

November 10, 2020

Administration for Children and Families  
Office of Planning, Research, and Evaluation  
330 C Street SW  
Washington, DC 20201

Attn: ACF Reports Clearance Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project, and Desk Officer for ACF

RE: Child Care and Development Fund Plan for States/Territories for FFY 2022-2024 (ACF-118; OMB #0970-0114)

Submitted via email to: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov)

The Early Care and Education Consortium (ECEC) would like to commend the Administration for Children and Families (ACF), Office of Child Care (OCC) on the development of the FY 2022-2024 Child Care Development Fund (CCDF) Plan Preprint for States and Territories. We greatly appreciate the opportunity to provide comments on the draft FY 2022-2024 CCDF Plan Preprint and offer the following recommendations to further strengthen and improve the Preprint. We have not commented on the many items we agree with, rather we have only highlighted areas where we are requesting clarification or have recommended changes or additions to offer.

ECEC is a non-profit alliance of the leading multi-state/multi-site child care providers, key state child care associations, and premier educational service providers, representing over 6,500 programs in 48 states, the District of Columbia, Puerto Rico and select international locations. Our members serve as the unified collective voice for providers of high-quality programs and services that support families and children from diverse cultural and socio-economic backgrounds. We are advocates for strong federal and state policies that bring quality to scale.

Please find our recommendations for the final Preprint below.

### **1.3 Consultation in the Development of the CCDF Plan**

*1.3.2 – Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).*

The Plan currently requires states and territories to provide details for at a minimum, one public hearing. We recommend the plan specify that states and territories must provide the date(s) and hearing site(s) or method(s) for all public hearings. In past years, ECEC members have experienced challenges obtaining this information in certain states, and have therefore been unable to attend or participate in all public hearings. It is therefore critical to our members that

this information be made available and easily accessible at least 20 calendar days prior to each public hearing, as specified in the plan.

### **1.6 Public-Private Partnerships**

*1.6.1 – Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)).*

We are seeking clarity on what type of public-private partnerships must be listed, especially with regards to the COVID-19 pandemic. We also encourage ACF to ask Lead Agencies to discuss how their state plans to continue those partnerships post-pandemic.

### **1.8 Disaster Preparedness and Response Plan**

*1.8.3 – Provide the link to the website where the statewide child care disaster plan is available.*

In light of the COVID-19 pandemic, we are pleased to see the requirement the requirement once again that Lead Agencies provide further information on their Statewide Child Care Disaster Plans, including any changes made as a result of the pandemic. We request, however, that states be required to have clear websites that are easy to search for both parent and provider information. We have found that in many states, pandemic related information is scattered throughout a number of different agencies and websites, making it extremely difficult for parents and providers to keep track of critical changes in guidance and policies.

Specifically, we request that states are asked to identify at minimum: 1) where guidance and regulations are posted, and 2) where guidance and regulations will be posted moving forward. Over the past eight months, ECEC providers, who operate in 48 states, the District of Columbia and Puerto Rico, have been working diligently to keep up with ever changing guidelines so to remain in compliance, but without clear direction from states and territories, this has been extremely burdensome.

Additionally, we request that states and territories be required to include information on operating hours and other temporary operational changes made as a result of COVID-19 in order to assist parents seeking care.

### **3.3 Increasing Access for Vulnerable Children and Families**

*3.3.4 – Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.*

We recommend asking Lead Agencies to provide greater clarity on the procedures used to identify and reach out to priority groups. This will better enable priority groups to understand what services are available to them.

### **3.4 Continuity for Working Families**

#### *3.4.1 – Minimum 12-month eligibility.*

We recommend asking Lead Agencies to describe any temporary changes made in light of the COVID-19 pandemic specifically, if applicable, in (d.).

### **4.1 Maximize Parental Choice and Implement Supply Building Mechanisms**

*4.1.7 – Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.*

*4.1.9 – Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).*

Sections 4.1.7 and 4.1.9 both include asks around “high-quality” child care—4.1.7 asks Lead Agencies to describe how they will identify shortages in the supply of “high-quality” care, and 4.1.9 asks Lead Agencies how they will prioritize investments for increasing access to “high-quality” care. While we are very supportive of the inclusion of these questions, and see significant value in prioritizing investments in quality, we suggest the plan also ask Lead Agencies to provide their definition of “high-quality” care. Without a clear understanding of how states and territories are defining quality, it will be difficult to understand and measure progress towards the plan’s goals.

### **4.3 Establish Adequate Payment Rates**

*4.3.6 – Identify and describe any additional facts that the Lead Agency considered in determining its 4.4 payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.*

We are seeking clarification as to whether the information in this section is intended to be used for rate setting moving forward or is just for informational purposes.

We are also in favor of states providing more clarity on their rate-setting process and how Lead Agencies determine the cost of care. We also strongly support asking states to provide more information on how COVID-19 has factored into higher cost of care and increased provider payment rates.

### **5.5 Comprehensive Background Checks**

*5.5.2 – Procedures for a Provider to Request a Background Check.*

We strongly support ACF requesting that Lead Agencies provide the links on the process by which a child care provider or other state or territory may submit a background check request. This important information is often difficult to find.

ECEC again would like to thank the U.S. Department of Health and Human Services, ACF for the opportunity to comment on the FY 2022-2024 CCDF Plan Preprint. We look forward to working with the states and territories in developing and implementing their new Plans.

Sincerely,

The Early Care and Education Consortium (ECEC)