

Written Comments for Proposed Rulemaking on “Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF)”

August 28, 2023

Ruth Friedman, PhD, Director, Office of Child Care
Administration for Children and Families (ACF)
Department of Health and Human Services (HHS)

RE: Document Number 2023-14290 / RIN 0970-AD02

Dear Dr. Friedman and OCC staff,

The Children’s Equity Project (CEP) at Arizona State University (ASU) is grateful for the opportunity to provide written comment for the Notice of Proposed Rulemaking (NPRM) changes to improve child care access, affordability, and stability in the Child Care and Development Fund (CCDF). We applaud ACF’s thoughtful proposals to address some of the programmatic and systemic challenges parents and child care providers face in building a better child care system that properly addresses the needs of families across the country.

The Child Care and Development Block Grant (CCDBG), the law that authorizes CCDF, is one of the nation’s largest federal investments in early care and education (ECE), having supported an estimated 1.9 million children under the age of 13 across the United States through child care subsidies in 2021—approximately 23% of all children eligible under state rules (U.S. Department of Health and Human Services, 2022).¹ Changes to the CCDF policy will benefit families through improved access to quality early learning and child care providers through more consistent and stable funding to serve young children in their communities. The influx of federal relief funding over the past few years has helped stabilize the child care field. However, as these funds begin to sunset in September of 2023, it is urgent now more than ever that CCDF be improved to act as a key lever in sustaining the progress states have made through CCDF during the COVID-19 pandemic and to improve affordability and access to child care for the nation’s children and families.

We applaud and support many of the administration’s proposed changes, and provide recommendations on how to strengthen the proposed rule further with child development and well-being as our grounding, and equity as our focus. A recent National Academies of Sciences, Engineering, and Medicine (NASEM) report “[Closing the Opportunity Gap for Young Children](#)”, funded in part by the Department, outlined the historical and contemporary inequities in child care and early care and education more broadly, deeply impacting the workforce, and children and families from marginalized communities (NASEM, 2023).²

¹ U.S. Department of Health & Human Services. (2022). *Child care and development fund (CCDF) report on states’ and territories’ priorities for child care services: Fiscal year 2021*. www.acf.hhs.gov/sites/default/files/documents/occ/priorities_report_fy_2021.pdf

² National Academies of Sciences, Engineering, and Medicine. (2023). *Closing the opportunity gap for young children*. The National Academies Press. <https://doi.org/10.17226/26743>

The Department should take this opportunity to collect better data, outline stronger requirements, and ensure appropriate accountability structures are in place to improve the child care system for all families, including and especially those who have been historically marginalized.

Our written comments are organized into the following four main themes of the proposed changes. Our comments under each theme identify the issues on which we are commenting and include the page number, column, and citations of the relevant section from the Federal Register document.

1. Lowering families' costs for child care
2. Improving parent choice to access care that meets their needs and strengthening payment practices to child care providers
3. Reducing bureaucracy for better implementation
4. Implementing technical and other changes for improved clarity

We steep our comments in the overarching frame for an equitable system that was published in the 2020 CEP report “[Start with Equity: 14 Priorities to Dismantle Systemic Racism in ECE Systems](#)”. In the report, we describe an equitable system as one that attends to “equitable **access**”, that is, *who gets in the door? Who has access to services? Who has access to resources?* The second dimension is “**experiences** that are fair and positive”, that is, *once in the system, service, or program, what are children’s and families’ experiences like? What is the quality of services? What do relationships and interactions look like, and are there differences across groups of children?* The final dimension is “**outcomes**”, that is, *what are the results of access to and experiences within our systems? Are there disparities in outcomes by group? How do disparities trace back to experiences and access?* (Meek et. al, 2020).³

In modifying proposed rules, technical and other changes, we urge ACF to consider ways to expand access to services, across demographic groups, quality of experiences with CCDF services, and meaningful, valid outcomes that result from these services. States have a major role to play across these dimensions under CCDF, and establishing accountability for equity through federal regulations is a critical lever that can enhance children and families’ access, experiences, and outcomes across the child care system.

The policy improvements included in the NPRM reflect positive steps forward. As a result of the child care relief funding as well as states’ broader efforts to improve their own child care policies, many states are implementing policies with both federal and state resources that are reflected in the proposed rules. Examples of these policies include but are not limited to establishing co-payment policies that cap family contributions, waiving copayments, reducing application burdens including establishing presumptive eligibility, and supporting providers through payments based on enrollment that reflect the true cost of care. These alignments are indicative of the actions many states have taken as well as the research on the conditions children and families need to thrive.

As these positive changes in the proposed rule move forward, we encourage ACF to utilize every tool available to support Congress and state policymakers in securing the resources needed to effectively implement these changes. We also encourage ACF to release clear guidance and implement transparent

³ Meek, S., Iruka, I.U., Allen, R., Yazzie, D.A., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M.L., Blevins, D., & Powell, T. (2021, December). Start with equity: 14 priorities to dismantle systemic racism in early care and education. . <https://childandfamilysuccess.asu.edu/sites/default/files/2021-12/14-priorities-equity-121621.pdf>

monitoring practices that ensure that these changes do not unintentionally create barriers for families who have been historically and contemporarily marginalized.

For more information and examples of specific indicators across an array of equity dimensions that can be helpful in the CCDF rule revision process, we recommend ACF review the 2020 report "[Start with Equity from the Early Years to the Early Grades: Data, Research, and an Actionable Child Equity Policy Agenda](#)" from The Children's Equity Project, Bipartisan Policy Center, and partners, along with the recently published report "[Closing the Opportunity Gap for Young Children](#)" from the National Academies of Sciences, Engineering, and Medicine.

We are grateful for the opportunity to share our equity-focused, research-guided comments. Please reach out if we can provide any additional guidance or clarification.

Thank you for your consideration,

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The CEP agrees with the following proposals without additional comment. We provide further comment on specific proposals in this section as well. Beneath these, we provide specific comments reflective of research and best practice, and with equity in mind, to improve the existing proposal.

- **Lowering Families' Costs for Child Care (§§ 98.45, 98.33)**
 - **Prohibit Family Co-Payments That Are a Barrier to Child Care Access, page 45027, 1st column § 98.45(b)(5).** *The CEP agrees with the priority of capping family co-payments at no more than 7% of income.* The cost of child care is often unaffordable for working parents, taking a significant amount of a family's annual income each year. According to the Women's Bureau of the U.S. Department of Labor, child care

constituted a significant portion of a family’s income each year—on average between \$5,357 and \$17,171 per child each year or a range of 8% to 19.3% of annual income based on provider type and geographic location. Moreover, the 40% of working low-income families that pay for child care spend upwards of 35% of their annual income on these costs, which is untenable and unsustainable.⁴ This number is even higher for families with multiple children and low-income families, creating untenable situations that can impact parents’ ability to work, leading to reduced work hours or even leaving the labor force altogether (Women’s Bureau, 2023).⁵ Further, child care for infants and toddlers is more expensive than in-state university tuition in three-fifths of all states and D.C. (Economic Policy Institute, 2020).⁶ A cap of no more than 7% of family income on co-payments can help improve affordability of quality child care and put more income back into the pockets of American families to spend on other essentials they need to thrive.

- **Allow Lead Agencies To Waive Co-Payments for Additional Families, page 45027, 2nd column § 98.45(l)(4).** *The CEP agrees with the amendment to explicitly allow Lead Agencies the discretion to waive co-payments for two additional populations—eligible families with income up to 150% of the Federal Poverty Level (FPL) and eligible families with a child with a disability. We appreciate ACF’s acknowledgement that reducing expenses for families should not come at the cost of decreasing payments for providers, specifically the language in the NPRM regarding monitoring of Lead Agency payment rates to ensure reductions in family co-payments do not lead to funding cuts for providers. ACF should work closely with states to ensure adequate resources, technical assistance, and oversight to implement this change.*
- **Improving Parent Choice in Child Care and Strengthening Payment Practices (§§ 98.16, 98.30, 98.45, 98.50)**
 - **Sustainable Payment Practices, page 45030, 2nd column, § 98.45 (m)(1):** *The CEP agrees with the proposal to require Lead Agencies to ensure timely provider payments by paying prospectively prior to the delivery of services.*
 - **Sustainable Payment Practices, page 45030, 3rd column, § 98.45 (m)(2)(i):** *The CEP agrees with the proposal to require that Lead Agencies pay child care providers based on a child’s enrollment rather than attendance.*
 - **Sustainable Payment Practices, page 45031, 1st column, § 98.45(l)(2):** *The CEP agrees with the proposal to require Lead Agencies that determine they cannot pay based on enrollment to describe their approach in the CCDF Plan, provide evidence that their proposed alternative reflects private pay practices for most child care providers in the state, territory, or tribe and does not undermine the stability of child care providers participating in the CCDF program.*
- **Reducing Bureaucracy for Better Implementation (§ 98.21)**
 - **Eligibility Verification, page 45033, 3rd column, § 98.21(g)(1) and § 98.21(g)(2):** *The CEP agrees with the proposal to clarify that Lead Agencies have flexibility to use a*

⁴ Malik, R. (2019). *Working families are spending big money on child care*. Center for American Progress. www.americanprogress.org/article/working-families-spending-big-money-child-care/.

⁵ Women’s Bureau. (2023). *Childcare prices in local areas: Initial findings from the national database of child care prices*. U.S. Department of Labor. https://www.dol.gov/sites/dolgov/files/WB/NDCP/508_WB_IssueBrief-NDCP-20230213.pdf.

⁶ Economic Policy Institute. (2020). *Child care costs in the United States*. <https://www.epi.org/child-care-costs-in-the-united-states>.

family's enrollment in other public benefits program or documents or verification used for other benefit programs to verify eligibility for CCDF.

- **Application Processes, page 45034, 1st column, § 98.21(f)(1):** *The CEP agrees with the proposal to require Lead Agencies implement eligibility policies and procedures that minimize disruptions to parent employment, education, or training opportunities to the extent practicable.*

Recommended Improvements to the Rule

Lowering Families' Costs for Child Care (§§ 98.45, 98.33)

Consumer Education, page 45028, 3rd column, § 98.33(a)(5)

The CEP agrees with the proposal to provide families with information about child care providers' areas of compliance and non-compliance. However, the proposed rule can be strengthened to specifically address the needs, desires, and experiences of children and families from historically and contemporarily marginalized communities, including Black, Latine, Indigenous, and Asian American families, immigrant families, families who speak languages other than or in addition to English, and families of children with disabilities. Consumer education is an important lever for increasing access to child care for families from marginalized communities, but too often, the information states provide is not aligned with families' goals, needs, and desires for their children. .

Currently, 34% of parents of children with disabilities report having difficulty finding child care for their children, compared to 25% of parents of children without disabilities (Novoa, 2020).⁷ Parents of children with disabilities report several barriers to finding appropriate, inclusive care for their children, including a limited number of slots and concerns about quality. This lack of access to high quality child care results in parents' job disruptions, financial strain, health challenges, and stress (Novoa, 2020).⁸ Beyond basic access to subsidies and child care, children's and families' *experiences* in child care also impact utilization of child care subsidies. Data indicate that despite the fact that inclusion is a civil right and a robust and longstanding research base indicating that access to inclusive learning opportunities are beneficial across an array of outcomes for children with disabilities (Meek et al., 2020)⁹, well below half of preschoolers with disabilities receive their services in regular early childhood programs (U.S. Department of Education, 2022)¹⁰. Children with disabilities who have other intersecting identities may face additional barriers to accessing quality child care—like families of color or families who speak a language other than or in addition to English. Personnel preparation, training, and continuous professional development is severely lacking across state systems in supporting children with disabilities (Purdue, 2009)¹¹. Too often, quality rating systems inadequately capture or altogether omit the individualized needs of children with disabilities (Meek et al., 2022)¹². State licensing systems often, whether intentionally or

⁷ Novoa, C., (2020, January). *The Child Care Crisis Disproportionately Affects Children with Disabilities*. Center for American Progress. <https://www.americanprogress.org/wp-content/uploads/sites/2/2020/08/Child-Care-for-Children-with-Disabilities2.pdf>

⁸ Novoa, C., (2020, January). *The Child Care Crisis Disproportionately Affects Children with Disabilities*. Center for American Progress. <https://www.americanprogress.org/wp-content/uploads/sites/2/2020/08/Child-Care-for-Children-with-Disabilities2.pdf>

⁹ Meek, S., Iruka, I., Allen, R., Yazzie, R., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M.L., Blevins, D., & Powell, T. (2020, December). Start with equity: 14 priorities to dismantle systemic racism in early care and education. Children's Equity Project. <https://childandfamilysuccess.asu.edu/sites/default/files/2021-12/14-priorities-equity-121621.pdf>

¹⁰ U.S. Department of Education (2022, January). 44th Annual report to Congress on the Implementation of IDEA.

<https://sites.ed.gov/idea/2022-individuals-with-disabilities-education-act-annual-report-to-congress/#:~:text=with%20disabilities%E2%80%9D,-The%2044th%20Annual%20Report%20to%20Congress%20on%20the%20Implementation%20of,to%20infants%20and%20toddlers%20with>

¹¹ Purdue, K. (2009). Barriers to and facilitators of inclusion for children with disabilities in early childhood education. *Contemporary Issues in Early Childhood*, 10(2), 133-143.

¹² Meek, S., Iruka, I. U., Soto-Boykin, X., Blevins, D., Alexander, B., Cardona, M., Castro, D. (2022). *Equity is quality, quality is equity*. Children's Equity Project. <https://childandfamilysuccess.asu.edu/sites/default/files/2022-06/ORIS-report-062122.pdf>

not, systematically exclude children with disabilities through poorly designed and implemented standards, including rigid toilet training rules.

There are also concerns about inequities that Latine(o/a) families face. For example, while 35% of those eligible for CCDF are Latine, only 20% of them who qualify received the subsidies (Hill, Gennetian, & Mendez, 2019).¹³ In addition to other major barriers that hinder Latine's access to CCDF subsidies, such as general documentation (e.g., birth certificates, tax reports, social security numbers, etc.) and rigid work reporting requirements, states vary in the extent to which all CCDF materials are available in Spanish, creating language barriers for Latine families. What's more, despite a robust research base pointing to the importance of home language instruction and support, the vast majority of instruction in child care and early education more broadly, happens exclusively in English. Ensuring children can communicate with their care provider is critical for families, yet rarely part of consumer information efforts. Similarly, bilingual or multilingual families, immigrant families, and Indigenous families who speak their heritage languages often prioritize their children's bilingual development in their care decisions, but language of instruction is almost always omitted from consumer information sites.

Finally, child-centered pedagogies and culturally responsive teaching are critical to families, including Black, Indigenous, and other families of color. Child-centered pedagogies, such as Montessori and Reggio-inspired approaches, follow children's lead, nurturing their curiosity, critical thinking and problem-solving skills (e.g., Gencer & Gonen, 2015; Haines, 2000)¹⁴. Culturally responsive practices are those that explicitly reflect and incorporate children's and families' lived experiences, including their cultures, languages, and funds of knowledge—topics they are experts in—within every aspect of the learning environment and learning experiences (e.g., Gay, 2002)¹⁵. Culturally responsive teaching is also aligned with anti-bias/anti-racist approaches, and includes pedagogies developed by communities of color, such as African-centered and Indigenous pedagogies. Providing children and families with culturally responsive teaching results in better child-adult interactions, family engagement, and positive socio-emotional development (e.g., Gabriel et al., 2017; Sandilos et al., 2017)¹⁶.

We recommend revisions to improve access to care and support parent choice across indicators that may be particularly relevant for families of color, families who speak languages other than or in addition to English, immigrant families, and families of children with disabilities.

- First, we recommend that the lists of child care providers available to families include information about which programs employ bilingual staff and offer bilingual instruction and services to children (and the language/s offered, including American Sign Language).
- Second, we recommend that information on the extent of and quality of inclusive practices for children with disabilities, including personnel training and partnerships with early childhood special educators and related service providers, be listed.

¹³ Hill, Z., Gennetian, L., & Mendez, J. (2019). *How state policies might affect Hispanic families' access to and use of Child Care and Development Fund subsidies*. Report 2019-04. National Research Center on Hispanic Children & Families. <https://www.hispanicresearchcenter.org/research-resources/how-state-policies-might-affect-hispanic-families-access-to-and-use-of-child-care-and-development-fund-subsidies/>.

¹⁴ Gencer, A. A., & Gonen, M. (2015). Examination of the effects of Reggio Emilia based projects on preschool children's creative thinking skills. *Procedia-Social and Behavioral Sciences*, 186, 456-460; Haines, A. M. (2000). Montessori in Early Childhood: Positive Outcomes along Social, Moral, Cognitive, and Emotional Dimensions. *Namta Journal*, 25(2), 27-59.

¹⁵ Gay, G. (2002). Preparing for culturally responsive teaching. *Journal of Teacher Education*, 53(2), 106-116.

¹⁶ Gabriel, M. L., Roxas, K. C., & Becker, K. (2017). Meeting, knowing, and affirming Spanish-speaking immigrant families through successful culturally responsive family engagement. *Journal of Family Diversity in Education*, 2(3), 1-18; Sandilos, L. E., Rimm-Kaufman, S. E., & Cohen, J. J. (2017). Warmth and demand: The relation between students' perceptions of the classroom environment and achievement growth. *Child development*, 88(4), 1321-1337.

- Third, we recommend that information on pedagogy and approach should be included, such as whether programs employ anti-racist anti-bias practices, African-centered pedagogy, multilingual support, Indigenous-centered pedagogy, nature based learning, or specialized models such as Montessori or Reggio Emilia.

Improving Parent Choice in Child Care and Strengthening Payment Practices (§§ 98.16, 98.30, 98.45, 98.50)

Building Supply With Grants and Contracts, page 45029, 1st column, §§ 98.16(y), 98.30(b), and 98.50(a)(3)

The CEP strongly agrees with the proposal to require states and territories to provide some child care services through grants and contracts to increase the supply and quality of child care, including at a minimum, using some grants or contracts for infants and toddlers, children with disabilities, and non-traditional hour care. CCDF rule allows for states to use grants and contracts to directly pay child care providers for slots for children in low-income households (U.S. Department of Health and Human Services, 2016).¹⁷

The current child care system is heavily tilted toward individual subsidies. Ironically, in attempting to increase parent choice, a system that is so heavily tilted toward subsidy, actually restricts choice through the instability it causes providers, many of whom are forced to close their doors or stop contracting with the state. Many child care providers are small businesses and the child care reimbursement system, including its contingency on attendance not enrollment, untimely state payment, and volatility created by unstable enrollment, paired with low reimbursement rates, makes participation in the system burdensome and not amenable to running a successful business, paying staff fair wages, and serving children well. Indeed, grants and contracts provide a more stable, predictable funding stream to providers, enabling them to provide higher quality services to children and families.

We appreciate ACF highlighting the reality that, in locations where there is not sufficient care available, individual subsidies alone cannot guarantee families can choose care that meets their needs. Grants and contracts serve as an avenue to increase stability, support compensation for early childhood educators, and expand the supply of care. Grants and contracts can expand choice by expanding the provider pool, and providing additional resources and support to providers and early educators contracted to serve populations that require additional resources and funding.

In addition to prospective payment and payment based on enrollment, ACF should direct Lead Agencies to ensure grants and contracts offer providers other advantages to support their use—like higher payment rates, long-term agreements, ongoing technical assistance, and coaching and other professional development to help providers recruit and retain quality early educators, meet licensing requirements, and continue to improve quality.

Finally, ACF should consider encouraging states to provide larger grants to providers who agree to meet higher standards of quality and providers serving economically disadvantaged communities and households. Larger grants and contracts for these child care providers can improve their ability to

¹⁷ U.S. Department of Health & Human Services, Administration for Children and Families, 81 Fed. Reg. 67440 (September 30, 2016) (codified at 45 CFR part 98). www.acf.hhs.gov/occ/law-regulation/ccdf-final-regulations.

compensate staff fairly, lower ratios and group sizes, access early childhood mental health consultation, provide bilingual instruction, and engage in culturally responsive, play-based, developmentally appropriate pedagogy and instruction. ACF should consider how expansion of the Early Head Start-Child Care Partnerships (EHS-CCPs) can serve as an important tool to increase access, quality, and stability for child care providers and the families they serve and develop guidance that encourages states to apply to and/or invest and develop their own EHS-CCPs (Bucher et. al, 2022; Cardona et. al, 2022a; Cardona et. al, 2022b).¹⁸ More information can be found in the [CEP’s EHS-CCPs brief series](#), published in partnership with Start Early and the Bipartisan Policy Center.

Reducing Bureaucracy for Better Implementation (§ 98.21)

Presumptive Eligibility, page 45032, 1st column, § 98.21(e) and § 98.21(h)(5)

The CEP agrees with the proposal to amend and clarify that a child may be considered presumptively eligible for subsidy prior to full documentation and verification of the Lead Agency’s eligibility criteria and eligibility determination. We recommend strengthening the proposed changes to hone in on equitable access to child care providers by gathering disaggregated demographic data on each measure related to tracking presumptive eligibility. We also recommend requiring Lead Agencies to report the child care supply by specific demographic variables, including by race and ethnicity, geographic location, those with disabilities, and those needing care during non-traditional hours.

Implementing Technical and Other Changes for Improved Clarity

Consumer Education, page 45035, 3rd column, § 98.33(a)(8)

The CEP also agrees with the proposal to include the total number of children in care as a required component of the CCDF consumer education website alongside the number of deaths, the number of serious injuries, the number of substantiated child abuse, and the total number of children in care by provider category and licensing category. We recommend requiring these data to be disaggregated by race and ethnicity, gender, home language, and disability status.

We also recommend making data on the number of children who were expelled or suspended from a CCDF provider publically available to families. Harsh discipline is harmful to children and is disproportionately applied to Black children, Indigenous children, boys, and children with disabilities (Zeng, Corr, O’Grady, & Guan, 2019).¹⁹ These forms of discipline breach children’s feelings of belonging and emotional safety, and are associated with an array of poor outcomes in older children, including school disengagement, grade retention, and lower rates of high school graduation. Parents deserve to know how programs approach discipline prior to identifying a child care program for their child. Disaggregating data, and including data on suspensions and expulsions, will be pivotal in helping families make the most informed decisions about where to enroll their children.

¹⁸ Bucher, E., Meek, S., Smith, L., Sanchez Fuentes, Y., Cardona, M. & Palomino, C. (2022, October). *Building supply, enhancing quality, and advancing equity: The Early Head Start-Child Care Partnership series: Spotlight on EHS-CCP grantees during the pandemic*. The Children’s Equity Project, Bipartisan Policy Center & Start Early. <https://childandfamilysuccess.asu.edu/sites/default/files/2022-11/EHS-CCP-grantees-110322.pdf>; Cardona, M., Meek, S., Smith, L., Sanchez Fuentes, Y. & Bucher, E. (2022a, November). *Building supply, enhancing quality, and advancing equity: The Early Head Start-Child Care Partnership series: Policy recommendations to grow EHS-CCP in states*. The Children’s Equity Project, Bipartisan Policy Center & Start Early. <https://childandfamilysuccess.asu.edu/sites/default/files/2022-10/EHS-CCP-roadmap-103022.pdf>; Cardona, M., Meek, S., Smith, L., Sanchez Fuentes, Y. & Bucher, E. (2022b, November). *Building supply, enhancing quality, and advancing equity: The Early Head Start-Child Care Partnership series: A state roadmap*. The Children’s Equity Project, Bipartisan Policy Center & Start Early. <https://childandfamilysuccess.asu.edu/sites/default/files/2022-11/EHS-CCP-states-110322.pdf>.

¹⁹ Zeng, S., Corr, C. P., O’Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension/expulsion: A population study. *Child abuse & neglect*, 97, 104149; Office of Civil Rights (June, 2021). An Overview Of Exclusionary Discipline Practices In Public Schools For The 2017–18 School Year. United States Department of Education. <https://www2.ed.gov/about/offices/list/ocr/docs/crdoc-exclusionary-school-discipline.pdf>; U.S. Education Department, Office for Civil Rights, Civil Rights Data Collection, 2017–18 State and National Estimations. <https://ocrdata.ed.gov/estimations/2017–2018>.

Content of Reports—§ 98.71, page 45037, 1st column, § 98.71(a)(11)

While we appreciate ACF’s desire to minimize reporting burdens, *the CEP disagrees with the proposed revision around deleting the requirement that Lead Agencies report amounts charged by providers over the co-payment set by the lead agency.* Given the proposal to cap family co-payments at 7% of income, it is even more important to track the data moving forward which will help ensure CCDF is achieving its goal of reducing the amount of money families pay for child care without passing costs or additional collection responsibilities onto the providers serving those families. We acknowledge ACF’s concern that the reporting requirement may be unreasonably burdensome on parents and providers and that several states gave feedback that they would not be able to collect accurate data or that their systems would be unable to calculate these data. In the cases where CCDF subsidies do not cover the full cost to provide quality care, removing this data reporting requirement would be a detriment to public interest. It is important to the public interest to have publicly reported data that reflects the amount charged above the co-payments set by the Lead Agency to inform the resources and funding necessary to sustain services across communities.
