

MLICCI Public Input on Mississippi's 2025-2027 CCDF State Plan June 19th, 2024

Introduction

The Mississippi Low-Income Child Care Initiative (MLICCI) is a non-profit advocacy organization working in Mississippi to advocate for policies and systems that make child care more affordable for parents, that support gender equity in the state labor market and that make public safety net programs work for moms. For more than 25 years, MLICCI has lifted up voices of single moms and the child care providers who serve them, shaping an advocacy agenda in Mississippi that is informed by those who are impacted most by child care, public assistance and workforce development systems. Through our policy advocacy work, MLICCI has contributed to significant system reforms improving Mississippi's federal child care subsidy program. MLICCI's Employment Equity for Single Moms (EESM) program provides direct services statewide to moms, connecting them to affordable child care, case management, barrier mitigation and career action planning aimed at increasing earnings. MLICCI also organizes a leadership team of child care providers from across the state, the Child Care Leadership Team (CCLT), to advocate for policies and reforms that improve the state's affordable, high-quality child care delivery system.

MLICCI's advocacy work in Mississippi centers the experiences of single moms with the CCDF program and our policy reform agenda is shaped by this experiential data. MLICCI submits the following public comments in response to MDHS's draft 2025-2027 CCDF State Plan.

MLICCI urges MDHS to adopt presumptive eligibility for all CCPP applicants for a period of 90 days, as allowed by the 2024 CCDF Final Rule. This policy would provide Mississippi's working low- to moderate-income parents immediate access to child care they need to enter employment or education/training. It would also give parents more time to submit all documentation and be approved for a 12-month child care voucher. Presumptive eligibility means more parents entering the workforce, more parents keeping their jobs and more parents enrolling in education/training programs. It also means more young children benefitting from early childhood education. We urge MDHS to implement this policy in the 2025-2027 State Plan period.

Summary of MLICCI's Recommendations:

- We urge MDHS to implement presumptive eligibility
- We urge MDHS to allow seeking employment as an eligible activity at initial eligibility determination and not only at redetermination
- We urge MDHS to eliminate co-pays for all families with income at or below 150% of the federal poverty guidelines without reducing payments to CCPP providers
- We urge MDHS to transfer the full 30% allowable TANF transfer to CCPP

- We support MDHS requesting a waiver to not implement grants or contracts using CCDF funds; We urge MDHS not to implement any grants or contracts with CCDF funds until all existing capacity in CCPP centers is filled
- We urge MDHS to make participation in the CLASS quality rating system voluntary for CCPP providers, NOT mandatory
- We urge MDHS 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 MDHS to provide funding for participating CCPP providers to invest in strategies to achieve badges and enhanced reimbursement rates under the CLASS rating system
- MDHS should use the same documentation for determining child disability status for purposes of CCPP eligibility and enhanced reimbursement rates for children birth to 12 as for children 13 – 19
- We urge MDHS 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

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Adopt Presumptive Eligibility

We urge DHS to opt in to the allowable 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 strongly support the CCDF Final Rule requiring states to implement presumptive eligibility for certain populations (siblings and foster siblings) and allowing states the option to adopt presumptive eligibility at initial CCPP application for all applicants (pg. 45032, column 2, paragraph 1). If adopted, this federal policy will allow more families to access child care assistance through the CCPP program and would reduce the number of “abandoned applications”.

If implemented, this policy would ease front-end application barriers that leave too many families disconnected from affordable child care and consequently, parents disconnected from opportunities to improve their family’s financial wellbeing through employment or education. Parents need an on-ramp to CCPP to comply with specific documentation requirements and eligibility verification processes.

Implementing universal presumptive eligibility at initial application would increase the rate of eligible families applying for and being approved for CCPP.

The CCPP application process can result in front-end hold-ups and administrative backlogs that would be immediately resolved with universal presumptive eligibility.

MLICCI released a report in 2021 showing reported reasons parents in Mississippi are not approved for CCPP, according to child care providers who serve them. MLICCI found 79% of CCPP providers currently serve parents who are eligible but unable to get approved for CCPP. Communication breakdowns, documentation issues and minor procedural issues are commonly cited reasons parents didn't get approved for CCPP. The most common reason child care directors reported in response to a question about why parents are on their center waiting lists was the inability to afford child care, waiting to be approved for CCPP or ineligibility for CCPP.

MLICCI's Employment Equity for Single Moms (EESM) program provides single moms with young children case management and one-on-one intensive application assistance for Mississippi's CCPP program, serving hundreds of single moms each year. Mississippi currently does not allow any form of presumptive eligibility for initial application.

Also, MDHS is opting to continue not allowing parents to receive CCPP child care assistance during a 90-day job search period at initial application. Adopting presumptive eligibility would serve as another mechanism to ensure child care is connected to unemployed single moms searching for work, employed single moms who do not have at least 30 days of previous wage records or single moms enrolled in education or training awaiting verification documentation.

Through the experience of implementing EESM in Mississippi since 2020, we know that single moms cannot work or attend school without child care and child care is unaffordable without CCPP, yet a single mom is not eligible for CCPP until she can meet a 25-hour weekly work and/or full-time school or training requirement. To overcome this conundrum, MLICCI provides EESM Bridge Child Care for up to 3 months to eligible parents. This is privately funded through MLICCI and during this 3-month period, EESM case managers help single moms get through all the steps and requirements of the CCPP application process. While our Bridge Child Care program improves the CCPP approval rate among parents served and correlates with better employment outcomes for parents, we only provide a temporary solution to a systemic problem for single moms. Adopting presumptive eligibility for all applicants would create a systemic solution.

The CCPP application process in Mississippi can take weeks to complete and is document intensive. Parents and CCPP child care providers commonly report submitting documents and not getting confirmation they have been received; having issues with the online documentation system itself; being on hold for long periods of time or not being able to get an agency staff person on the phone; not knowing how to check on which documents the agency has received and approved and which are outstanding and why they are not being accepted.

This front-end game of cat and mouse leads to breakdowns in the application process for parents and creates a minefield, often deterring parents from completing the application. For example, if a parent submits a document on the 58th day of the 60-day clock and the document is not reviewed by the state until day 61, the application process must start over. This is a commonly reported problem.

DHS reported thousands of “abandoned applications” each year during a July 7th, 2022 Mississippi State Early Childhood Advisory Committee (SECAC) meeting. At the time, a DHS CCPP administrator reported data on CCPP applications that were “abandoned” and the most common reasons. Based on data reported during the meeting, from 2018 to 2021, Mississippi’s reported number of approved CCPP applications increased by about 14%, while the reported number of “abandoned” CCPP applications increased by 85%. This follows increases in CCPP funding in 2018 and during the Pandemic. Some of the most common reasons DHS reported for “abandoned applications” include parents are unable to verify income and education/work participation, parents are unable to obtain all required documents and parents do not submit all documents within the 60-day application clock the state sets.

	2018	2019	2020	2021
“Abandoned” CCPP Applications in Mississippi	5,991	8,073	11,658	11,103

Not only are timelines, methods and logistics for document submission and verification problematic during the CCPP application process, documents themselves can take time and effort to obtain. Parents are required to produce documentation of pay and hours, for example, but this can present many challenges based on the type of employer. Parents who are self-employed may have to produce tax records. Parents who are newly employed and who do not have 30 days of documented payment verification from their employer, per the state’s current rule, are often required to get letters from employers on official letterhead to confirm the rate and amount of pay. For many parents, these eligibility requirements eventually become eligibility barriers. Parents who are eligible because they are enrolled full-time in education or in job training are also subjected to strict documentation requirements. MLICCI’s EESM case managers have assisted many single mom student parents in obtaining documentation from school administration showing full-time enrollment, school accreditation and other required school records that students were unable to obtain without EESM case manager support and advocacy.

Each of these requirements can present a unique set of obstacles to overcome. Adopting 3-month presumptive eligibility for all applicants would present an immediate solution to the front-end slog the CCPP application process presents for too many parents.

If more parents had time to gather required documentation and to meet the CCPP work/education requirement *while receiving child care*, more would be successful in being approved for CCPP and economic outcomes for parents, including employment or enrollment in education/training, would greatly improve.

Based on available data showing the historical number of “abandoned” CCPP applications, Mississippi adopting presumptive eligibility in the state plan would provide immediate relief to thousands of families and children. MDHS is opting to leave these parents and children disconnected from child care they could access if MDHS adopted presumptive eligibility.

Leverage Eligibility Information Across Programs for CCPP to Create Categorical Eligibility for Education/Training Participants

We urge DHS to explore using eligibility information from other MDHS or other state-administered programs for CCPP applicants and to use flexibility created by the 2024 CCDF Final Rule to align eligibility verification between CCPP, workforce development and education programs, and other human services programs. We recommend that MDHS leverage eligibility information from other programs in which CCPP applicants may also be enrolled, such as federal nutrition assistance (SNAP).

We strongly support the Final Rule allowing states to simplify eligibility verification by using documents and enrollment information from other public programs administered by Mississippi.

Simplifying eligibility verification will create less administrative burden on parent applicants and will allow DHS to utilize existing client records to make more efficient and possibly automated decisions regarding parents’ CCPP eligibility. If implemented in concert with universal presumptive eligibility, this federal rule would remove the myriad issues arising from documentation submission and electronic communications between individual clients and MDHS caseworkers.

MLICCI recommends that MDHS create categorical eligibility for CCPP for single moms participating in job training/education programs. For example, if simplified eligibility verification flexibility offered in the new Rule is leveraged by MDHS and more inter-agency and intra-agency communication and collaboration was established through linking eligibility systems, a single mom enrolled in a state public community college program funded by state workforce development funds could automatically qualify for state-administered CCPP, if income-eligible, and her CCPP eligibility could be linked to her enrollment in a community college training/education program. This kind of program alignment between child care as a supportive service and education/training would create incentives for parents to participate in programs that may increase their credentials, educational attainment levels and earnings. MLICCI urges DHS to implement categorical eligibility for CCPP and explore opportunities for cross-agency categorical eligibility strategies aimed at maximizing state investment in career pathways that can reduce poverty among single-mom headed families.

Create Consistent Verification for Child Disability Status and Allow a Doctor’s Letter

In Chapter 2 of the Plan draft, MDHS references a disability policy for children ages 13-19 that allows a statement from the child’s physician indicating that the child’s condition renders them incapable of appropriate self-care and requires additional personnel:

“In the absence of SSI benefits, the applicant must submit a statement to DECCD from the child’s physician indicating that the child’s condition renders him or her incapable of age-appropriate self-care activities AND requires additional personnel with specialized training to help them function in their child care environment. Child who has reached age 13 (or age 19 if the child has special needs as defined by the SSI definition of disability).”

MDHS policy allows for this type of documentation verifying disability status, but only for eligible children ages 13-19. MLICCI notes that MDHS is currently requiring an SSI letter to document and prove disability status for CCPP eligibility for children ages 0-12. CCPP child care providers are reporting issues establishing child disability status for ages 0-12 based on this policy and what providers report as a recent shift in how the rule is applied to children ages 0-12. While MLICCI acknowledges the MDHS policy requiring SSI documentation for young children has been in place in CCPP policy, MLICCI has documented several anecdotal CCPP provider experiences in which the current documentation policy made it difficult or impossible to accurately identify a child’s disability status in a timely manner. CCPP providers have reported that parents with young children who are eligible for CCPP and whose children are living with special needs have been unable to have their children’s disability status verified and CCPP providers have therefore been unable to receive a higher CCPP reimbursement rate. Higher reimbursement rates for children living with special needs are necessary to hire and retain qualified staff and to provide environmental and other necessary accommodations. The current disability documentation rule for children ages 0-12 is hindering some children’s disability verification for CCPP. MLICCI recommends implementing the same criteria for all CCPP age groups and to allow a physician’s note to DECCD to qualify as disability verification for children ages 0-12.

Allow Job Search to Qualify for Initial Eligibility for 90 days

A considerable number of states (22) allow job search as an eligible activity at initial CCDF application and virtually all allow job search at redetermination. During COVID-19, a majority of states moved to allowing job search at initial eligibility. As noted earlier, MDHS already defines “working” in the context of the State Plan as “seeking employment.” **MLICCI urges MDHS to implement the state option to allow parents to receive CCPP child care assistance during a 90-day job search period at initial application and to continue this policy at redetermination.**

Through the experience of implementing EESM in Mississippi since 2020, we know that single moms cannot work or attend school without child care and child care is unaffordable without CCPP, yet a single mom is not eligible for CCPP until she can meet a 25-hour weekly work and/or full-time school or training requirement. To overcome this conundrum, MLICCI provides EESM Bridge Child Care for up to 3 months to eligible parents. This is privately funded through MLICCI and during this 3-month period, EESM case managers help single

moms get through all the steps and requirements of the CCPP application process. While our Bridge Child Care program improves the CCPP approval rate among parents served and correlates with better employment outcomes for parents, we only provide a temporary solution to a systemic problem for single moms.

The CCPP application process in Mississippi can take weeks to complete and is document intensive. Parents and CCPP child care providers commonly report submitting documents and not getting confirmation they have been received; having issues with the online documentation system itself; being on hold for long periods of time or not being able to get an agency staff person on the phone; not knowing how to check on which documents the agency has received and approved and which are outstanding and why they are not being accepted. While many improvements have been made and noted recently, this front-end game of cat and mouse leads to breakdowns in the application process for parents and creates a minefield, often deterring parents from completing the application. For example, if a parent submits a document on the 58th day of the 60-day clock and the document is not reviewed by the state until day 61, the application process must start over. This is a commonly reported problem.

Not only can timelines, methods and logistics for document submission and verification be problematic during the CCPP application process, documents themselves can take time and effort to obtain. Parents are required to produce documentation of pay and hours, for example, but this can present many challenges based on the type of employer. Parents who are self-employed may have to produce tax records. Parents who are newly employed and who do not have 30 days of documented payment verification from their employer, per the state's current rule, are often required to get letters from employers on official letterhead to confirm the rate and amount of pay. For many parents, these eligibility *requirements* eventually become eligibility *barriers*. Parents who are eligible because they are enrolled full-time in education or in job training are also subjected to strict documentation requirements. MLICCI's EESM case managers have assisted many single mom student parents in obtaining documentation from school administration showing full-time enrollment, school accreditation and other required school records that students were unable to obtain without EESM case manager support and advocacy.

Allowing a job search period at initial eligibility would create a systemic solution for many unemployed single moms who need child care before they can search and obtain employment or before they can commit to enrolling in a training program, as well as for many employed single moms who need time to obtain the documentation they need to receive final CCPP approval, such as pay and employment verification.

Eliminate Co-Pays for Families with Income Below 150% of FPL

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.

We strongly support the Final Rule placing a cap on parent co-payments of not more than 7% of a family's income. States are also given the option to eliminate co-pays altogether for

families below 150% of the federal poverty guidelines. While DHS currently waives co-pays for families at or below 100% of poverty and establishes co-payment rates below this newly required cap, we urge DHS to eliminate co-pays for all families with income below 150% of poverty. Mississippi waived co-payments for low-income families during the COVID-19 Pandemic and found this policy to reduce barriers to child care access by making care more affordable. Mississippi has since resumed co-pays for some parents. When parents cannot afford co-pays, this can lead to the loss of child care vouchers. This also leads to child care providers taking the financial loss. MDHS could help both parents and providers by waiving co-pays for all families below 150% of poverty as well as for other special populations, such as parents enrolled in training/education full-time. Eliminating co-pays for families below 150% of poverty also creates better alignment between early childhood programs in MS – parents whose children are enrolled in Head Start, Early Head Start and public pre-K do not have co-pays. CCPP reaches more children than any other public early childhood program in MS. MLICCI does not charge parents in its EESM Bridge Child Care program co-pays. This practice is helpful for low-income families and increases retention of child care and employment.

Request a waiver on the implementation of grants or contracts using CCDF funds and do not implement any grants or contracts with CCDF funds until all existing capacity in CCPP centers is filled

We support MDHS requesting a waiver to not implement grants or contracts using CCDF funds. We urge MDHS not to implement any grants or contracts with CCDF funds until all existing capacity in CCPP centers is filled.

We urge MDHS to establish a transparent and equitable process for applying for grants and bidding on contracts funded through CCPP, if implemented in future years. DHS should not use grants and contracts to create a parallel CCPP system. MLICCI recommends that MDHS use all existing capacity in CCPP centers before issuing grants or contracts for direct services. 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.

The Final Rule requires states and territories to provide some child care services through grants and contracts as one of many strategies to increase the supply and quality of child care. We are concerned that contracts and grants are often influenced by political environments and we urge MDHS to create transparent oversight and accountability rules to guide the implementation of this new requirement. We urge MDHS to invest robustly in the existing CCPP voucher program's administration and to create solutions to child care supply issues within that system.

We all support strategies to increase direct services where they are lacking. We strongly support strategies to increase the availability of direct services for infants/toddlers, children with disabilities and for non-traditional hour care options for working parents. While we recognize that a lack of direct service options can be the result of a shortage of child care supply, for most CCPP-eligible families we serve in Mississippi, the primary child care issue is affordability and the lack of access to CCPP rather than a lack of supply.

MLICCI's 2021 survey of CCPP providers found the most common reason that parents are on provider waiting lists is the inability to afford costs as they wait to be approved for CCPP. While lack of capacity and teacher/staff shortages were also issues cited by CCPP providers in response to why parents are on their waiting lists, affordability and access to CCPP was cited most frequently. While the lack of child care supply is certainly an issue, the inability to afford child care is the issue leaving most parents in limbo on a child care center's waiting list.

We strongly urge DHS to connect families to CCPP providers with unfilled capacity to ensure existing capacity in Mississippi is used before contracts and grants are awarded to meet similar needs. We urge DHS to avoid a strategy focused on building more physical capacity and slots.

We urge DHS to use quality improvement funds where allowable to address unmet and specific needs regarding specific populations (infants/toddlers, children with disabilities, non-traditional hour care).

With the federal ARPA funds scheduled to be expended in 2024, CCPP funding will be inadequate to serve all eligible families. Strategies that allow states more discretion in how CCPP funds are spent and to what extent funds for direct services exist outside of traditional CCPP voucher programs can backfire. When limited CCPP funds are pulled in too many directions and are subjected to politics over contract and grant-making processes, fewer parents will end up accessing child care. We urge DHS to avoid this pitfall by ensuring existing CCPP capacity is utilized before grants and contracts are awarded to fund additional direct services.

Quality Improvement Activities: Make CLASS Voluntary and Invest in TEACH and WAGES as primary quality improvement activity

We urge DHS to make participation in the CLASS quality rating system voluntary for CCPP providers, NOT mandatory; to provide funding for CLASS-participating CCPP providers to invest in strategies to achieve badges and enhanced reimbursement rates under the CLASS rating system; to allow CCPP providers to self-assess and determine quality improvement needs.

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 make participation in the new quality rating system (CLASS) voluntary, not mandatory, and indicate this in the State Plan. Child Care providers Costs associated with participating in CLASS must be quantified by DHS to identify cost-prohibitive participation barriers. Such barriers must be addressed with quality support funds provided by DHS. DHS must avoid subjective ratings and avoid creating quality labels or designations that are the result of subjective ratings. DHS must provide funding to make participation and enhancement through CLASS more likely. No CCPP provider should be required to be financially burdened to participate. DHS must allow providers to self-assess.

In 2021, MLICCI surveyed Mississippi CCDF child care providers regarding elements that should define a quality improvement system. See our report here: <https://www.mschildcare.org/wp-content/uploads/2021/08/MLICCI-Quality-Survey-Report.pdf>. Affordability and hours of operation were considered critical dimensions of child care quality. Affordability and hours of operation are correlated with access to child care (if a parent is unable to afford, she cannot access it). Therefore, these elements are critical in any state's quality improvement strategy.

We urge DHS to invest in child care teacher wage increases and invest in supports, such as tuition and scholarships, for increasing education, credentials and education among the CCPP child care workforce. MLICCI recommends that MDHS implement the TEACH and WAGES model, which has been a successful model in other states for retaining more highly qualified teaching staff in CCPP centers. Mississippi has implemented TEACH in the past and is funding some current opportunities for increasing training and education among CCPP child care teachers. However, TEACH implemented without WAGES only contributes to the problem of staff shortages in CCPP centers. As early childhood educators increase their level of education, they often leave child care center work for higher-paying work in secondary education. Therefore, TEACH is only one side of the coin, where WAGES is the other side of the coin and a crucial component of *retaining* highly qualified staff in CCPP centers. WAGES is a necessary component as it provides wage supplements to teachers earning higher levels of education. Because CCPP centers serve low- to moderate-income parents, they often operate on razor thin margins and are often unable to increase tuition because parents cannot afford it. Therefore, implementing WAGES along with TEACH is a purposively dual strategy that focuses both on *increasing* the number of highly-trained child care teachers and also on *retaining* more qualified teachers in CCPP child care.

MLICCI recommends that MDHS continue direct consultation with CCPP providers regarding the actual cost of providing high-quality care and to provide revenue for CCPP providers participating in CLASS. MLICCI's research and CCPP provider input on the Market Rate Survey (See Draft Plan, pg. 45) indicate that rates CCPP providers charge are aligned with what low-income parents they serve can afford but are often not enough to cover the full cost of providing quality care. CCPP centers that are working toward achieving badges under the CLASS system must have revenue to stabilize and support efforts to attract and retain highly-qualified staff, to fund professional development and to make environmental changes if necessary. MLICCI notes that CCPP providers were apprehensive about participating in the Market Rate Survey in fear of skewing results. MLICCI has learned from CCPP providers that the rates they set for the population of parents they serve are widely viewed as lower than what the Market Rate Survey should consider as "average" or "baseline" rates from which to derive different percentile rates. MLICCI's 2021 survey of CCPP providers asked questions designed to gauge CCPP provider's understanding of elements that comprise quality early childhood education. The survey instrument included a listing of widely accepted "high-quality" elements and was designed to gauge any variation in the level of importance placed on such elements in the delivery of care they oversee and provide at their centers. Overwhelmingly, Mississippi's CCPP providers demonstrated a commonly shared understanding of various dimensions of providing high-quality care that aligned with current best practices and implement many of such practices in their delivery and oversight of child care services.

MLICCI's survey also included elements that are not traditionally included in the "quality improvement" discussion—specifically, affordability of child care (parents' ability to access child care), hours of child care operation (child care that aligns with parent work hours), and public revenue to support quality improvements (retaining qualified staff with wage supplements, professional development, center enhancements, etc.). Mississippi's CCPP providers prioritized these elements as critical high-quality early care factors. Access to high-quality early care in Mississippi is contingent on a parent's ability to afford care (which is often not possible without access to CCPP subsidy), on the center's ability to provide care that aligns with parents' work schedules (centers offering high-quality care for only part-day and part-year will not work as option for low-income working parents lacking schedule flexibility) and on additional revenue support available to centers given that low-income parent populations cannot afford child care costs that reflect the true cost of providing quality child care.

While CLASS focuses on child-teacher interactions (as opposed to the previous QRIS that focused on environmental factors) and is not commonly understood as potentially being cost prohibitive, the most common CCPP provider response in MLICCI's 2021 survey was that any quality improvement efforts will require additional revenue and additional capacity. MLICCI recommends that MDHS provide revenue support for any CCPP providers that are participating in quality support or improvement strategies, including CLASS. In Mississippi's previous QRIS, revenue support was not provided, and participation was consequently low. MLICCI ultimately recommends that participation in CLASS be voluntary, not mandatory, ensuring that the CCPP delivery system does not suffer any reduction in slots due to an unfunded mandate.

Transfer 30% of TANF to CCDF and utilize unspent federal TANF funds to prevent any reduction in the number of children receiving CCPP assistance

We urge DHS to transfer the full 30% allowable 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 to prevent a reduction in CCPP services following the end of Pandemic relief funds. MLICCI supports MDHS's use of TANF funds on direct child care costs and the full transfer between TANF and CCDF.

With the expenditure and expiration of COVID-19 relief funding set for 2024, DHS has reported a possible reduction of 12,000 children being served by the CCPP program. This reduction is the reported result of the continuation of improved reimbursement rates and policies, which MDHS reports have increased operational costs. There are available public federal funds to prevent this reduction in the number of families receiving child care assistance. During FY 2022, the state's TANF program reported an unobligated carryover balance of \$145,964,396.00. While a maximum of 30% of the state's annual \$86 million federal TANF block grant can be transferred to CCPP each federal fiscal year, federal TANF funds can also be spent directly from TANF's budget on direct child care services for low-income single mom families. We urge MDHS DECCD to work with other divisions to fully utilize this excess TANF funding build-up to prevent the loss of child care following the end of Pandemic relief funds.

Coordinate CCDF State Plan with Office of Workforce Development (Accelerate MS) WIOA State Plan and Strategies

We recommend that MDHS align CCDF with WIOA and workforce development strategies in MS. MLICCI is advocating for Mississippi's Office of Workforce Development to partner with MDHS DECCD to submit a Combined WIOA State Plan, identifying CCPP as the primary MDHS partner program. Currently, the WIOA State Plan is combined with TANF, but MLICCI argues that CCDF reaches far more children and working parents in Mississippi than TANF. Workforce development officials commonly cite a lack of access to child care as a primary employer issue. Therefore, alignment between the state's primary employment services and child care services systems is critical for MS parents and single mother in particular. MLICCI recommends that MDHS meaningfully coordinate the CCDF State Plan with Mississippi's WIOA State Plan. MLICCI recommends that MDHS add questions to the state's WIOA Hub common questionnaire used by WIOA partners to assess need for and eligibility for CCPP child care assistance. We also recommend that MDHS DECCD explore how to create categories for CCPP eligibility that align with employment services strategies, such as ensuring that full-time enrolled student parents in WIOA or other state administered education/training programs are given priority and eligibility for CCPP child care assistance.

For any questions about these comments or to contact MLICCI:

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