

On behalf of the CCAU, we want to thank you for the opportunity to provide recommendations for the Child Care Assistance Program. Child Care Advocates United (CCAU) represents community-based organizations throughout the State of Illinois that are for profit and nonprofit. Our mission is to embrace the pursuit of excellence through civic engagement and social reform. CCAU advocates for equity, parity and inclusion not only for early care and education providers but for Illinois families.

We would like to provide the following recommendations for your consideration.

• *Increase reimbursement rates to 75% of the market.* According the DHS' own market survey, payments rates are not set at the federally recommended 75th percentile:

"Based on these analyses, several generalizations can be made regarding the ability of the Illinois Child Care Assistance Program to cover child care prices within a given market. Almost unilaterally, assistance rates do not reach the recommended 75th percentile as recommended by the CCDF."

Raising reimbursement rates should be a priority so providers have the resources and staff they need to serve low-income children and so families with CCAP can access a wide range of providers in the market.

- Increase income eligibility to 400% of FPL. A large and growing portion of working Illinois families don't qualify for any of the early care and education programs. Minimum wage increases have not kept up with the true cost of living. Yet a family must qualify for child care using the radically outdated income thresholds. Income guidelines must be adjusted to ensure that disadvantaged children in high-cost areas are eligible for essential early care and education services. Increasing eligibility to 400% will also eliminate the financial support cliff many families are currently facing.
- Sliding scale copayments. Reduce co-pays to \$1 for low-income families under 100% of poverty and create a sliding scale co-payment plan for families under 400% to no more than 7% of their income level.
- Pay providers in advance for services. The retrospective nature of payments from funding agencies contrasts with the policies providers have for private-paying parents. Payments prior to service will also ensure the solvency of the centers providing service..
- Pay providers for holidays, two parent-teacher conference days and two
 professional development days per year. Providers are currently losing revenue from
 these unpaid days. However, it is best practice to pay employees for holidays. In



addition, quality standards require that staff hold parent/teacher conferences when children are not present and require staff to get a minimum of 20 hours of PD hours.

- Develop a new electronic processing and tracking system. Families should be able
 to apply for early ECEC services and submit paperwork electronically in one centralized
 location; this may include linking other services like SNAP, TANF, Medicaid. Similarly,
 providers should be able to submit certificates electronically. Providers should also be
 able to follow a family's case, certificates and payments and resolve issues
 electronically;
- Develop strategies to minimize revenue loss for providers during changes in family eligibility or authorization status. One major source of revenue loss and concern for providers is confusion about when payments for specific children are authorized to begin, when payment authorizations changed, and when payments were terminated. As it stands, the entire financial risk and burden for providing care to low-income children rests squarely on the provider's shoulders.
 - Do not reduce or cancel payments until providers have been notified of changes. It is unreasonable and improper to deny or change payments to providers for services rendered before they are notified of changes in status. It is unfair that the cost of parental noncompliance is shifted from the state agency to the providers. DHS should pay providers for services delivered in good faith. Additionally, providers should be paid an additional 2 weeks after cancellation of payments similar to the contract most providers have with private paying parents who must give providers advance notice when leaving care.
 - Presume eligibility for families whose initial application suggests they qualify, allowing payments to begin immediately and continue while documentation is gathered and verified. Payments can be terminated if the family is ultimately found to be ineligible
 - Create an electronic notification system to improve notification process OR
 - Create an automated call system similar to that used by medical professionals to remind clients of appointments - to deliver email, voice or text messages to families and providers about certain changes in status and redetermination timelines.
 - Open up the site administered contract grant. Allowing centers to process parents eligibility in the CCAP program will ensure that services are begun sooner to families in need.



- Cover the cost of full day care regardless of parents' work or school schedule and align approval with school or program year. This is to ensure that children attend school on a regular schedule and arrive by a certain time so the classroom and child's routine is not disrupted. In addition, this provides stability for the provider.
- Create opportunities for providers to pool resources. The pool should have specialists and consultants that include instructional and education coordinators, accreditation consultants, nurse consultants, infant/toddler specialists, family care specialists, social workers, special education therapists, consultants and aids, substitute teacher pool among others. Furthermore, supporting and/or creating an association so providers can access health insurance and retirement plans for their employees.
- Effective marketing and engagement strategy. Marketing should educate families about the importance of quality early care and education. Furthermore, it should inform parents about CCAP
- Additional incentives. Incentives and support for providers to reach and maintain
 quality; incentives to provide infant and toddler care; incentives or add on to provide
 care for children diagnosed with special needs.

Should you have any questions or comments on these recommendations, we are available to discuss. We appreciate your efforts and commitment to the children of Illinois.

Sincerely,

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