



February 4, 2026

*Submitted electronically*

Office of Child Care  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C Street SW  
Washington, DC 20201

RE: HHS Proposed Rule titled “Restoring Flexibility in the Child Care and Development Fund (CCDF),” RIN number 0970-AD20, 45 CFR Part 98 (January 5, 2026)

## **I. INTRODUCTION**

ZERO TO THREE appreciates the opportunity to comment on the proposed rule on Restoring Flexibility in the Child Care and Development Fund (CCDF). Child care benefits the whole community—quality, affordable care promotes the healthy development and lifelong success of our youngest children and powers the economy as a necessary support for working parents. As the largest federal source of funding for child care, CCDF plays an outsized role in not only ensuring families with low income – including those with infants and toddlers – have access to affordable, quality care but also creating a stable supply of desperately needed child care providers in communities across the country. The four requirements included in the 2024 CCDF Final Rule and proposed for removal in this Notice of Proposed Rulemaking (NPRM) have made positive steps toward addressing family and provider needs. Rather than rescinding these requirements, ZERO TO THREE urges the Department of Health and Human Services (HHS or Department) to uphold these four requirements in tandem with strong federal investment in CCDF.

For nearly 50 years, ZERO TO THREE has worked to ensure that all infants and toddlers have a strong start in life. We know that all babies learn and grow through their relationships with their families, caregivers, and communities, as well as in the context of the environments in which they play, rest, are cared for, and explore. As such, we take a comprehensive, multifaceted approach to child development and well-being in the first three years of life. We work across a range of disciplines and systems to develop solutions that promote healthy early childhood development and prevent more significant, costlier challenges later in life.

ZERO TO THREE has evaluated this NPRM, and offer our comments in alignment with the following policy pillars that we submitted in response to the HHS Notice titled, *Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again* (Docket AHRQ-2025-0001):<sup>1</sup>

1. Transparency and Engagement
2. Use the Science of Child Development to Guide Policy

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<sup>1</sup> ZERO TO THREE (2025), Public Comment RE: HHS Notice titled "Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again," Docket AHRQ-2025-0001, 90 Fed. Reg. 20478 (May 14, 2025), <https://www.regulations.gov/comment/AHRQ-2025-0001-0788>.



3. Prioritize the Well-Being of Young Children
4. To Support the Child, Strengthen the Family
5. Working with Children Requires Knowledge, Skill, and Training
6. Ease the Burden on Individuals and Families, Not Just Systems

These six pillars guide ZERO TO THREE's response to the proposed Rule and ground our comment in principles that prioritize the health and well-being of infants and toddlers, their families, and providers. We similarly urge the Department to prioritize these pillars in its evaluation of the CCDF rule and any updates that may occur following this NPRM.

## **II. THE ROLE OF CCDF AND THE 2024 CCDF FINAL RULE IN SECURING CHILD CARE FOR YOUNG CHILDREN**

CCDF is a crucial funding stream to securing early learning and care for infants and toddlers in families with low or middle income. Infant-toddler care is particularly expensive and difficult for families to find.<sup>2</sup> Because caring for infants and toddlers is both time and resource-intensive, providing high-quality infant-toddler care is more costly for providers, driving increased costs for families and contributing to lack of affordable care for families. According to a 2024 analysis from the U.S. Department of Labor, the average annual cost for one infant is over \$11,000 for center-based care – higher than the annual, in-state university tuition in 41 states and the District of Columbia – and \$9,000 for home-based care.<sup>3</sup> CCDF alleviates these pressures by supporting access to care for over 390,000 infants and toddlers on average each month.<sup>4</sup> Furthermore, CCDF dollars are used towards quality improvement activities that benefit all infants and toddlers – both those receiving subsidies through CCDF and not – enrolled in child care. Improving quality in the child care system as a whole creates options for parents to choose the care that is right for their family. Higher-quality care increases the safety of child care settings and supports the positive development of infants and toddlers, leading to fewer social-emotional challenges in school, stronger language growth, and better early literacy outcomes.<sup>5</sup>

The 2024 CCDF Final Rule made positive steps toward addressing family and provider needs, including by capping costs for family copayments at 7% of family income, reforming payment practices to providers to require prospective and enrollment-based reimbursements, and requiring the use of grants and

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<sup>2</sup> ZERO TO THREE. (2024, March 20). *Why is child care so expensive?* <https://www.zerotothree.org/resource/good-question/why-is-child-care-so-expensive/>; Cogan, A., Jessen-Howard, S., Malik, R., & Hamm, K. (n.d.).

*Understanding infant and toddler child care deserts.* Center for American Progress.

<https://www.americanprogress.org/article/understanding-infant-toddler-child-care-deserts/>

<sup>3</sup> Child Care Aware of America. (2024). *2024 Child care price & landscape analysis.*

<https://www.childcareaware.org/price-landscape24/#Recommendations>; Poyatzis, G., & Livingston, G. (2024, November 19). *NEW DATA: Childcare costs remain an almost prohibitive expense.* U.S. Department of Labor Blog. <https://blog.dol.gov/2024/11/19/new-data-childcare-costs-remain-an-almost-prohibitive-expense>

<sup>4</sup> Administration for Children and Families, U.S. Department of Health and Human Services. (2025). *FY 2022 CCDF data tables (preliminary).* <https://acf.gov/occ/data/fy-2022-ccdf-data-tables-preliminary>

<sup>5</sup> Schoch, A. D., Gerson, C. S., Halle, T., & Bredeson, M. (2023). *Children's learning and development benefits from high-quality early care and education: A summary of the evidence* (OPRE Report #2023-226). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://acf.gov/sites/default/files/documents/opre/%232023-226%20Benefits%20from%20ECE%20Highlight%20508.pdf>



contracts, all of which align with the purpose of CCDF and with many states' efforts to maintain and build child care access for families. We recognize that implementation of the 2024 CCDF Final Rule has been uneven across states and that multiple states have requested additional time to fully implement the 2024 CCDF Final Rule provisions. However, we view this as a reflection of the need for greater federal investment to carry out these provisions effectively rather than the need to rescind or lower requirements. Robust funding for CCDF through annual appropriations for the Child Care and Development Block Grant (CCDBG) would not only help states to implement these provisions, but would also extend the reach of CCDF to more eligible children and providers, further stabilizing the child care system to the benefit of all families and child care providers.

We appreciate that the Department has retained the four major provisions of the 2024 CCDF Final Rule proposed for rescission as options available to states. This will allow for the states who have already implemented or begun to implement these changes to retain that progress and ensure that the resources, personnel, and time they have invested in that work are not wasted. Additionally, we applaud the retention of other elements of the 2024 CCDF Final Rule, such as the options for states to decide how to waive co-payments for certain low-income families, utilize online applications to make the subsidy system more transparent for families, and pay providers at the full subsidy rate. Similarly, we support the maintenance of the requirement for states to streamline eligibility and enrollment processes to reduce bureaucratic burden. These elements of the 2024 CCDF Final Rule alleviate burden on families, uphold states' flexibility in implementation, and retain safeguards to ensure CCDF dollars reach the families most in need and keep quality providers in business.

Finally, there is no evidence to suggest that the four 2024 CCDF Final Rule requirements proposed for elimination introduce fraud or weaken protections for the appropriate expenditure of CCDF dollars. State Lead Agencies already comply with existing, long-standing requirements to enforce mechanisms that identify any instances of fraud through review of attendance and billing records, record matching, quality control review, and staff training. ZERO TO THREE maintains that states can safely enact these four requirements that promote financial stability for child care providers, incentivize providers to accept subsidy-paying families, and enhance parent choice of care while still maintaining strong program integrity and oversight mechanisms in place to prevent fraud.

We urge the Department to maintain the four requirements from the 2024 CCDF Final Rule and identified in the NPRM to establish greater efficiencies and promote parent choice in the child care system. We provide further information on each requirement below.

### **III. LOWERING FAMILIES' COSTS FOR CHILD CARE**

*On the proposal to repeal the federally mandated cap on family co-payments at § 98.45(l)(3).*

ZERO TO THREE supports maintaining the 7% cap on family co-payments to ensure that families can access child care for their young children. Affordability is critical to support families' access to the programs of their choice, and a consistent benchmark promotes fairness across states.



For many families, child care is a determining factor for a family's financial stability.<sup>6</sup> Child care payments make up a substantial share of household budgets for families that use it, with monthly costs anywhere from 50% to over 100% of their rent or mortgage payments.<sup>7</sup> Child care expenses push about 134,000 families with children under age 6 into poverty each year, and around 446,000 middle class families are pushed into a lower income quintile by child care costs.<sup>8</sup> By reducing families' available resources, the high cost of child care in turn impacts the number of families seeking assistance from additional government programs, such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and rental assistance programs.

Child care expenses have only risen since the 2024 CCDF Final Rule was published. Research suggests that it would take 10% of a married couple with children's median income to afford the national average price of \$13,128, up from \$11,582 in 2023.<sup>9</sup> In every state, the average cost of center-based care for an infant or toddler is equal to or higher than 7% the average median income for a married couple; family child care is not much better. The U.S. Census Bureau has estimated that families spend 9% of their income on child care on average, with families living below the Federal Poverty Line (PVL) spending 27% and families with low incomes (100-199% of PVL) spending 17%.<sup>10</sup> Rolling back mandatory caps at a time when child care costs are already rising would increase costs for families receiving CCDF subsidies when their budgets are already hurting due to broader increases in the costs of housing, food, health care, and other basic needs.

The 7% co-pay cap was the most popular provision in the final rule, with the fewest states requesting a temporary waiver.<sup>11</sup> The majority of states have been able to move toward implementing the 7% cap, with 29 states currently implementing this policy.<sup>12</sup> Even in 2025-2027 state plans with co-pays above

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<sup>6</sup> Acs, G., Dehry, I., Giannarelli, L., & Todd, M. (2024). *Measuring the True Cost of Economic Security What Does It Take to Thrive, Not Just Survive, in the US Today?* Urban Institute. <https://www.urban.org/sites/default/files/2024-11/Measuring-the-True-Cost-of-Economic-Security.pdf>

<sup>7</sup> Board of Governors of the Federal Reserve System. (2024). *Economic Well-Being of U.S. Households in 2023*. <https://www.federalreserve.gov/publications/files/2023-report-economic-well-being-us-households-202405.pdf>

<sup>8</sup> Child Care Aware of America. (2025). *Child Care in America: 2024 Affordability Analysis*. [https://info.childcareaware.org/hubfs/Affordability\\_Analysis\\_Updated\\_2024.pdf](https://info.childcareaware.org/hubfs/Affordability_Analysis_Updated_2024.pdf); Ross, K. & Andara, K. (2024). *Child Care Expenses Push an Estimated 134,000 Families Into Poverty Each Year*. Center for American Progress. <https://www.americanprogress.org/article/child-care-expenses-push-an-estimated-134000-families-into-poverty-each-year/>

<sup>9</sup> Ross, K. & Andara, K. (2024). *Child Care Expenses Push an Estimated 134,000 Families Into Poverty Each Year*. Center for American Progress. <https://www.americanprogress.org/article/child-care-expenses-push-an-estimated-134000-families-into-poverty-each-year/>

<sup>10</sup> Toussaint-Comeau, M. & Jaffe, M. (2024). *Childcare Use and Expenses Among Families of Different Income Levels*. Federal Reserve Bank of Chicago. <https://www.chicagofed.org/publications/chicago-fed-insights/2024/childcare-use-expenses-by-income-levels>

<sup>11</sup> Office of Child Care, Administration for Children and Families, US Department of Health and Human Services. (2025). *Summary of Approved Transitional and Legislative Waiver Requests for 2024 CCDF Final Rule Requirements*. <https://www.the74million.org/wp-content/uploads/2026/01/Summary-of-Approved-Transitional-and-Legislative-Waiver-Requests-for-2024-CCDF-Final-Rule-Requirements.pdf>

<sup>12</sup> Child Care Aware of America. (2025). *ECE Policy Across the U.S., 2020-Present*. <https://www.childcareaware.org/state-policy-dashboard/>



the 7% cap, maximum co-pays are reduced in many states, supporting affordability for families.<sup>13</sup> Removing the mandatory co-payment cap would drive up costs for families and set back progress on child care affordability.

We strongly recommend retaining the 7% cap requirement. If this requirement is rescinded, we recognize that states may keep a 7% or other cap at their discretion; for these states in particular, we recommend retaining language that requires Lead Agencies to demonstrate in their CCDF Plans that the total payment to a provider would not decrease due to lower family copayments. This will ensure that programs are not penalized for variations in state programs, including retention of the 7% cap.

#### **IV. BUILDING SUPPLY WITH GRANTS AND CONTRACTS TO EXPAND PARENT CHOICE**

*On the proposal to repeal the requirement to use some grants or contracts for direct services at § 98.30(b)(1).*

ZERO TO THREE supports maintaining the current requirement for states, in addition to issuing vouchers, to also use contracts and grants to support access to care for communities that tend to face more challenges securing child care, including infants, toddlers, and children with disabilities. Contracts and grants play a distinct and complementary role to vouchers and provide an essential tool for building and stabilizing the supply of relatively scarce, more specialized care.

Across the country, infant and toddler care is simply absent or at an insufficient level to meet the needs of families. More than 80% of counties in the United States meet the definition of a child care desert, and licensed child care for infants and toddlers is more than three times as scarce than it is for preschool age children.<sup>14</sup> This lack of options only compounds the challenge families face in accessing affordable care for their babies. In families with incomes between 100% and 200% of the PVL, half have both parents working, greatly expanding the need for child care.<sup>15</sup> Contracts and grants enable states to directly address both these challenges, providing crucial support to families who access these slots directly paid for by the Lead Agencies, and also open up choice to families with vouchers, by increasing the availability of particularly difficult to find forms of care.

When contracted slots are properly balanced with vouchers, rather than restricting parental choice, they expand it. If infant-toddler care or care that meets the needs of a child with a disability does not exist in a community, a voucher does not offer a family a real choice. In contrast, contracted slots can be used to expand and stabilize the supply of various forms of care that parents are seeking, thereby expanding choice by helping to ensure that those forms of care, such as for infants and toddlers and for children

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<sup>13</sup> Administration for Children and Families, U.S. Department of Health and Human Services. (2025). *CCDF Family Co-Payments By State*. <https://acf.gov/sites/default/files/documents/occ/CCDF-Family-Co-Payments-by-State.pdf>

<sup>14</sup> Jessen-Howard, S., Malik, R., & Falgout, M. (2022, May 20). *Costly and unavailable: America lacks sufficient child care supply for infants and toddlers*. Center for American Progress.

<https://www.americanprogress.org/article/costly-unavailable-america-lacks-sufficient-child-care-supply-infants-toddlers/>

<sup>15</sup> Schilder, D., Wagner, L., Greenberg, E., Vaughan, K., Purohit, R., & Williams, A. (2025, December). *Early care and education for infants and toddlers in the U.S.: State-by-state data on demand, cost, licensing, and policies* (Urban Institute). Urban Institute. <https://www.urban.org/sites/default/files/2025-12/Early-Care-and-Education-for-Infants-and-Toddlers-in-the-US.pdf>



with disabilities, are available in the community. Contracts and grants are thus foundational to ensuring families have real choice among child care options, particularly for young children with higher caregiving needs.

Contracts and grants can also be used to expand the range of types of providers available to families, through contracts targeted to centers, family-based care, and other types of providers. Contracts and grants can be available to networks that support home-based child care providers, including Family, Friend and Neighbor (FFN) care providers. Contracts and grants increase the supply of these forms of care by incentivizing providers and offering a stability that encourages them to provide often more costly forms of care, such as infant-toddler care. Similarly, contracts and grants offer the ability for Lead Agencies to target the supply of care where it is most geographically needed, particularly in rural communities.<sup>16</sup>

Contracts and grants are also an important tool for states to support quality and increase accountability. The infant and toddler years are the period of the fastest brain development and the most sensitive to the quality of care and interactions with adults. Raising the quality of infant-toddler care results in long-term benefits for children's development and success in later life. Contract and grants are especially powerful when paired with targeted investments in the quality of child care settings. These tools allow for states to offer child care providers targeted technical assistance and access to training focused on caring for populations of children with higher needs, where providers may need additional support. For example, the care of children with disabilities typically requires child care providers to have additional knowledge and skills. Contracts and grants, paired with focused investments in training and support, ensure that parents who have children with disabilities have access to the specialized care that their children need. Additionally, these tools can be used to strengthen accountability, as states are able to write in stronger fiscal management and oversight into contract agreements than typically possible with a voucher.

## **V. STABILITY FOR PROVIDERS AND FAMILIES THROUGH PROSPECTIVE PAYMENTS**

*On the proposal to repeal the requirement to pay child care providers prospectively at § 98.45(m)(1).*

ZERO TO THREE strongly supports retaining the requirement that Lead Agencies pay providers prospectively. This provision supports the financial stability of providers through a reliable funding stream, incentivizes new providers into the subsidy system through payment efficiencies, better reflects the fixed costs of care, and ultimately increases family choice. Prospective payments ensure a steady revenue flow that allows providers to adhere to solid business practices such as paying vendors and staff in a timely fashion. By knowing the amount of reimbursement and receiving this amount at the beginning of each month, child care providers can keep their programs on sound financial footing and focus on offering high-quality services to the children in their care.

Prospective payments enhance the financial stability that providers need to stay in business and retain staff, ensuring the continuity of relationships between staff and young children that form the foundation of positive early learning experiences and strong early childhood development. Furthermore, prospective payments make child care more attractive to individuals who would like to enter the

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<sup>16</sup> Child Care Gaps Assessment. (2025). *ChildcareGap.org*. <https://childcaregap.org/>



business by relieving concerns about long-term financial solvency.<sup>17</sup> Reducing barriers to entry for new child care providers facilitates the expansion of supply that families badly need and provides more choices in selecting care. Furthermore, families who do not use CCDF subsidies, i.e. private-pay families, routinely pay prospectively based on a slot being held for their child. Aligning CCDF payments with the private-pay sector makes serving children with subsidies more attractive to providers, opening up more choices for care.

While we recognize that many states have not yet implemented prospective payments as required under the 2024 CCDF Final Rule, the benefits in terms of system stability make this policy worth retaining while giving states more time and technical assistance to make this policy work in practice. Successful implementation requires ensuring technical systems can work seamlessly for the Lead Agency and providers while maintaining payment integrity.<sup>18</sup> A longer planning and implementation time could help states improve their technical systems as well as engage providers in designing a system that works on both ends. The important goals of creating efficiencies in the subsidy system and attracting and retaining providers to an industry marked by scarcity warrants retaining the prospective payment policy while giving states more time to address any technological, funding, or other barriers to implementation.

## **VI. ENROLLMENT-BASED PAYMENTS PROMOTE QUALITY AND PARENT CHOICE**

*On the proposal to repeal the requirement to pay child care providers based on a child's enrollment rather than attendance at § 98.45(m)(2).*

To ensure stability for both child care providers and for families of young children, ZERO TO THREE strongly encourages the Department to continue to require Lead Agencies to pay child care providers prospectively based on enrollment and not attendance. Child care providers cannot predict when a child might be absent due to, for example, a medical appointment, family emergencies, transportation challenges, or the colds, flus, and other illnesses that are all too frequent in the early years. However, child care providers must still maintain the same level of staffing and other services even in these situations. Because the vast majority of child care providers operate on extremely thin budgets with an average profit margin of less than 1 percent, access to reliable and stable funding is an essential factor that child care providers consider when making decisions about child enrollment. Paying prospectively based on enrollment and not attendance improves provider financial stability, supports the child care workforce across settings, aligns with the payment practices of the vast majority of programs that serve private-pay families, and has substantial benefits for encouraging providers to participate in the subsidy program. All are key to increasing parent choice and child care options for families.

A 2023 survey from the National Association for the Education of Young Children (NAEYC) found that 80% of child care providers would be more likely to participate in the subsidy program if payments were

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<sup>17</sup> Rafa, A., & Spinetti, M. (2024, April 26). *The state policy implications of the new federal child care rule*. Prenatal-to-3 Policy Impact Center. <https://pn3policy.org/blog/the-state-policy-implications-of-the-new-federal-child-care-rule/>

<sup>18</sup> Meade, E. (2025, September 15). *A state-by-state summary of prospective payments implementation approaches*. New Practice Lab, New America. <https://www.newamerica.org/new-practice-lab/blog/approaches-to-implementing-prospective-payments/>; For examples of barriers, see Connecticut's 2025-2027 CCDF State Plan. Connecticut Office of Early Childhood. (2024). *Child Care and Development Fund (CCDF) Plan for State/Territory Connecticut FFY 2025-2027*. <https://www.ctoec.org/wp-content/uploads/2024/12/ACF-118-CCDF-FFY-2025-2027-For-Connecticut-10-2024-version.pdf>



based on enrollment.<sup>19</sup> Importantly, providers in geographical areas with deep child care needs reported that payment based on enrollment would increase their ability to accept subsidy-paying families—74% of providers working in programs serving infants and toddlers and 72% of providers working in rural areas said they would be more likely to accept or increase the number of subsidy-paying families they served if the state paid on enrollment.<sup>20</sup>

The proposal to eliminate the requirement would decrease parent choice, reduce child care options, destabilize an already scarce landscape of child care supply, and result in significant differences in families' access to child care based on where they live. This change also would disproportionately harm children experiencing homelessness and those involved with the child welfare system, who benefit greatly from early care and learning opportunities. These children are more likely to face situations—such as housing instability, transportation barriers, foster care placement changes, and court appointments—that may prevent them from consistently and predictably attending child care. Due to the potential impact such uncertainty could have if payments are tied to attendance, providers may be less likely to serve these children, with infants and toddlers at greatest need thereby losing their place in care.

The dependability and structure of payment practices are instrumental in maintaining program and industry stability and efficiency as well as parent choice. For example, in West Virginia, child care providers have been paid based on enrollment since 2020 on a temporary basis. As one rural, center-based program shared, that policy has been critical to keeping the program open and a change to attendance-based payment might result in having to close their doors to about 100 children, 60% of whom come from families that pay with subsidies.<sup>21</sup> As another example, in Montana, where enrollment-based pay became law in 2023, a program owner noted that the policy change was pivotal for her program. Before 2023 when subsidies were reimbursed based on attendance, she often sacrificed her own wages during low-attendance months. Since enrollment-based pay became law, she has been able to add two part-time workers to her staff.<sup>22</sup>

While ZERO TO THREE strongly supports retaining this provision, if adjustments are made, we recommend that the Department continue to encourage policies that would advance the practice of delinking payments from occasional absences. In their 2025-2027 state plans, 12 states described alternative approaches they take to delink payments from attendance without paying fully based on enrollment.<sup>23</sup> We recommend a generous absence policy, such as paying in full for at least 80 absences per child per provider per year (approximately 6-7 absences per month for a 12-month year) or 70% of

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<sup>19</sup> National Association for the Education of Young Children. (2023, August 28). *Comments of the National Association for the Education of Young Children (NAEYC) on improving child care access, affordability, and the Child Care and Development Fund (CCDF) proposed rule* (NPRM docket no. ACF-2023-0003).

[https://www.naeyc.org/sites/default/files/wysiwyg/user-73607/naeyc\\_nprm\\_comments.final.pdf](https://www.naeyc.org/sites/default/files/wysiwyg/user-73607/naeyc_nprm_comments.final.pdf)

<sup>20</sup> The Early Childhood Policy Team. (2025, February 20). *Understanding the basics of child care in the United States*. Center for American Progress. <https://www.americanprogress.org/article/understanding-the-basics-of-child-care-in-the-united-states/>

<sup>21</sup> Sullivan, E. T. (2026, January 9). *Proposed changes to provider pay could lead to child care rate hikes, closures*. The 74. <https://www.the74million.org/zero2eight/proposed-changes-to-provider-pay-could-lead-to-child-care-rate-hikes-closures/>

<sup>22</sup> Ibid.

<sup>23</sup> Child Care Aware of America. (2024). *A Snapshot of State Responses in Draft CCDF Plans*. <https://info.childcareaware.org/hubfs/SnapshotofStateCCDFPlanResponsesUpdated.pdf>



enrolled days, not including days the program is closed. Children are often absent from care for a variety of reasons outside the provider's control (e.g., child illness, school closure for an older child, transportation difficulties, parent's work schedule, etc.), and, as noted above, subsidy reimbursement should be aligned with generally accepted business practice of monthly billing to ensure the provider is not penalized for child absences.

## **VII. CONCLUSION**

ZERO TO THREE appreciates the opportunity to weigh in on this NPRM and affirms our support for the 2024 CCDF Final Rule, including the four requirements proposed for repeal in this NPRM, in recognition of their role in stabilizing the child care workforce and increasing choice of care for the parents and caregivers of young children. We recognize the limitations of implementation thus far, and urge the Department to work with Congress to increase federal investment in CCDF through the annual appropriations process. We thank you for your consideration of these comments for the proposed rulemaking.