Child Care Provider CCPP State Plan Talking Points

* **We urge DHS to implement a universal 90-day presumptive eligibility period and to allow self-attestation of eligibility as an allowable minimum verification in the State Plan, as made allowable by the 2024 CCDF Final Rule**
* **We urge DHS to eliminate co-pays for all families with income at or below 150% of the federal poverty guidelines without reducing payments to CCPP providers, as allowed by the 2024 Final Rule, and we applaud DHS for setting current co-payment amounts that are under the newly required 7% of income cap**
* **We urge DHS to transfer the full 30% allowable TANF transfer, approximately $26 million, from federal TANF funds to CCPP discretionary funds each federal fiscal year in perpetuity and to draw down unobligated federal TANF funds ($145.9 million in FY 2022) to prevent a reduction in CCPP services following increased costs based on new policies**
* **We applaud DHS for adopting enrollment-based reimbursement to strengthen Mississippi’s child care delivery system during the Pandemic and continuing this practice, helping child care providers serving low-income families stabilize revenue and business operations**
* **DHS SHOULD NOT issue grants or contracts using CCDF funds until all existing capacity in CCPP centers is filled. We urge DHS to establish a transparent and equitable process for applying for grants and bidding on contracts funded through CCPP, as required by the 2024 CCDF Final Rule. DHS should NOT use grants and contracts to create a parallel CCPP system. Grants and contracts should ONLY be used for direct child care services for families who are also eligible for CCPP and CCPP providers should be eligible to apply. We urge DHS to take advantage of the federal planning waiver to assess current unused CCPP capacity and specific unmet child care needs.**
* **We urge DHS to make participation in the CLASS quality rating system voluntary for CCPP providers, NOT mandatory; We urge DHS to invest in child care wage increases, training and professional development of the child care workforce as the primary quality improvement activity; If CLASS is implemented, we urge DHS to provide funding for participating CCPP providers to invest in strategies to achieve badges and enhanced reimbursement rates under the CLASS rating system; We urge DHS to allow providers to self-assess and determine quality improvement needs**
* **DHS should expand documentation accepted for determining child disability status for purposes of CCPP eligibility and enhanced reimbursement rates**
* **We urge DHS to create alignment between CCPP and workforce development and education programs by creating categorical eligibility for certain populations, such as granting CCPP eligibility for single moms enrolled in WIOA-funded or public community college programs**
* **We urge DHS to adopt a strategy for implementing child care apprenticeships as a strategy for assisting CCPP child care centers in recruiting and retaining additional needed staff.**