FACT SHEET:
Building Partnerships Between Early Head Start Grantees and Child Care Providers

ZERO TO THREE
National Center for Infants, Toddlers, and Families

Why Partner?

Partnerships between Early Head Start (EHS) and child care programs can provide children and families with increased access to high-quality early learning experiences. The partnerships support working families by providing a full-day, full-year program so that more vulnerable children have the healthy and enriching early experiences they need to realize their full potential. Quite simply, they can help ensure that a child's entire day in non-parental care takes place in an environment that meets federal EHS Program Performance Standards (HSPPS).

EHS programs have always had relationships with child care programs. Many EHS parents work, so their children need care beyond the hours of an EHS program. In 2011–2012, of two-parent EHS households, 78% had one or both parents employed; of single parent households, 44% had an employed parent. If a family is in a home-based EHS program, the child may also be in a child care arrangement. Given the need for continuous support for the children's development, EHS grantees often reach out to child care programs caring for EHS children to work on quality improvement strategies. Some EHS grantees provide full-day services to meet the needs of working parents so that the entire day occurs in an EHS environment.

THE BASICS

The 2014 Omnibus Appropriations Act included $500M for EHS-Child Care partnerships to grow the supply of effective and high-quality early learning opportunities for children from birth through 3 years old. These competitive grants will allow Early Head Start grantees to partner with center-based and family child care providers who agree to meet EHS Program Performance Standards (HSPPS) and provide comprehensive, full-day, full-year high-quality services to infants and toddlers from low-income families.

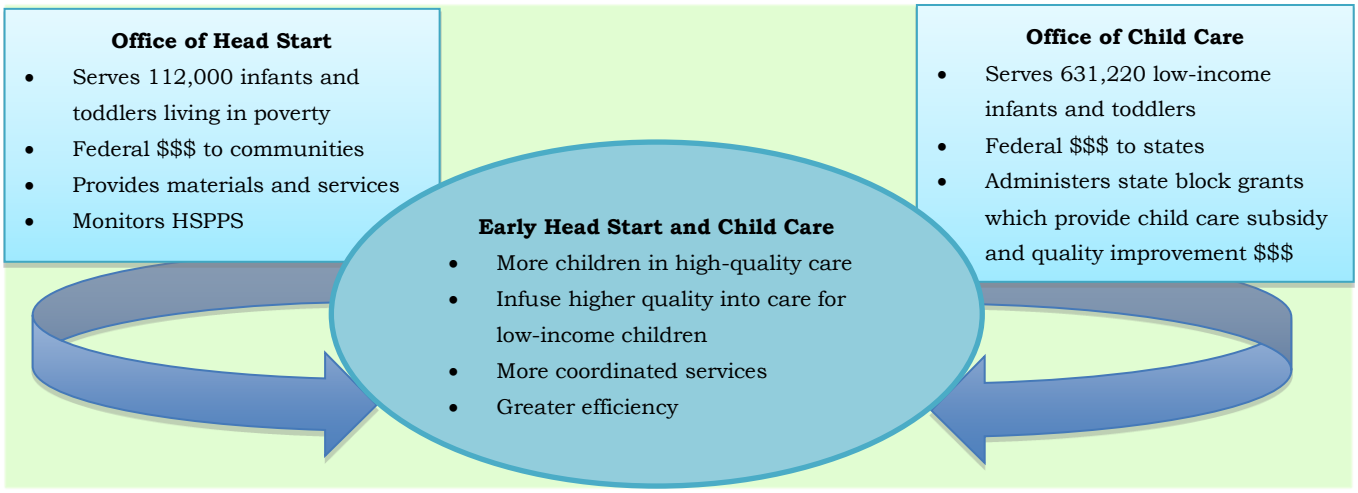
This fact sheet draws on past research and experience with partnerships to show how they work and benefit young children and families.

Successful partnerships bring together the strengths of both programs to best meet child and family needs. Ultimately, partnerships between EHS and child care can expand the supply of stable community-based early childhood programs that:

- Are child-focused, allowing primary caregiving and continuity of services as much as possible;
- Are built on identified community needs and strengths;
- Meet the high-quality child care needs of parents and the developmental needs of children;
- Draw on and help coordinate existing services in a community;
- Provide high-quality, comprehensive care and services for children and families who are low-income;
- Meet federal HSPPS;
- Maximize federal and state funding; and
- Employ highly qualified professionals with specific preparation to work with expectant women, infants, toddlers, and their families

How Have the Partnerships Worked?

Partnerships are a formalized relationship in which the child care provider agrees to meet HSPPS and provide actual EHS services. In order to meet such standards, EHS and child care programs generally need financial and structural supports to effectively coordinate the partnership as well as to protect the integrity of the programs as they engage in joint professional development and technical assistance. To use funding streams efficiently, EHS funds may be combined with child care subsidy funds to cover an entire day for the child or pay for comprehensive services. The legal relationships between the child care provider and EHS grantee currently vary and depend upon local circumstances and preferences. EHS programs sometimes contract with an individual provider or system of providers to serve a specific number of EHS children. Some family child care providers become employees of the grantee and serve only EHS-eligible children. Because EHS and child care funding streams serve different purposes and have different eligibility and administrative practices, policymakers and program administrators need to identify and remove barriers to braiding child care subsidy and federal EHS dollars. State child care administrators need to work with the partnerships to iron out issues related to child care subsidy eligibility, parent copay, and provider payment policies in relation to requirements governing federal EHS grantees. Financial incentives and supports for providers and grantees are also needed in order to join and maintain partnerships.



Retrieved from presentation titled "The Family Child Care Option in Early Head Start Programs: Collaborations that Work!" (August 6, 2013). Similar version was developed for the Office of Head Start and the Office of Child Care through Task Order- HSSP2332095657WC- An early Head Start for Family Child Care Project- Updated numbers retrieved from Data from the annual Program Information Report (PIR), administered by the Office of Head Start (OHS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS)- October 2012

What Do Partnerships Bring to Quality?

Access to Comprehensive Services: In addition to high-quality early learning experiences, EHS programs provide a platform to increase the availability of high-quality comprehensive services that benefit children and families, including: health, developmental, and behavioral screenings; higher health, safety, and nutrition standards; and parent engagement opportunities. Furthermore, partnerships have been shown to strengthen and support coordinated service delivery in communities.[1]

Generally Higher Standards: EHS standards are generally higher than child care licensing standards applied to infants and toddlers in most states. However, it is important to remember that state standards are merely a base; so individual providers may exceed the state requirements.

- **Ratios and Group Size**: EHS requires a ratio of 1 staff person for every 4 infants and toddlers in center-based programs. While 35 states meet or exceed this standard for infants in their child care licensing standards, only 16 have that same ratio for older toddlers. The maximum group size in EHS is 8. While about 40% of states meet or exceed this standard for infants, very few approach it for older toddlers. In family child care, an EHS provider working alone may serve only 2 children less than 2 years old in a maximum group of 6. When there is a provider and an assistant, the maximum group size is 12 children, with no more than 4 of the 12 children younger than 2.[2] *Considerations for partnerships:* As child care providers partnering with EHS programs change their staff-to-child ratio to match EHS requirements, the implications for provider budgets must be considered, since it usually means reducing the number of children in care or adding more staff.
- **Teacher Qualifications**: EHS center-based teachers must have a CDA or complete one within a year of starting service and have been trained (or have equivalent coursework) in early childhood development. EHS family child care providers must have a CDA credential within 2 years of starting services. Only 10 states require lead teachers in child care centers to have a CDA credential or higher.[3] *Considerations for partnerships:* The need for child care providers to access affordable, high-quality, linguistically and culturally competent child development coursework and credentialing must be evaluated and addressed from the beginning. The partnerships promote increased professional development opportunities for both EHS and child care providers.
- **Professional Development and Training Requirements**: While state requirements around professional development for child care providers vary widely, EHS requires that teachers and staff participate in ongoing professional development and training that includes coursework on infant and toddler child development; implementation of curriculum; skill development for working with children with disabilities; effective communication with infants, toddlers, and preschoolers and with their families; safety, sanitation, hygiene, health practices, and certification in, at minimum, infant and child cardiopulmonary resuscitation (CPR); pediatric first aid; identification and reporting of suspected child abuse or neglect; and nutrition. *Considerations for partnerships:* The need for child care providers to access affordable, high-quality, linguistically and culturally competent professional opportunities must be addressed from the beginning. Partnerships have shown to increase the professional capacity of both EHS and child care providers.

Experiences From the "Early Head Start for Family Child Care Project"

In 2010, the Office of Head Start and the Office of Child Care funded the EHS for Family Child Care project to create a replicable framework for supporting EHS–family child care partnerships. The project was designed to promote higher-quality care for low-income children in family child care homes, coordinated and comprehensive services for families, support to increase the capacity of family child care providers, and support for coordinated service delivery in communities.[4] This project went far beyond the idea of simple partnerships between two early childhood providers. Its premise was that for these partnerships to be effective, communities had to establish an infrastructure that supported collaboration between EHS programs and child care services for low-income families, often funded through the Child Care Development Fund (CCDF) and state funds. States also had to be brought into the collaboration to help resolve differences in policies, such as child care subsidy eligibility redetermination, that could derail the partnerships.

The partnership pilot enlisted EHS grantees and a child care partner (such as a child care resource and referral agency) in 22 communities across 17 states. The partnership teams were supported by a Child Care Partnership Coordinator, who as a neutral party was seen as key to helping organize and mitigate turf issues, identify new partners, and keep the stakeholders focused on community goals. Each partnership team had access to a stipend of up to $20,000 that could be used to support project activities such as provider training and equipment.

Project Successes

- Created community infrastructure to share information, jointly administer training, and provide supports and ensure ongoing communication among program staff.
- Supported quality in family child care homes by increasing credentials, building leadership among the providers, and enhancing the quality of the caregiving environment.
- Increased the EHS grantees' ability to meet families' needs by offering a full-day option or providing care with desired characteristics, such as a home-based setting, mixed age group, or a provider with a similar cultural or linguistic background.
- Increased the availability of high-quality child care in the community when the family child care provider served both EHS and non-EHS children.

Strategies for Building Successful Partnerships[5]

- Ensure the inclusion of adequate funding, incentives, infrastructure, and resources to promote collaboration, maintain the partnerships, and support the child care programs as well as the EHS grantee as they work together to meet HSPPS and engage in joint professional development.
- Ensure equality in the partnerships by engaging all stakeholders from the beginning and involving them in the decision-making process.
- Recognize when providers need substantial ongoing support to meet the HSPPS, including access to high quality, inclusive, affordable, linguistically, and culturally competent professional development.
- Ensure respect for the child care providers' expertise and experience, time constraints for training and other meetings, and their desire to possibly remain autonomous small businesses.
- Consider implications for provider budgets and include strategies that promote financial sustainability.
- Policymakers and program administrators need to identify and remove barriers to braiding child care subsidy and federal EHS dollars. State child care administrators should work with the partnerships to iron out issues related to child care subsidy eligibility, parent copay, and provider payment policies in relation to requirements governing federal EHS grantees. Financial incentives and supports for providers and grantees are also needed in order to join and maintain partnerships.

Summarized and Adapted From:

ACF-IM-HS-08-12 Statutory Degree and Credentialing Requirements for Head Start Teaching Staff. HHS/ACF/OHS. 2008, http://www.acf.hhs.gov/programs/ohs/policy/im2008/acfimhs_08_12.html.

Danielle Ewen and Elizabeth Hoffmann, Head Start and Child Care Partnerships Policy Brief. Washington, DC, CLASP, http://mschildcare.org/CLASP_System_Alignment.pdf.

Department of Health and Human Services, Administration for Children and Families. (2008, January 8). 45CFRParts 1304 and 1306 - Final rule. Federal Register, 73(5), 1285-1297. Retrieved from: http://edocket.access.gpo.gov/2008/E7-25462.htm.

Department of Health and Human Services, Administration for Children and Families. (2008, January 8). 45CFRParts 1304 and 1306 - Final rule. Federal Register, 73(5), 1285-1297. Retrieved from: http://edocket.access.gpo.gov/2008/E7-25462.htm. See ACF-IM-HS-08-12 Statutory Degree and Credentialing Requirements for Head Start Teaching Staff. HHS/ACF/OHS. (2008).http://www.acf.hhs.gov/programs/ohs/policy/im2008/acfimhs_08_12.html.

National Infant & Toddler Child Care Initiative and the Early Head Start for Family Child Care Project, Promoting Local Partnerships Between Child Care and Early Head Start: Ideas for State Leaders. Washington, DC, 2011, http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/ehs-fcc/nitcci-issue-paper.pdf.

Patricia Del Grosso, Lauren Akers, and Luke Heinkel, Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project, Final Report Summary. Princeton, NJ: Mathematica Policy Research, 2011, http://www.mathematica-mpr.com/publications/pdfs/earlychildhood/ehs_fcc_evalrpt.pdf.

U.S. Department of Health and Human Services, What are the Early Head Start-Child Care Partnerships? 2013, https://www.acf.hhs.gov/sites/default/files/occ/what_is_the_early_head_start_cc_partnership_final_4_508.pdf?nocache=1365689128

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at

www.zerotothree.org/public-policy

[1] Patricia Del Grosso, Lauren Akers, and Luke Heinkel, Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project. Princeton, NJ: Mathematica Policy Research, 2011.
[2] Stephanie Schmit and Hannah Matthews. Better for Babies: A study of state infant and toddler child care policies. Washington, DC: CLASP, 2013, http://www.clasp.org/admin/site/publications/files/BetterforBabies2.pdf.
[3] Ibid.
[4] Patricia Del Grosso, Lauren Akers, and Luke Heinkel, Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project. Princeton, NJ: Mathematica Policy Research, 2011.
[5] Ibid.