysis
Can the client use the credit?	Separates a computed benefit from current tax savings and future carryforwards.
Who will run the program throughout the year?	Identifies the operational work that must exist before the filing package can be reliable.

Small employers and owners: a strong case, but screen carefully

Owners and senior leaders who themselves use childcare may wonder if they can benefit. They often can, but the circumstances require a detailed review. Owner status, entity form, attribution and the concentration of benefits can affect different parts of the program in different ways. Whether the employer can claim a credit and whether a particular recipient can exclude the benefit from their personal income are separate questions. Section 45F requires plans not to "discriminate in favor of highly compensated employees," but unlike other benefit provisions with similar language (e.g., 401(k) plans and cafeteria plans), there is no statutory formula or safe harbor for what this means.[13]

A small firm can be straightforward when it funds meaningful care for a broadly eligible workforce. It can also be difficult when almost all expected use sits with a few owners or highly compensated employees. Broad written eligibility is useful evidence, but the advisor still needs to understand who can practically access care and who is likely to receive the money.

Timing is part of client fit

For a new program, involve the client's tax advisor and a specialist before commitments are made. Provider arrangements, funding, employee communications and recordkeeping can be designed around the required facts. A year-end search for invoices cannot establish a contractual relationship or employee-access process that never existed. For an existing program, first examine what the employer actually purchased and documented.

[13] IRC §45F(c)(2)(B)(iii) and (c)(3)(B). The statute addresses facility use or eligibility and referral services or eligibility.

Eligibility: a technical deep dive

Nondiscrimination is one of the most consequential research questions in this area. Section 45F uses the §414(q) definition of "highly compensated employee." For a calendar-year 2026 analysis, the compensation test generally looks to more than $160,000 in 2025 pay; the ownership test generally covers more-than-5% owners in the current or preceding year, including applicable attribution. Elections and special rules also matter. The statute does not import another benefit regime's numerical testing formula. It addresses both facility use or eligibility and resource and referral services or eligibility.[14]

A workforce example shows why the interpretation matters

Consider an illustrative employer with 40 employees: 10 highly compensated employees and 30 others. The same childcare contribution is offered to everyone, but six HCEs and only two non-HCEs actually use it. Written eligibility is equal, but participation is 60% versus about 7%. Those facts raise different questions depending on whether the analysis emphasizes access, actual use, or both. This is a diagnostic example, not an IRS-prescribed test or a finding that the arrangement passes or fails.

The eligibility-versus-use distinction is one reason a benefit can look simple in an employee handbook and become difficult in a tax review. Family composition, children's ages, geography and the amount employees must still pay can all affect take-up. The file should let the advisor evaluate those facts rather than substitute the phrase "available to everyone" for analysis.

What comparisons with other benefit rules can tell us

We have compared several neighboring regimes to understand where different approaches lead. Section 105(h) separates eligibility and benefits questions for self-insured medical plans. Section 125 addresses cafeteria-plan discrimination and key-employee concentration. Section 129 contains dependent-care-specific requirements, including owner concentration and an average-benefits test. Qualified-plan regulations supply more developed rules for nondiscriminatory classifications.[15]

[14] IRC §45F(a)–(c), (f). IRS, Publication 15-B (2026), dependent care assistance. IRC §414(q).
[15] IRC §129. IRC §105(h). IRC §125. Treas. Reg. §1.410(b)-4.

Those comparisons are useful for stress-testing a design, but do not directly apply to 45F. Definitions of favored employees, testing populations and consequences of failure differ. Even selecting the population can matter: a local provider near one office looks different when considered against that office or against an entire commonly controlled workforce.

A recent development belongs in the analysis

Treasury and the IRS published proposed dependent-care nondiscrimination regulations in 2026 under REG-101355-26. Among other subjects, the proposal addresses the §129 average-benefits test and corrective measures. It is proposed guidance with its own applicability and reliance provisions. It does not itself supply a §45F testing safe harbor. A current analysis should consider it without treating the two regimes as interchangeable.[16]

The practical implication is to examine the census, eligibility rules and expected participation before launch, then monitor actual experience. Because the §45F facility condition sits within the definition of a qualified facility, its significance extends beyond the tax treatment of an individual highly paid participant. The tax advisor should receive both the facts and the unresolved questions, with any specialist legal advice addressed separately.

[16] Treasury / IRS, proposed REG-101355-26, 2026-37 I.R.B. (not final guidance).

Payments, contracts and employee tax treatment

The transaction has to match the claimed category

A general childcare stipend, a reimbursement arrangement, a referral subscription and a contract for care can all help employees. They do not automatically have the same tax treatment. Start by identifying the employer's legal obligation, the service being purchased, the recipient of each payment and the contractual path to the care provider.

A coherent supporting file connects the agreement, the qualified provider, the care period, the employer's expenditure and evidence of payment. It also distinguishes the employer's contribution from employee payments. The statutory fair-market-value limitation makes the distinction between the price of care and separate administration especially important. A fee does not become qualified childcare expenditure merely because it appears on the same invoice.[17]

Our implementation approach makes provider coordination, documentation and the advisor handoff explicit parts of the engagement. The particular agreement and payment arrangement still need to fit the facts. Benefits-law, employment-law and payment-handling questions should be addressed by the appropriate advisors where the design raises them.

From bespoke plans to a standard benefit

The 401(k) offers a useful historical parallel. A provision in the Revenue Act of 1978 opened a path that benefits practitioners developed into salary-deferral retirement plans; IRS guidance in 1981 helped adoption accelerate. Its eventual role was an unintended evolution, not a fully formed retirement system designed at enactment. Early plans required hands-on design and implementation, employer by employer. Today, 401(k)s are a pillar of retirement saving for millions of middle-class households, with $10.8 trillion in assets as of June 30, 2026. Employers can buy standardized plans with integrated payroll, recordkeeping and administration.[A]

The expanded §45F opportunity may follow a similar path. In 20 years, an employer-supported childcare program could be as routine to implement as a 401(k), with competing providers offering turnkey services. That is a possibility, not a forecast. Section 45F itself dates to 2001; the early phase today is the implementation market around its expanded 2026 rules. For now, provider relationships, contracts, access, payroll and tax documentation still require coordinated, employer-specific work.

[17] IRC §45F(a)-(c), (f).

[A] EBRI, The Rise of the 401(k) Plan (2018); ICI, Q2 2026 Retirement Market Data; Gusto/Guideline, payroll integration.

Employee exclusion and employer credits are different

Whether the employer can receive business tax credits under §45F and whether the employee can exclude benefits from taxable income are separate questions. Section 45F has no per-employee cap; a small but high-income firm could spend $40,000 on each eligible employee's care, as long as all other program requirements were met. But amounts above the employee's exclusion limit would increase the recipient's taxable income.

Section 129 governs the employee's income exclusion for qualifying dependent care assistance (DCAP). For 2026, the general annual ceiling is $7,500 ($3,750 for married filing separately), with earned-income and other conditions. Employer-funded assistance and salary-reduction dependent care benefits must be coordinated against the applicable limit. Funding sources do not create independent exclusion allowances.[18]

For example, assume an employee has $5,000 of dependent care FSA benefits and receives another $5,000 of employer-funded care in the same year. If the benefits otherwise meet the DCAP exclusion requirements, $7,500 is excluded from income, while the remaining $2,500 is taxable and subject to applicable payroll taxes. Payroll needs this information before year-end reporting.

Owner treatment deserves its own review. Section 129 and the fringe-benefit rules can treat some self-employed individuals differently from ordinary payroll assumptions, while S corporation shareholder rules introduce further distinctions. The interactions between established DCAP testing and §45F are complex.[19]

Specify the outcome before communicating it

The employer should know the expected net cost; employees should know the contribution they receive and possible tax treatment. A promise of "tax-free childcare" can overstate the employee result even when the employer credit is supportable; employees should be aware that taxable care benefits may affect their take-home pay or tax balance. Likewise, an employee-side exclusion does not prove that the employer's payment qualifies for §45F.

This coordination is part of the implementation gap. Enrollment, payroll and tax preparation may sit with different organizations. Someone needs to reconcile their assumptions and maintain a consistent record throughout the year.

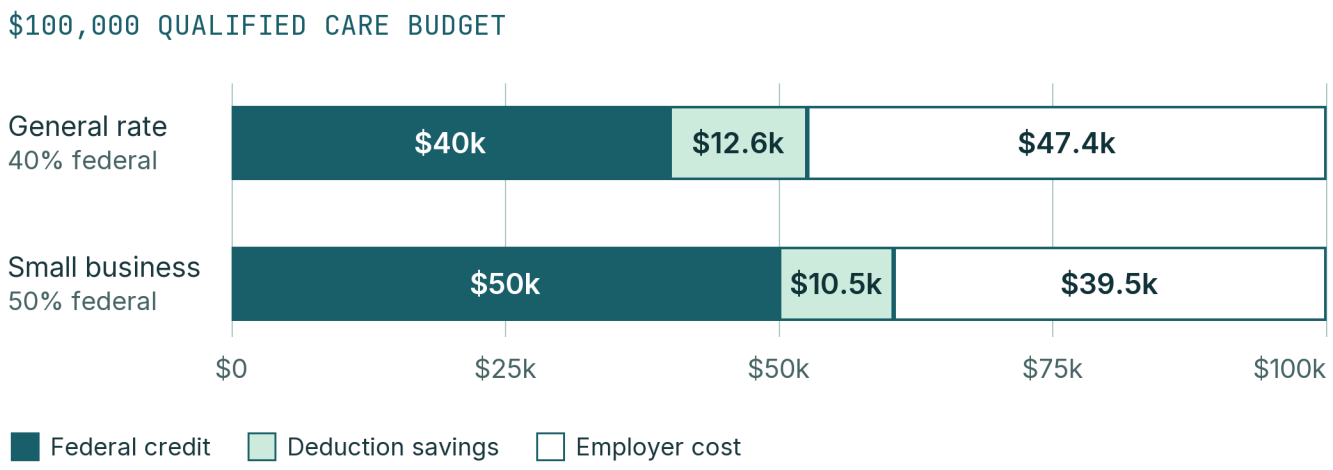
[18] IRC §129. IRS, Publication 15-B (2026), dependent care assistance.

[19] IRC §129. IRS, Publication 15-B (2026), dependent care assistance. IRC §125.

Two worked examples of employer economics

Example 1 | Federal credit only

Assume a C corporation pays $100,000 for qualified contracted care and can use its full federal credit in the current year. There is no state income tax or credit. The residual expense is deductible at the standard 21% federal rate, no cap is reached, and all eligibility requirements are satisfied. Compare the general rate with the eligible-small-business rate. This is an illustration, not a client result.

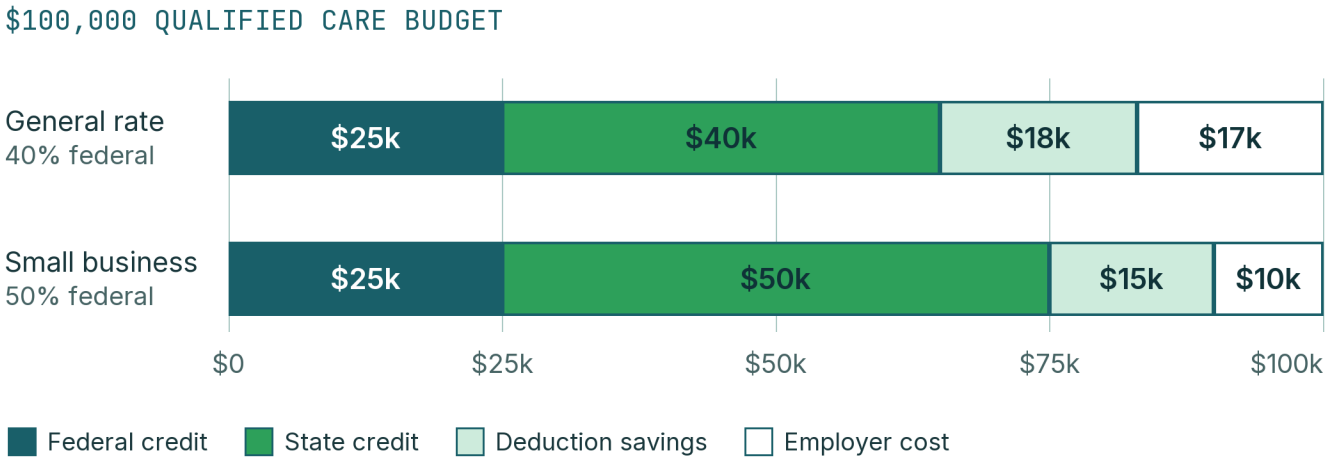


Federal care economics	40% rate	50% rate
Employer care expenditure	$100,000	$100,000
Federal credit determined and used	$40,000	$50,000
Remaining deductible expenditure	$60,000	$50,000
Tax saving on remaining deduction	$12,600	$10,500
Net care cost after federal tax benefits	$47,400	$39,500
Care ‘leverage’ (employee benefit / net employer cost)	211%	253%

The overall effect is remarkable - employees get more than $2 in their pocket for every $1 the employer spends on net - but the details matter. The example assumes the assistance is excludable from employee income. If all $100,000 were taxable wages subject to both employer Social Security and Medicare taxes, employer FICA alone would add $7,650 before any deduction benefit; actual payroll costs depend on employee-level facts.[20]

Example 2 | A state credit, plus a limited federal credit

Assume an S corporation pays $100,000 for qualified care. Its owners can use only $25,000 of federal credit this year after their individual limitations. In this hypothetical state, the full state credit equals the federal credit determined before those limits. Assume the owners pay 30% marginal tax between federal and state. The illustration isolates credit utilization; it does not model additional tax effects of receiving the state credit and is not a claim about any named state.



[20] IRS, Publication 15-B (2026), dependent care assistance.

Federal + state care economics	40% rate	50% rate
Employer care expenditure	$100,000	$100,000
Federal credit determined	$40,000	$50,000
Federal credit usable in current year	$25,000	$25,000
Deductible cost after federal credit adjustment	$60,000	$50,000
Tax saving on remaining deduction (30% marginal)	$18,000	$15,000
State credit determined and claimed	$40,000	$50,000
Simplified current-year cost before state adjustments	$17,000	$10,000
Care benefit / simplified current-year cost	588%	1,000%

The simplified current-year recovery is 83% or 90%, before state-credit tax adjustments, administration and any payroll costs. The remaining $15,000 or $25,000 federal credit is not counted as current cash savings. A real state model must resolve whether the state benefit reduces deductions or increases taxable income; those effects can materially change the result.[21]

The largest sensitivities

Credit utilization. If the employer cannot currently use the full credit, the cash benefit is delayed or reduced under the applicable limitations. The deduction adjustment follows the credit determined; it should not simply be ignored while a credit is carried forward. Model the timing of both effects.[22]

State treatment. State incentives may lower net cost substantially further. Apply the actual state rules and any resulting federal and state adjustments. A stacked percentage is not the final after-tax answer.

Employee treatment and business outcomes. Payroll costs or a decision to gross up taxable assistance can increase the employer's cost. Retention and attendance benefits may add value, but should be modeled separately using client evidence. None is assumed in the tax figures above.

[21] IRC §45F(a)–(c), (f). IRS, Form 3800 instructions, credit limits and carryovers.
[22] IRC §45F(a)–(c), (f). IRS, Form 3800 instructions, credit limits and carryovers.

Making the program work alongside the tax advisor

A strong specialist relationship makes the client easier to advise. The tax advisor contributes judgments that are already central to the tax relationship: entity and owner treatment, available tax capacity, timing, deduction adjustments and the interaction with payroll. A benefits broker can help with benefit selection and vendor fit; those services do not, by themselves, resolve a client's tax position. The employer also needs an operator responsible for the recurring tasks that produce a reviewable file.

A familiar analogy from specialist credit work

Many accountants and other tax advisors already work with specialist firms for technical work that sits alongside the core tax engagement. KBKG and Source Advisors, for example, publicly describe practices that include R&D credit work and other incentives. Their services illustrate the model of focused expertise complementing a generalist advisor; the names here are examples of that model, not endorsements or claims of a relationship.[23]

Childcare adds a continuing operating requirement. Someone must coordinate providers, enrollment, program terms, payments and changes in participation. Even a well-supported credit study cannot substitute for that work. The right comparison is therefore broader than "who can calculate the credit?" It is "who will help the employer create and maintain the facts that support it?"

[23] KBKG, About Us. Source Advisors, Services.

Care Assembly implementation work	Tax advisor responsibilities
Assess workforce needs and collect program facts	Determine tax eligibility and identify necessary specialist review
Coordinate participating providers and program documentation	Evaluate legal structure, tax classification and return positions
Organize enrollment records and monitor operating changes	Evaluate relevant nondiscrimination and employee tax requirements
Reconcile care costs, separate fees and assemble support	Compute credits, apply limitations and prepare filings

What the tax advisor should expect in the handoff

A practical package includes the program description; relevant agreements; provider qualification records; employee eligibility and participation information; an expenditure ledger separating care from other services; invoice-to-payment reconciliation; and a concise issues list. Payroll coordination should identify benefits requiring employee-level reporting. Detailed contract templates and client-specific analyses belong in the engagement itself.

Consider starting with one plausible client

A useful first step is a bounded feasibility review for one plausible client, scoped alongside tax planning. Begin with the entity and ownership profile, workforce locations, existing care benefits and annual budget. The advisor can then test current-year credit capacity, compare a small set of funding scenarios and identify payroll or eligibility questions requiring further work. The output is a concise decision memo: proceed, redesign or defer. Detailed employee information can follow through an agreed secure process.

Care Assembly’s role is to help turn the opportunity into an operating benefit and an organized file for review. The tax advisor keeps the advisory relationship and the tax judgment. That division makes it possible to offer the client something useful without requiring the firm to build a childcare administration practice.

Contact us: jake@careassembly.com

Further reading

Practical guides and employer evidence

These resources complement the short authorities cited at the bottom of each page. They offer implementation context, market evidence and questions for a client discussion.

Bipartisan Policy Center

45F Employer-Provided Child Care Credit: Frequently Asked Questions. A practical starting point for employer eligibility, contracting and state coordination.

First Five Years Fund

Child care affordability research and policy analysis, including its 2026 affordability brief.

Moms First and Boston Consulting Group

The Benefit That Pays for Itself. Findings from five employers on the business case for childcare benefits; outcomes depend on the employer and program.

Child Care Aware of America

2024 Price & Supply. National and state-level context on childcare prices and availability.

KFF

2025 Employer Health Benefits Survey. Context for discussing childcare alongside the wider benefits budget.

Jake Arluck

DCFSA vs. the New Child Care Credit. An illustration of family-level tradeoffs when evaluating benefit designs.

Filing and technical reference

IRS guidance for 2026 and later explains the enhanced employer credit. Pair it with IRC §45F, current-year Form 8882 and Form 3800 instructions; use IRC §129 and Publication 15-B for employee and payroll treatment. Statutory text controls over shorthand summaries, and proposed regulations are identified as proposals in the footnotes.

About this briefing

Research map. The figure follows Care Assembly's September 2026 state credit map, accessed September 27, 2026. It is a comparative screening framework; confirm current state law, effective dates, funding and eligibility.