MISSISSIPPI LOW-INCOME CHILD CARE INITIATIVE

ADVOCACY TOOLKIT
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Those of us who work in Mississippi’s child care subsidy system know that low-income working parents – especially single moms – need affordable child care and that the providers who serve these moms struggle financially. We know that when we work together we can make change in the child care system happen. This toolkit is designed to support our work to make this system better and stronger for moms and the providers who serve them.

The Mississippi Low-Income Child Care Initiative has worked with child care partners since 1998 to improve Mississippi’s child care subsidy program for moms and providers. In August 2018, MLICCI organized the Child Care Leadership Team to identify the most critically needed reforms in Mississippi’s child care subsidy system and work together to advance our reform agenda. This toolkit is designed to guide and support the efforts of the MLICCI Child Care Leadership Team.

In this toolkit, you’ll find information about Mississippi’s child care subsidy program, its funding streams and overall child care policies, as well as information about decision makers and strategies for impacting those decisions. In addition, we provide tools to make our advocacy efforts more successful.
Here are a few examples of improvements we’ve won by working together over the years:

- Met the state match for the federal Child Care and Development Fund.
- Increased the state’s use of TANF funds for child care.
- Made the state provide copies of its child care plan to the public prior to federally required public hearings.
- Made copies of the Child Care Policy Manual available to the public without their having to resort to filing a Public Records Act request.
- Made providers able to choose the holidays when they’re reimbursed based upon their parents’ schedules, rather than official state holidays.
- Established a recourse process for parents and providers in the child care subsidy program.
- Established a fair hearings procedure with due process to address grievances.
- Made providers able to assist their parents who need help with their child care subsidy applications.
- Won the elimination of middle-management regional child care administrators from the operation of the child care subsidy program.
- Extended the redetermination of eligibility from every 6 months to once per year.
- Extended the 12 months eligibility to full-time students and TANF clients.
- Eliminated the fingerscanning policy.
- Eliminated the state quality rating system, a process that was inequitable and expensive and thus harmful to low-income child care providers.
- Eliminated the harmful proof of residency policy.
- Made health and safety training available online, to make it easier for child care workers to complete.
- Extended the deadline to become a “standard” center.
... BUT WE STILL HAVE A LONG WAY TO GO

As the list on the previous page illustrates, we can achieve real results when we work together – but we still have much work to do to make the child care system work best for moms and providers. Achieving that goal is the work of the MLICCI Child Care Leadership Team (CCLT).

We see every day the reasons why low-income working single moms need affordable child care. Single moms in Mississippi work. In fact, they participate in the workforce at greater rates than any other demographic – but their families are the poorest, and their wages the lowest.

The reasons for this are myriad and interconnected. Single moms in Mississippi are often stuck and clustered in low-paying jobs with little flexibility. They rarely have maternity or paid family leave. Often, they jeopardize their jobs merely by receiving calls at work about their children, leaving them unable to address from their job site problems with a sick child or issues with child care. Meanwhile, nearly half our state’s children live with single parents or caretakers, the vast majority of whom are single moms. So, the need for affordable child care is not only urgent but also widespread.

At the same time, child care providers who serve these parents need adequate revenue to finance their centers’ operations. Providing child care services is expensive. Labor, facility, educational and operational costs require significant revenue. The higher the child care standards, the higher the costs to provide child care services that meet these standards. This leads to expensive child care fees. High child care fees are unaffordable for everyone, but especially for low-income, working single moms.

**CCPP - Child Care Payment Program**

Mississippi has a program that helps. It is the Child Care Payment Program (CCPP), funded primarily through a federal block grant, the Child Care and Development Fund (CCDF).

CCPP provides full-day, full-year child care and serves working parents below 85% of Mississippi’s state median income (SMI). The Mississippi Department of Human Services provides a chart on its website that shows the income levels by family size that fall below 85% of SMI (see page 28 for link). For example, a single mom with two children is eligible for CCPP up to annual earnings of $43,685. (Since most jobs in Mississippi are low-paying, approximately two-thirds of our workers fall into this eligibility category.) CCPP serves children birth to age 12, and allows parents to choose their provider. CCPP offsets the cost of child care based on a sliding fee scale set by DHS. When parents get assistance through CCPP it is a big – in fact, the biggest – financial benefit a low-income family can receive because CCPP vouchers significantly lower the cost of child care. For example: a mom earning minimum wage who has one two-year old child would pay $480/month for child care, but if she is on CCPP she will only pay the $73.33 copayment fee (see link to fee scale on page 28).

CCPP also generates revenue that providers need. Participating providers serve children eligible for CCPP and are paid monthly. Even though CCPP only pays 75% of Mississippi’s market rate for child care (see page 28 for a link to reimbursement rates), it makes up a significant portion of revenue needed by providers for operation.

Despite its enormous financial benefit to low-income families, and necessary financial benefit to providers, there are multiple challenges with CCPP:

- Too few eligible parents who need affordable child care are served by CCPP. Most recent numbers show that more than 112,000 children in Mississippi qualify for CCPP, yet the state’s Department of Human Services (MDHS) currently reports serving only 19,800 - about 18% of our state’s eligible children.

- Providers serve lots of parents who qualify but can’t get on CCPP. DHS currently reports no children on the CCPP waiting list, but in April 2019, MLICCI survey respondents reported they had 3,831 children on their waiting list.

- Limited reimbursement from CCPP and parents’ inability to pay limit provider revenue. The current level of reimbursement set by MDHS is 75% of Mississippi’s market rate for child care. A May 2018 MLICCI report identified the subsidy “density rate” for providers participating in the CCPP program to be 30%, and parents without CCPP have trouble paying the full fee.

Mississippi also has pre-K (for 4 year olds) and Head Start (for 3 and 4 year olds) and Early Head Start (for birth to 3 year old children) programs. However, these are usually not full-day programs and are most often closed in the summer. Thus, these are not good child care solutions for low-income working moms because they don’t cover work hours, days and months.
• Getting onto CCPP and staying on CCPP can be procedurally difficult. The DHS CCPP Policy Manual lays out the application and redetermination process.

• Single parents must meet a child support requirement. They are required to initiate legal action for child support against the absent parent in order to qualify for CCPP. This is not required in pre-K, Head Start or Early Head Start, and it is a deterrent for those seeking the child care services moms need in order to work.

• There are huge gaps in the program for moms moving from TANF to Transitional Child Care (TCC) to CCDF. Some parents on TANF automatically received CCPP assistance and are generally required to meet a work requirement. But when they get a job (typically at minimum wage), they are no longer income eligible for TANF, and TCC is limited to 24 months, so they have to reapply to get onto CCDF child care where there is often a waiting list.

• Parents and providers who use CCPP aren’t included in building CCPP policies. DHS and the State Early Advisory Council of Mississippi (SECAC) turn to other entities in the state for input and policy development, but not to those with the most expertise in CCPP: those who use it. When CCPP users are not included, policies emerge that don’t work or create obstacles or unintended barriers or set out to improve “quality” using methods that harm more than help.

For all these reasons, and many others, CCPP needs to be improved to make it work better for parents and providers. Parents need CCPP to be easy to apply for, and easy to keep once they have it. Providers need CCPP to reimburse adequately to support financial stability. More eligible parents need to be served, and the more who are served, the more who will be able to work toward economic security.

The only way to achieve these improvements is for all of us to work together strategically to press for these improvements with the right decision makers. The MLICCI Child Care Leadership Team (CCLT) is this group of parents and providers pushing for these improvements. This toolkit will provide the tools to do this.

In focus groups for our May 2018 report, The Mississippi Child Care Policy Imperative (see link to report on page 28), parents and providers shared why CCPP child care assistance is so important. Parents consistently and emphatically indicated that without child care assistance, very few parents would be able to afford child care, and many would be unable to work. Further, their responses reflected the personal stress related to not having safe care for their children. The following reflects the lived experiences of parents when they do not have needed child care:

• "If you don’t have it, it is very stressful."

• “It is detrimental to your health; you cannot sleep, eat, or think straight because you are stressed trying to make the situation work to benefit you and your children.”

• “Having a reliable place for your children is important to being able to keep a job.”
Parents noted that, in addition to providing childcare services, the centers are a tremendous resource addressing the challenges they encounter. Centers nurture and take on the added responsibility of assisting and guiding parents through the CCPP redetermination process. Providers also frequently help parents by responding to observed needs. Providers routinely purchase shoes, socks, coats, hats, wipes, diapers, underwear, t-shirt, sweaters and other essentials that children need when parents are unable to provide them.

For centers serving low-income families, the redetermination process has a tremendous effect on financial stability. When parents lose their childcare assistance, providers experience a corresponding drop in revenue for their small business. If this drop is significant, centers close because they can no longer afford to operate due to their loss of certificates. The following reflects how some of the child care providers experienced the drop in certificates during the eligibility redetermination process of 2017:

- A provider shared that she had 17 children taken off the program at one time.
- Another provider previously had two buildings and 169 children on vouchers; now she has 15 children. She lost 50 children in just a couple of months.
- A provider used the term “horrible” to describe the impact of eligibility redetermination on her center. She talked about how providers operate from a “heart standpoint,” but she now must operate from a business standpoint. In 2015, she grossed $178,000; in 2016 it was decreased to $155,000. In 2017, she experienced a $78,000 drop in revenue because of a loss of certificates, the lowest revenue at which her center had ever operated.

**IMPACT OF CHILDCARE ELIGIBILITY REDETERMINATION ON PARENTS, PROVIDERS AND THE STATE**

<table>
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<tr>
<th><strong>PARENTS</strong></th>
<th><strong>PROVIDERS</strong></th>
<th><strong>STATE</strong></th>
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<tr>
<td>Loss of access to needed childcare assistance, an essential work support.</td>
<td>Significant decrease in enrollment resulting in significant revenue decline.</td>
<td>Weakened childcare infrastructure.</td>
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<tr>
<td>Having to make choices between child’s safety and care and the need to work.</td>
<td>Financial instability and unpredictability as a result of significant decrease in primary revenue stream.</td>
<td>Potential for lack of childcare access to become a work disincentive, which is contrary to CCDF purpose and intent.</td>
</tr>
<tr>
<td>Work interruption.</td>
<td>Loss of prior quality improvement incentive.</td>
<td>Forketure of unused childcare assistance funds.</td>
</tr>
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<td>Loss of employment.</td>
<td>Sense of helplessness.</td>
<td>Low subsidy usage by a CCDF high priority group.</td>
</tr>
<tr>
<td>Reduced access to and retention of childcare certificates.</td>
<td>Generalized distrust, confusion and frustration with the childcare subsidy system.</td>
<td>Loss of state general fund revenue.</td>
</tr>
<tr>
<td>Loss of an essential social support function provided by childcare providers.</td>
<td>Increased reliance on public assistance.</td>
<td>Increase in unemployment.</td>
</tr>
<tr>
<td>Increased reliance on public assistance.</td>
<td>Lack of self-efficacy in fulfilling the parental role.</td>
<td>Increase in number of unserved eligible children.</td>
</tr>
<tr>
<td>Lack of self-efficacy in fulfilling the parental role.</td>
<td>Generalized confusion, distrust and frustration with the childcare system.</td>
<td></td>
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<tr>
<td>Sense of Helplessness.</td>
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</table>
Childcare centers used multiple strategies to handle the loss of childcare subsidies. These strategies were born first out of a genuine desire to help the families and children with whom they had developed a bond. Secondly, the necessity of finding a way to maintain their small business during a period of severe revenue decline was a natural motivator. The following are some of the strategies shared during the focus groups:

- Providing fewer services, such as picking up from fewer feeder schools.
- Reducing operational cost, such as lowering energy usage.
- Cutting back on center staff.
- Alternating in paying monthly bills.
- Increasing the number of older children served.
- Using personal income to supplement center operation.

One provider summarized how centers are surviving: “On a wing and a prayer, God has kept centers going.” Another echoed this sentiment by saying, “We are making it by the grace of God. We rob Peter to pay Paul.”

Despite the significant impact on their own livelihoods, there was general agreement among the providers that changes in the eligibility determination process adversely affected children more than anyone else because “children are the ones who are not receiving the care they need.” The participants expressed empathy for the children at their centers and their desire to help them in whatever way possible.

Providers simply cannot make their child care businesses work with reimbursement rates at only 75% of the state market rate, and only 30% CCPP density, and parents with limited ability to pay. Providers report they cannot afford to pay wages high enough to keep staff, especially once they’ve obtained credentials or higher levels of education.

MLICCI CCLT will make this system work better for both parents and providers. As Marian Wright Edelman of the Children’s Defense Fund says, “No mom should have to choose between the job she needs and the child she loves.”
The Child Care Payment Program (CCPP) is funded primarily through the Child Care and Development Fund (CCDF), a federal block grant. MLICCI released an extensive report in October 2018, “Mississippi’s CCDF at 20,” that offered a thorough review of how Mississippi has used Child Care and Development Funds over its 20-year history. This report includes information about how much money Mississippi has received in CCDF each year, how much CCDF and TANF money Mississippi has used for child care during each of the last 20 years, how many children were served and what policies were in place.

The report chronicles Mississippi’s policies over the history of CCDF in the areas of eligibility, reimbursement rates, priority populations, and quality initiatives. It also reports on changes in the priority populations, as well as in approaches to quality improvement each year over the 20-year history. Below and on the following pages is some of the data included in the report.

The report found that there is currently an enormous unmet need among eligible families (see chart below). In addition, caseloads vary from year to year. Why? Policies impact the variations; state and federal data methods result in variations; and expenditure priorities results in variations.

Further, as you’ll see on the chart on the next page, waiting list numbers have also varied widely over the years.
Despite a huge unmet need and large waiting lists, Mississippi has spent far more on “quality improvement” activities than required by CCDF regulations:
The report concludes:

Many changes have occurred in Mississippi’s CCDF program over the years. This report shows that expenditure decisions and policy decisions greatly influence how many working parents and children are receiving assistance at the end of the day.

While the report offers many findings about CCDF in Mississippi, we attempt to lift up one fundamental observation: that is, when Mississippi spends more on direct services, it serves more children, and more parents can work or attend training or education. When the state increases spending on non-direct services, when it makes mass policy change or drastically reconfigures programs without adequate consideration of the end-user experience of CCDF, the number of children served tends to reduce.

While the state’s CCDF program has been no stranger to redesign and revamping through the years, here’s what hasn’t changed in Mississippi through all of this, since the 1998 CCDF Final Rule went into effect:

• The rate of single moms at or below poverty who can’t afford child care and need to work and gain skills to earn a living wage hasn’t changed.
• The number of young, low-income children who live with a working parent hasn’t changed. The number has hovered between 100,000 – 110,000 for many years.
• The percentage of young, CCDF-eligible low-income children actually served has remained extremely low. It has hovered between 10%-20% for years.
• The race and ethnicity of those Mississippian who participate in CCDF hasn’t changed since this data has been collected and made available. Over the life of Mississippi’s CCDF program, about 9 out of every 10 children served by the state are African-American.

The Child Care and Development Fund is actually three grants: matching, mandatory and discretionary. As a federal block grant, CCDF is created and funded by Congress. Mississippi’s elected members of the U.S. House of Representatives (Bennie Thompson, Steven Palazzo, Trent Kelly and Michael Guest) and Senators (Roger Wicker and Cindy Hyde-Smith) vote on the federal rules and the amount of money for CCDF. (Contact information for elected officials is included in Appendix C.)

In 2018, Congress increased funding for CCDF by $2.4 billion, the largest increase in history. This increase resulted in Mississippi receiving $32,697,000 more in funding for CCDF child care. Congress has to vote every year to maintain (or change) this level of funding for CCDF.
CCDF was reauthorized by Congress in 2014. These new rules require states to do several things, including:

• Increase spending on “quality improvement” activities from 4% of the block grant to 9%;
• Implement systems that measure quality improvement in the CCDF program;
• Allow all parents to keep their child care assistance for 12 months;
• Requiring certain health and safety training for all CCDF providers.**

Though some rules are set by Congress, the block grant structure yields most rule-making to the states. In Mississippi, this has too often resulted in rules that obstruct access and retention of services.

Governors assign CCDF to a state lead agency. In Mississippi that agency is the Mississippi Department of Human Services, or “DHS.” DHS makes the rules in the CCDF program. It is important to note that the Governor appoints the head of DHS so the political context for CCDF is shaped by the opinion and agenda of the Governor.

If the Governor wants CCDF to fare well, it will. If the Governor doesn’t know about or care about CCDF, or doesn’t support CCDF, it will not fare well. This makes it extremely important to communicate about CCDF with gubernatorial candidates, and then continue to lift up the importance of CCDF with the governor after the candidate is elected and takes office. In Appendix B we have included talking points we have used with gubernatorial candidates in this 2019 election cycle. We encourage you to take this to use in future communications with the new Governor to promote improvements in CCPP.

States are required to write CCDF state plans every three years and to hold public hearings on these plans. Plan templates are provided to states by HHS. Mississippi’s current state plan is 314 pages long and covers the Federal Fiscal Years 2019-2021. (See link to plan on page 28).

Based on these state plans, DHS creates a child care policy manual every year that includes specific rules for parents about how to apply and make it through redetermination, and for providers about how to participate and get reimbursed for services. A copy of the current child care policy manual is on the DHS website and a link is provided on page 28.

**TANF: Temporary Assistance for Needy Families**

TANF is a federal block grant to states for those on or at risk of going on welfare. TANF requires adult recipients – almost all of whom are moms – to meet certain work requirements. For those moms who need child care in order to meet TANF work requirements, DHS funnels those moms through the CCPP. Child care services for these moms can be paid by TANF and/or can also be paid by CCDF. DHS has opted to fund this child care some years with TANF and some years with CCDF and some years with a combination of TANF and CCDF.

TANF is a separate funding stream and a separate program from CCDF, but they interact in important ways. TANF can be used for child care in two ways: 1) states are allowed to transfer up to 30% of their TANF grant out of TANF and into CCDF. When states do this the funds become CCDF funds, meaning they have to follow the CCDF rules. Here’s how Mississippi has done this over the years:
2) states can spend funds directly out of TANF on child care. This direct spending can be in addition to the transfer. Here’s how Mississippi has used TANF funds directly for child care over the years:

MLICCI believes that more TANF money can and should be used for child care (transferred and spent directly) to serve more moms who need child care assistance.

Mississippi guarantees child care assistance to moms on TANF, as well as during the 24 months while they are transitioning off TANF (through TCC). While this is helpful to moms on TANF, the transition off TANF child care requires that moms apply to CCDF child care, and this creates an enormous gap in service.

In MLICCI’s child care policy report, “The Mississippi Child Care Policy Imperative,” focus group participants describe this problem:

Parents on TANF get child care assistance, and they are required to look for a job. When a job is obtained, they get transferred into a 24-month transition period with child care intact. To continue child care after the 24 months, parents must then re-apply online for CCDF child care. Failure to re-apply results in termination of child care assistance.

Moreover, if parents submit their application, but the transition period expires before they get an acceptance letter, they lose their certificate. Nothing has changed except the parent acquired a job. This was mind-boggling and hurtful to providers because they knew parents who were affected by it. It seemed to them that as soon as the parents tried to better themselves and progress in life by getting a job, their childcare assistance was interrupted, and they could not afford childcare. Some parents had to stop working to go back on TANF because they had no other way to get child care assistance.

This gap between TANF and CCDF child care needs to be closed.
WHO MAKES DECISIONS AND HOW TO INFLUENCE THOSE DECISIONS

As noted above, the decisions begin with Congress, who votes on the money in CCDF and some of the rules. The U.S. Department of Health & Human Services (HHS) is charged with administering CCDF at the federal level.

From there, decision making goes to the states, where the Governor assigns it to a lead agency – in Mississippi, that is the state’s Department of Human Services (DHS). DHS makes rules in CCDF.

In recent years in Mississippi, the State Early Childhood Advisory Council (SECAC) has also made decisions that impact CCDF. SECACs were established by the Head Start Reauthorization Act of 2007 to, among other duties:

- Identify opportunities for, and barriers to, collaboration and coordination among federally funded and state funded child development, child care, and early childhood education programs and services, including collaboration and coordination among state agencies responsible for administering such programs;
- Develop recommendations for increasing the overall participation of children in existing federal, state and local child care and early childhood education programs.

A link to Mississippi’s SECAC by-laws is included on page 28.

The Governor appoints the members of SECAC. As a body created by the Governor, SECAC is aligned with the wishes, political agenda and priorities of the Governor. The power to appoint and direct SECAC are additional reasons to communicate with gubernatorial candidates and Governors once elected to attempt to lift the importance and priority of CCDF.

SECAC has played different roles in different administrations. Under Governor Bryant’s administration, SECAC has taken over much decision-making in CCDF, even while publicly maintaining the position that final decision-making reside at DHS. SECAC:

1) Created “A Family-Based Unified and Integrated Early Childhood System,” that formed the basis of the new “standard” and “comprehensive” designations for child care centers;
2) Created the Early Childhood Academies that operate through the Mississippi Community College Board. (A link to a map and contact information for ECAs is on page 28); and
3) Worked with the Mississippi Community College Board and National Strategic Planning & Analysis Research Center (NSPARC) to apply for the Preschool Development Grant.

The future of ECAs and the Preschool Development grant will depend upon the opinion, values and priorities of the new governor.
SECAC meets monthly. At the end of every meeting, there is an opportunity for public comments. MLICCI always attends and shares child care concerns or asks child care questions during public comments. MLICCI communicates what transpires and what we learn at each SECAC meeting through our e-newsletter.

This table summarizes the decision makers, and identifies key opportunities to impact decisions in CCDF. Contact information for elected officials is included in Appendix C.

### The Who, What, When, Where and How of CCDF Decision-Making

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<tr>
<td><strong>US Senators</strong></td>
<td>Approves the amount of funding in CCDF</td>
<td>Annually in the federal budget</td>
<td>Washington, DC</td>
<td>Contact your member of Congress to support increases in CCDF funding (see Appendix C for contact details)</td>
</tr>
<tr>
<td>Roger Wicker</td>
<td></td>
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<td></td>
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<tr>
<td>Cindy Hyde-Smith</td>
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<tr>
<td><strong>US Representatives</strong></td>
<td>Re-authorizes CCDF</td>
<td>Theoretically, every 5 years</td>
<td>Washington, DC</td>
<td>Contact your member of Congress to give input on CCDF regulations (see Appendix C for contact details)</td>
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<tr>
<td>District 1: Trent Kelly</td>
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<tr>
<td>District 2: Bennie Thompson</td>
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<tr>
<td>District 3: Michael Guest</td>
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<tr>
<td>District 4: Steven Palazzo</td>
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<tr>
<td><strong>Governor</strong></td>
<td>Appoints the head of DHS</td>
<td>Normally at the beginning of a newly elected administration</td>
<td>Jackson, MS</td>
<td>Contact governor candidates to support CCDF. Contact the governor to support CCDF (see Appendix C for contact details)</td>
</tr>
<tr>
<td>Appoints members of SECAC</td>
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<tr>
<td><strong>DHS Executive Director</strong></td>
<td>The DHS Executive Director selects the Child Care Administrator</td>
<td>After the Governor appoints the Executive Director</td>
<td>DHS in Jackson, MS</td>
<td>Contact the DHS Executive Director to support improved rules in CCDF (see Appendix C for contact details)</td>
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### WHO

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<tr>
<td>DHS Division of Early Childhood Care and Development Division Director (see Appendix C for contact details)</td>
<td>Drafts the CCDF state plan that follows the federally designed template/questionnaire for states and outlines where the state is headed - DHS is required to hold public hearing(s). For a copy of the current state plan: <a href="https://www.mdhs.ms.gov/wp-content/uploads/2019/02/MS-CCDF-State-Plan-2019-2012.pdf">https://www.mdhs.ms.gov/wp-content/uploads/2019/02/MS-CCDF-State-Plan-2019-2012.pdf</a></td>
<td>Every 3 years</td>
<td>Hearings are normally held in Jackson, MS</td>
<td>Provide input at public hearings</td>
</tr>
<tr>
<td>DHS Division of Early Childhood Care and Development: Division Director</td>
<td>DHS writes the CCDF policy manual that lays out the specific rules in the CCPP. For a copy of the current policy manual: <a href="http://www.sos.ms.gov/adminsearch/ACProposed/0024393b.pdf">www.sos.ms.gov/adminsearch/ACProposed/0024393b.pdf</a></td>
<td>Annually, or when revisions are required</td>
<td>DHS in Jackson, MS</td>
<td>Contact the DHS Director of DECCD to support improved rules in CCDF (see Appendix C for contact details)</td>
</tr>
<tr>
<td>SECAC Contact information is: <a href="https://secac.ms.gov/">https://secac.ms.gov/</a></td>
<td>The governor appoints members of SECAC</td>
<td>Members are normally appointed at the beginning of a newly elected administration. Meetings are monthly.</td>
<td>Meetings are normally held in Jackson, MS</td>
<td>Attend SECAC meetings to give input; contact members of SECAC to give input</td>
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Note the state Legislature is not listed. The Mississippi Legislature does not vote on money or rules in CCDF. While the Mississippi Legislature can pass state laws that affect CCDF (for example, the child support cooperation requirement), they have historically left rulemaking to DHS.
Child care providers in the CCPP are often low-income Black women who started their child care center to meet a community need – they run small businesses, but they are not your typical entrepreneur. Instead of seeking higher profits, they keep their rates low so parents can afford their fees.

Their lack of revenue suppresses the wages they can afford to pay and the educational components they can afford to buy.

These providers serve single moms with young children who are trying to work, or they’re on welfare where they have to meet a work requirement. They need affordable child care.

Here is the racial data on who uses the child care program:

We are aware of the narratives that disparage black single moms with young children – they are lazy, they are “takers,” they have children they shouldn’t have had because they can’t afford them, their children called “illegitimate” – but we know these moms defy the pejorative narratives about them. Like all moms, their children are their priority. They work – in fact, they work more than any other demographic! But despite this strong work ethic, they can’t work their way to economic security because they have low-paying jobs.

Women make up half of Mississippi’s workforce, but two-thirds of minimum-wage workers. Minimum wage work, even full-time work, leaves a family of two living below the poverty line.
Women also experience gender occupational segregation in Mississippi’s workforce – that means the more women workers in an occupation, the lower the pay compared to occupations where men are most of the workers and the pay is higher. Women are steered into women’s work. Mississippi women still make only 75 cents to every male dollar, and this gender pay gap is worse for Black women and Hispanic women.

For all these reasons, Mississippi has one of the nation’s highest rates of women below poverty. Examining this rate reveals deep race disparities – the poverty rate for Black women in Mississippi is almost three times the rate for white women; single moms’ poverty rate is highest of all, at more than twice the rate of all women.

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>21.9% (Ranked 50th)</td>
<td>16.4%</td>
</tr>
<tr>
<td>Black/African American Women</td>
<td>32.6%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Hispanic/Latina Women</td>
<td>31.3%</td>
<td>21%</td>
</tr>
<tr>
<td>White Women</td>
<td>14.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Single Parent-Headed Family with Children</td>
<td>52.8% (Ranked 49th)</td>
<td>22.4% (Ranked 29th)</td>
</tr>
</tbody>
</table>

While nearly half of Mississippi children live in families with single moms, 70% of poor children live in single mom families. And 70% of children living with single moms are Black.

Clearly, poverty is concentrated in families headed by Black single moms with young children. This isn’t by accident. It results from deep gender and race inequities that intersect in the lives of low-income single moms with young children.

**Child Care Policy is Impacted by Racism & Sexism**

There is practically universal agreement about the importance of early childhood education, so why don’t we have a universal child care system? Racism and sexism have prevented efforts in the U.S. to build a universal child care system, despite all the years the fight for this system has been waged.

Sexism stood in the way in 1972 when President Richard Nixon vetoed a universal child care bill that had passed in Congress because white conservative Christians opposed the changes for women they feared such a child care system would bring about.

Racism stood in the way in the 1996 welfare reform bill when members of Congress forced welfare recipients into low-paying jobs, claiming they were enforcing “personal responsibility,” without providing adequate child care support. This despite the fact that welfare recipients were already responsible single moms and needed affordable child care in order to work.

Racism also stands in the way when policy makers use “fraud prevention” as a code reason for thwarting assistance to public services like child care for moms who are the majority of our state’s recipients of public assistance. For example, during a trial when we were fighting fingerprinting in the child care program, a DHS official who had claimed that fraud prevention was the reason for a harmful fingerprinting policy had to admit in court under oath that DHS, in fact, had no evidence of fraud.
The Mississippi Advisory Committee to the US Commission on Civil Rights held hearings in 2015 to gather testimony about the impact of race on Mississippi’s child care subsidy program. The report also identified the disparate impact of the child support requirement on women; it examines decisions about the use of funds and the impact of policy decisions, and the climate of distrust as these related to parents and providers who are mostly Black women. You can read the report and MLICCI’s testimony on our website, as well as the resulting letter from the US Commission on Civil Rights to the U.S. Department of Health and Human Services (links are available on page 28).

In addition, the increasing focus on “quality improvement” erodes investment in the affordable, full-time child care assistance moms need in order to work. When “quality” is defined by the dominant culture, minorities are measured as deficient. Our state’s long history of opposition to racial integration in public education reveals that “quality” was used as a code word for “white” and as a shield against progress toward racial equity. Further, quality improvements are expensive, leaving providers who serve low-income working moms to either opt out or pass along the cost to parents who can’t afford higher fees. Both result in significantly inequitable impacts. MLICCI’s report on Mississippi’s Step-Up quality rating system provides extensive documentation of this inequitable impact (see link on page 28).

So, when we think about what policies to push we should look at this two ways:

- **What policies can we promote in the short-term to make this program work better for the moms who need it?**; and

- **What long-term work can we do to overcome the river of prejudice that provides the toxic undercurrent that prevents progress?**
WHAT CAN WE DO?

IN THE SHORT-TERM:

1. Increase funding for child care so more moms and children can be served.
2. Increase TANF funding for child care.
3. Use more CCDF money for direct services to children.
4. Increase workforce participant support funds to help moms get child care so they can work.
5. Make child care assistance easier for parents to acquire and keep. This will also help providers have more secure revenue.
6. Eliminate the child support requirement for child care assistance. This is not required for Head Start or pre-K, and it should not be required for child care. The negative consequences of failure to comply fall squarely on the shoulders of the moms, preventing them from getting the child care they need. This is a punitive deterrent for single moms who need child care most.
7. Improve the transition from TANF/TCC child care to CCDF child care.
8. Press the governor to support child care - DHS operates like an arm of the governor’s office and the opinion of the governor shapes the political context and the policies of this child care block grant program.

IN THE LONGER-TERM:

1. Heal the disrespect between providers and policy makers.

In MLICCI’s report, "Mississippi’s Child Care Policy Imperative," participants agreed that DHS needs to be more interactional and less transactional. Trust is central to reshaping the relationship among parents, providers and the state agency. Currently, participants feel that distrust is the norm. Parents and providers experience the child care system as working against them, and feel there is a lack of concern and empathy for those who rely on this system.

The Mississippi 2019-2021 CCDF State Plan lists many groups in the 1.3 section on Consultation in the Development of the CCDF State Plan, but not CCPP-participating child care parents and providers. In listening sessions held a few years ago with all CCPP stakeholders, providers and state level administrators reported that there has never been a time when all the stakeholders in early childhood in Mississippi worked well together.
2. Improve communication between DHS and CCPP parents and providers.

Parents and providers report a plethora of communication problems with DHS that result in difficulties obtaining and retaining child care assistance. MLICCI has repeatedly heard from child care providers that they feel disrespected and that there is a disconnect between those that work on the state level and child care providers on the ground. Parents and providers also report that silos exist within DHS, which preclude effective intra-agency communication. A center director stated that when she called a parent’s caseworker, she was told, “Well, I only do food stamps; you need to call the other side.” When the director asked if she could be transferred, the caseworker replied, “No, we don’t do transfers.”

MLICCI’s above referenced policy report offers helpful recommendations for improving communication between DHS and CCPP parents and providers.

3. Give CCPP moms and providers a meaningful role in child care policy making.
   Participating moms and providers know CCPP best.

Consumer responses can provide valuable input to shape how DHS manages CCPP to improve operations and communication. Providers are in constant contact with parents and can be a source of assistance for parents during the application and redetermination process. They feel underutilized by MDHS as a means of reaching parents. One director shared that 17 children were taken off the childcare assistance program at one time because of MDHS’s inability to reach the parents; the agency did not contact the center to reach those parents.

MLICCI’s above referenced policy report demonstrates helpful input parents and providers can provide to improve CCPP.

4. Build unity among women across lines of difference to support a universal child care system.

All working moms need child care assistance. Women have been pushing for a universal child care system for decades. This was on the agenda of the first national conference of the NBFO (National Black Feminist Organization), it was on the platform of the 1977 National Women’s Conference, and it has been supported by women leaders from Shirley Chisholm to Elizabeth Warren.

5. Vote.

Elect leaders who reflect the diversity of who we are as a state and nation, and who will enact policies that support women’s economic security.
The MLICCI Child Care Leadership Team (CCLT) promotes the child care reforms outlined here, as well as others that we identify as those we most want to see adopted. The MLICCI CCLT uses the following strategies to promote our reform agenda:

1. **Meetings:** The MLICCI CCLT meets three times every year to monitor the progress toward our goals and to develop strategies to promote the adoption of our reform agenda.

2. **Communication:** The MLCCI CCLT publishes an e-newsletter to keep parents and providers informed of policy developments and opportunities to promote our reform agenda.

3. **Policy Advocacy:**
   1. MLICCI CCLT attends DHS public hearings and SECAC meetings, and plans and prepares to provide input, and shares information about these meetings and related policy developments with other CCPP providers to keep them informed and engaged.
   2. The MLICCI CCLT holds an annual Child Care Advocacy Day at the Capitol to call attention to the need for affordable child care and promote reforms needed to strengthen the child care subsidy system.
   3. MLICCI hosts town hall meetings across the state to give parents and providers a forum to share with DHS information about how CCPP is working and what needs to be improved.

4. **Changing the Narrative:** The MLICCI CCLT tells the stories of our parents, who work so hard to improve their families’ economic security, and of the many providers who work and sacrifice and persevere to serve these families. These stories run counter to disparaging and untrue narratives and need to be shared widely to correct misperceptions and build support for a strong child care subsidy system.

Join us in this effort. Together, we can make a difference.
When we work together, we can accomplish change.
Appendix A: Links to Referenced Data & Reports

Links to reports can also be found on our website, www.mschildcare.org

Page 6:
Link to parent’s copayment fee schedule and income levels by family size

Link to reimbursement rates for child care centers:

Page 7:
MLICCI publication - “The Mississippi Child Care Policy Imperative”

Page 10:
MLICCI publication - “Mississippi’s CCDF at 20”

Page 15:
Mississippi’s CCDF Plan

DHS Child Care Policy Manual

Page 17:
SECAC bylaws

“A Family-Based Unified and Integrated Early Childhood System”

Early Childhood Academies map and contact information
https://secac.ms.gov/early-childhood-academy
APPENDIX A, CONTINUED

Links to reports can also be found on our website, www.mschildcare.org

Page 23:
Report by, and MLICCI’s testimony to, the Mississippi Advisory Committee to the US Commission on Civil Rights

Letter from the US Commission on Civil Rights to the U.S. Dept. of Health and Human Services

MLICCI’s report on Mississippi’s Step-Up quality rating system

Page 24:
Findings from listening sessions held with all CCPP stakeholders
APPENDIX B: FACT SHEET FOR GUBERNATORIAL CANDIDATES

On the following pages is a brief fact sheet that was used to provide Mississippi gubernatorial candidates in 2019 with information on how the governor can help improve child care for Mississippi families.
WORKING PARENTS NEED AFFORDABLE CHILD CARE
MISSISSIPPI NEEDS TO IMPROVE ITS WORKFORCE PARTICIPATION RATE
HOW THE GOVERNOR CAN HELP

☑ Child Care Improves Work Participation

Mississippi’s Workforce Innovation and Opportunity Act (WIOA) State Plan identifies affordable child care as a strategy for improving the state’s workforce participation rate and moving more workers into high demand, middle skill jobs.¹

Strengthening and expanding Mississippi’s Child Care Payment Program (CCPP) operated by MDHS, provides affordable child care for working parents, aligns with employer needs, and will help increase Mississippi’s labor force participation rate.

☑ Reduced Absenteeism
According to Child Care Aware, 54% of employers reported child care reduced absenteeism by 30 percent and that a child care program reduces employee turnover by 60 percent.²

☑ Increased Retention
One study found that child care assistance enables parents to enter employment, work more hours and remain at the same employer for longer periods of time. Women in the study were 40% more likely to remain employed two years following the receipt of child care assistance.³

☑ Higher Employment Rates
Higher expenditures in the federally funded Child Care Payment Program are directly linked to increases in labor force participation and employment rates among low-income mothers, according to a 2016 study.⁴

When parents opt not to work or have to work less or forego opportunities to enter a pathway to higher earnings due to a lack of affordable child care, the state’s economy suffers.

☑ Mississippi needs more workers for high demand, middle skill jobs. Single mothers can and should be these workers.

Mississippi's WIOA State Plan reports that Mississippi has more workers than available jobs in the low-skill category. Single moms are in this category.

Single mothers in Mississippi show an incredible work ethic and participate in the labor force at a higher rate than the general population, often juggling two jobs and inflexible schedules.

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¹ https://www2.ed.gov/about/offices/list/osers/rsa/wioa/state-plans/ms.pdf
In most Mississippi counties, 60-70% of single-mother headed households participate in the labor force, higher than the state’s overall participation rate of 55%.\footnote{U.S. Bureau of Labor Statistics and MLICCI calculation of 2017 American Community Survey Public Use Microdata.}

But single moms in Mississippi are too concentrated in low-wage work. Median earnings among Mississippi’s single-female headed families are $19,000, while a Living Wage for a 2-person family is about $44,000.\footnote{MIT Living Wage Calculator and 2017 American Community Survey.}

The average single-mom family in Mississippi has 1-2 children. A robust and well-funded child care delivery system is a solution for Mississippi’s parents who need a job and who need supportive services to begin a pathway toward earning higher wages.

☑️ All working parents, and especially single moms, need affordable, full-day child care.

Mississippi’s Child Care Payment Program (CCPP) is funded with a federal block grant. Mississippi’s Governor and its Department of Human Services have wide discretion in how the program is operated. The Governor shapes the CCPP, and, thus, determines how well this program serves families.

To qualify for CCPP, parents have to work, enroll in job training/education or both. When parents receive a CCPP voucher they use it to buy their child care from a provider of their choice who offers care that supports their work hours. The voucher pays only a portion of the child care fee based on a tiered reimbursement system set by DHS, and the parents pay the balance.

CCPP is Mississippi’s only program that supports working parents’ need for all-day, all-year child care. While pre-k and Head Start can help, these programs often operate only 6 hours/day or less and are typically closed during summer months. CCPP supports full-time care that parents need in order to go to work and remain employed.

\begin{itemize}
\item \url{http://docs.wixstatic.com/ugd/20d35d_476f91b779d74b74937cdd9965d74e3.pdf}
\item \url{https://usa.childcareaware.org/wp-content/uploads/2017/12/2017_CCA_High_Cost_Report_FINAL.pdf}
\end{itemize}
The Federal CCPP Program Serves Only a Fraction of Eligible Children.

When Mississippi maximizes CCPP funds on direct services, more Mississippi parents work and more children access early childhood education. Mississippi receives enough federal funding to serve about 20,000 kids per month, but 112,000 children whose parents meet the work requirement qualify.\(^7\)

CCPP reaches more than 950 privately owned child care centers throughout the state. Together, these centers serve tens of thousands of Mississippi’s working families and employ thousands of their own workers.\(^8\)

Licensed centers eligible to serve parents receiving a CCPP voucher report only enrolling about 80% of their capacity and only 33% of their enrolled children are supported by CCPP, meaning there are parents throughout Mississippi who can’t access open child care slots because they can’t afford the cost and CCPP funding is too limited to reach all who qualify.\(^9\)

How Can the Governor Help?

- Appoint Leadership at DHS that supports CCPP
- Make CCPP work for parents who need child care assistance and the child care small businesses that serve them
- Give priority in CCPP to direct services to families rather than contracts that divert funds from direct services
- Support increased investments of state and federal funds in the CCPP and other programs that provide child care as a work support to low-income working parents
- Link child care assistance programs to living wage career pathways for single mom headed families
- Support MS’ WIOA Plan to provide affordable child care as strategy to remove barriers for MS working families and improve MS’ workforce participation rate

For more information
Contact MLICCI, info@mschildcare.org

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\(^7\) MLICCI calculation of 2017 American Community Survey Public Use Microdata.

\(^8\) Mississippi State Department of Health List of CCPP providers.

\(^9\) 2019 MLICCI Child Care Provider Survey.
APPENDIX C: CONTACT INFORMATION FOR MISSISSIPPI’S ELECTED OFFICIALS

U.S. Senators
Senator Cindy Hyde-Smith
https://www.hydesmith.senate.gov/
https://www.hydesmith.senate.gov/contact-senator
702 Hart Senate Office Building
Washington, DC 20510-2405
Phone: (202) 224-5054
Fax: (202) 224-5321

Senator Roger Wicker
https://www.wicker.senate.gov/public/
https://www.wicker.senate.gov/public/index.cfm/contact
555 Dirksen Senate Office Building
Washington, DC 20510
Main: (202) 224-6253

U.S. Representatives
(To locate your representative, see this map of Mississippi’s Congressional Districts: https://www.mississippi.org/assets/docs/maps/congressional-districts.pdf)

District 1: Congressman Trent Kelly
https://trentkelly.house.gov/#
https://trentkelly.house.gov/contact/
1005 Longworth House Office Building
Washington, DC 20515
P: (202) 225-4306
F: (202) 225-3549

District 2: Congressman Bennie Thompson
https://benniethompson.house.gov/
https://benniethompson.house.gov/zip-code-lookup?form=/contact/email
2466 Rayburn HOB
Washington, DC 20515
Phone: (202) 225-5876
Fax: (202) 225-5898

District 3: Congressman Michael Guest
https://guest.house.gov/
https://guest.house.gov/zip-code-lookup?form=/contact/email-me
230 Cannon HOB
Washington, DC 20515
Phone: (202) 225-5031
Fax: (202) 225-5797

District 4: Congressman Steven Palazzo
https://palazzo.house.gov/
https://palazzo.house.gov/contact/
2349 Rayburn House Office Building
Washington, DC 20515
T (202) 225-5772
APPENDIX C: CONTACT INFORMATION FOR MISSISSIPPI’S ELECTED OFFICIALS, CONTINUED

Mississippi Governor
https://www.ms.gov/State/Elected_Officials
601.359.3150 (phone)
601.359.3741 (fax)
P.O. Box 139, Jackson, MS 39205

Mississippi Department of Human Services
Executive Director
Early Childhood Care and Development Director
https://www.mdhs.ms.gov/
601-359-4500
200 South Lamar St., Jackson, MS 39201