

# Promoting Local Partnerships Between Child Care and Early Head Start:

## *Ideas for State Leaders*



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ZERO TO THREE

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Across the country, State and Territory leaders are looking for ways to develop the supply of high-quality child care that meets the unique needs of infants and toddlers, especially for those who are at risk. At the same time, State Early Childhood Advisory Councils (ECACs) are charged with identifying opportunities for, and barriers to, collaboration and coordination of early childhood programs. One approach being considered is promoting local partnerships between Federal Early Head Start (EHS) grantees and child care centers and family child care homes. The Office of Child Care (OCC) and the Office of Head Start (OHS) are supporting two efforts that provide relevant technical assistance and planning tools to State<sup>1</sup> and local leaders. This Technical Assistance brief is the product of collaboration between the National Infant & Toddler Child Care Initiative (NITCCI) and Early Head Start. It is one of several resources being produced to support early childhood partnerships that meet the needs of infants, toddlers, and families.<sup>2</sup>

Successful partnerships bring together the strengths of both programs to best meet child and family needs. Around 90,000 infants and toddlers currently participate in EHS.<sup>3</sup> Child Care and Development Fund (CCDF) dollars help families afford child care for over 480,000 infants and toddlers who are in families with low incomes in an average month.<sup>4</sup> Formal partnerships between EHS and child care providers can follow a variety of models depending on how stakeholders define the roles and responsibilities of each partner. 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 for as long as possible.
- Are built on identified community needs and strengths.
- Meet the 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 Head Start Program Performance Standards (HSPPS).
- Employ highly qualified professionals with specific preparation to work with infants, toddlers, and their families.
- Maximize Federal and State funding.

1 Throughout this brief the word "State" means States and Territories unless otherwise indicated.

2 NITCCI's work on this brief is part of a broader initiative started by the Office of Child Care and the Office of Head Start to promote partnership between the EHS and infant/toddler child care systems. The idea for this resource came from reviewing previously released resources developed as part of the QUILT project, which was sponsored by the Administration for Children and Families.

3 Estimate based on Office of Head Start, Administration for Children and Families. (2010). *Head Start facts – February 2010*. Retrieved from <http://www.acf.hhs.gov/programs/ohs/about/fy2010.html>.

4 Estimate based on *Child Care and Development Fund preliminary estimates (FFY 2009)*, Table 1: Average monthly adjusted number of families and children served and Average monthly percentages of children in care by age group. Retrieved from: [http://www.acf.hhs.gov/programs/ccb/data/ccdf\\_data/09acf800\\_preliminary/list.htm](http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/09acf800_preliminary/list.htm).

The following information is intended to outline specific State policy choices that impact how easy or difficult it is to develop a formal partnership agreement between child care providers and EHS grantees. It is organized according to the key functions of a comprehensive State early childhood system (as defined by a group of national organizations and individuals who make up the Early Childhood Systems Working Group):

## Collaborating for Infants and Toddlers: Examples from State ECAC Plans

*The National Governors' Association analyzed State ECAC plans and identified 15 States that highlighted birth to 3 in them. Examples include:*

- Designate a subcommittee to focus on infant and toddler issues (DC, IL) or include an infant/toddler specialist in the council (CA).
- Focus on infants and toddlers in the statewide needs assessment (MA), quality enhancement plan (OK), professional development plan (RI), or planned policy agenda (AR, CO).
- Develop/revise early learning guidelines for children birth to 3 (LA, NJ, RI, VT).
- Plan improved quality monitoring for State-funded infant and toddler early childhood programs (IL).
- Track the impact of QRIS on quality of infant and toddler child care (NJ).

*Some of these States also listed activities to promote collaboration. For example:*

- Enhance collaboration and coordination (see WV example below).
- Identify barriers to collaboration (LA).
- Provide technical assistance to community partnerships (IL).
- Focus on Federal–State–local coordination and alignment of early childhood services, supports, and infrastructure to improve outcomes for children (CO).

Source: National Governors' Association. (2011). *State Early Childhood Advisory Councils*. Retrieved from: <http://www.nga.org/cms/home/nga-center-for-best-practices/center-issues/page-edu-issues/col2-content/main-content-list/state-early-childhood-advisory-c.html>

- Define and coordinate leadership;
- Finance strategically;
- Enhance and align standards;
- Create and support improvement strategies;
- Recruit and engage stakeholders; and
- Ensure accountability.

Additional information and technical assistance regarding this system framework is available on the Build Initiative website. In this brief, each section includes: (a) basic background, (b) strategies to consider, and (c) an example of implementation in early care and education.

## DEFINE AND COORDINATE LEADERSHIP

There are opportunities for State leaders to raise awareness about the importance of partnerships between EHS and child care, facilitate cross-system connections and knowledge-building, and model positive partnerships in their actions and policies.

Strategies to consider include:

- **Model partnership at the State level.** This can include establishing regular means of communication and shared planning among State agency leaders, including the CCDF administrator, child care licensing, Head Start State Collaboration director, and the State ECAC. Partnerships can be promoted in early care and education priorities, benchmarks, and goals. Information about opportunities for, and barriers to, EHS and child care partnerships can be used to inform ECAC work. At least 15 States and Territories (AR, CA, CO, DC, IL, LA, MA, NC, NJ, OH, OK, RI, VI, VT, WV) included infant/toddler issues in their stated ECAC priorities and action plans (See box: Collaborating for Infants and Toddlers: Examples from State ECAC Plans).<sup>6</sup> Other partners to consider include State Head Start or child care associations, as well as regional OCC and OHS staff.

<sup>5</sup> <http://www.buildinitiative.org/content/early-childhood-systems-working-group-ecswg>.

<sup>6</sup> Personal communication with Rachel Demma, February 2011. Based on preliminary analysis by the National Governors' Association.

- **Facilitate connections between infant/toddler child care and EHS support systems.** For example, encourage cross-system connections among the range of professional development training and technical assistance providers operating within the State.<sup>7</sup> Potential partners include: child care licensing agencies, child care resource and referral agencies, infant/toddler specialist networks, and State-based Training and Technical Assistance (T/TA) early childhood education (ECE) specialists for EHS. Strategies include encouraging EHS and child care leaders and technical assistance providers to invite each other to meetings and conferences and developing an online calendar that shares information about meetings and professional development opportunities across the EHS/HS and child care systems. Encouraging representation of EHS and infant/toddler child care centers and family child care providers in local early childhood governance councils or committees will also facilitate cross-systems connections.
- **Support learning about partnership models and steps.** For example, identify current EHS-child care partnerships at the local level and provide opportunities for peer-to-peer learning for others interested in partnering. Another approach is to sponsor webinars, meetings, or materials that describe existing partnership models and ideas for how to get started building partnerships. The State can also provide limited financial support for the cost of time spent investigating and planning for partnerships. These costs can be a barrier to local partnerships, but they are important. One study of child care and Head Start partnerships found that child care center directors reported planning for an average of 6 months before offering services in partnership.<sup>8</sup>

## DEFINE AND COORDINATE LEADERSHIP

### *West Virginia: Promoting Collaboration at Multiple Levels*

*Leaders across the child care and EHS/HS systems have embedded principles of collaboration in State policy development and implementation for over a decade. Strategies have included:*

- *Shared leadership: Collaborative efforts to harmonize standards applying to infant/toddler care in any setting are a natural outgrowth of a decade of shared leadership to implement the State prekindergarten program, which the legislature mandated be delivered through community partnerships among schools, child care, and Head Start. That leadership council, called PIECES (Partners Implementing an Early Care and Education System), was elevated by the Governor to become the State's Early Childhood Advisory Council (ECAC) as authorized in the 2007 Head Start reauthorization.*
- *Cross-system statewide working groups: Statewide working groups including child care and EHS administrators and providers have developed infant/toddler early learning guidelines and reviewed State licensing rules relative to very young children, and they are now developing an infant/toddler credential.*
- *Up-front information on program missions and services: Looking forward, the ECAC listed enhancing collaboration and coordination among early childhood programs as a key priority. The ECAC plans to ensure cross-system representation in all subcommittees, and provide initial training on the key elements defining each stakeholder group for their members.*

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<sup>7</sup> See National Association for the Education of Young Children (NAEYC) & National Association of Child Care Resource and Referral Agencies (NACCRRA). (2011). *Early childhood professional development: Training and technical assistance glossary*. Retrieved from: [http://www.naeyc.org/GlossaryTraining\\_TA.pdf](http://www.naeyc.org/GlossaryTraining_TA.pdf).

<sup>8</sup> Schilder, D., et al. (2005). *Child care/Head Start partnership study*. Washington, DC: Submitted to the Child Care Bureau, Administration for Children and Families, p. 31.

Using public dollars both wisely and efficiently is especially important when limited funding is available. Effective EHS and child care partnerships must leverage Federal EHS and CCDF dollars, as well as other available resources within the State. For example, OCC has clarified that States may set subsidy eligibility and re-determination policies to encourage longer duration of care for children within certain parameters.<sup>9</sup> In addition, Federal law does not prohibit using CCDF and EHS funds to care for the same child, as long as eligibility conditions are met by the family and there is no duplicate payment for the same exact service. CCDF can often be maximized when used in combination with other funding sources—giving programs additional resources to provide higher quality care that is full day and full year and thus meets the needs of working families.

Strategies to consider include:

- **Identify and remove barriers to braiding child care subsidy and Federal EHS dollars.**

Comparisons of child care subsidy eligibility, parent copay, and provider payment policies to those governing Federal EHS grantees are a first step. Policies that make it easier for providers to use both funding sources include: matching child care subsidy eligibility periods to those of the Federal EHS program, especially when providers are layering child care subsidy dollars and EHS; and waiving parent copays for families living below the Federal poverty level (FPL) who are receiving child care subsidy and participating in an EHS and child care partnership. For example, 12 States and 4 Territories reported in their 2010-2011 CCDF State plan that they would waive copays for families with income at or below the Federal poverty level. Some States explicitly allow providers to layer both funding sources for the same child in order to meet the cost of providing consistent, high-quality care, full day and full year in one facility. Under such arrangements, each funding source pays for different parts or aspects of services so there is no duplicate payment for the same service. For example, a provider may use one source for core services and another for specified quality enhancements.

- **Provide financial incentives and supports for providers and grantees to join and maintain partnerships.** Many States are looking at building financial incentives into the child care payment systems, including tiered CCDF subsidy payments, bonuses connected to Quality Rating and Improvement Systems (QRIS), and individual compensation or bonuses attached to higher educational attainment. For example, 25 States have a statewide QRIS. These strategies can help more child care providers become “partnership ready,” especially if the standards attached are designed to promote alignment with Federal HSPPS. Some differences in how providers receiving subsidy are paid as compared to Federal EHS grantees can be addressed. For example, States can use some CCDF subsidy dollars for contracts/grants directly to child care providers serving as EHS partners.<sup>10</sup> These arrangements can be based on budgets developed and proposed by that provider, showing how different public and private dollars will be used to support a high quality program. And, States can choose to pay child care partners prospectively or on a regular schedule rather than on a reimbursement basis typically used for vouchers/certificates, so long as certain performance standards are maintained.

<sup>9</sup> See Policy Interpretation Question ACYF-PIQ-CC-99-02 at <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm> and CCDF-ACF-PIQ-2011-01 at <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/piq2011-01/piq2011-01.htm>.

<sup>10</sup> Matthews, H., & Schumacher, R. (2008, v.3). *Ensuring quality care for low-income babies contracting directly with providers to expand and improve infant and toddler care*. Washington, DC: Center for Law and Social Policy. Retrieved from: <http://www.clasp.org/admin/site/publications/files/0422.pdf>.

- **Target funding to communities and children most in need.** For example, sustaining federally funded EHS expansion programs that used EHS-child care partnerships may be a priority. Data on infant/toddler child care supply, demand, and quality (potentially collected by the State child care resource and referral agency) together with local EHS grantee community-needs assessments to identify communities most in need of enhanced infant/toddler child care can be useful tools. National data suggest that infants and toddlers are more likely to be in family child care than in a center; therefore one strategy to sustain or improve quality is to use CCDF Subsidy or Quality funding to support family child care networks that have the capacity to serve EHS-eligible children in partnership with a Federal EHS grantee.
- **Help local partnerships use funding sources to ensure stability and continuity of care over time.** Partnerships seeking to offer children stable access to services from birth to age 3 may need to use multiple funding sources as family situations change. For example, it will be important for partnerships to have information about categorical eligibility options. Children in families receiving public assistance, children in foster care, and children who are homeless are categorically eligible for EHS even if the family income exceeds the income guidelines. CCDF rules allow States to waive family income limitations on a case-by-case basis for children and families below the Federal poverty level, receiving or needing to receive protective services, as defined by the State (which may include vulnerable populations such as homeless children). As stated above, OCC has clarified that States may set subsidy eligibility and re-determination policies to encourage longer duration of care for children within certain parameters.<sup>11</sup>

## FINANCE STRATEGICALLY

### *Minnesota Promotes Layered Funding Strategies*

*Based on recommendations from a Governor's Summit on School Readiness in 2006, the Minnesota Department of Human Services (MDHS) and Department of Education (MDE) improved coordination between the State CCDF-funded Child Care Assistance Program (CCAP) and Early Head Start/Head Start by clarifying how funding could be used together. State leaders—in consultation with Federal staff at OCC and OHS—developed resources to promote local partnerships, outline potential models, and provide guidance on developing a budget. These include:*

- *Principles that apply to blending funds and promoting full-day models that support continuity of care and integrated services.*
- *Descriptions of example program partnership models and sample budget agreements.*
- *Written policy guidance for counties and agencies to use in authorizing care for families who are enrolled in both programs.*
- *Materials to explain how CCAP payments interact when a child receiving subsidy attends EHS/HS or an integrated Head Start–child care program.*

*MDHS and MDE co-hosted videoconferences and webinars to disseminate information to EHS/HS grantees and to counties and agencies administering CCAP to explain payment policies and procedures.*

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<sup>11</sup> See Policy Interpretation Question ACYF-PIQ-CC-99-02 at <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm> and CCDF-ACF-PIQ-2011-01 at <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/piq2011-01/piq2011-01.htm>.



## ENHANCE AND ALIGN STANDARDS

**M**any States have established or are developing standards that govern the quality of early care and education. Program standards—such as licensing, prekindergarten, and QRIS initiatives—establish commonly accepted expectations for quality that identify different levels of and pathways to program improvement. Professional standards are used to set expectations for what adults working with children or on behalf of children need to know and be able to do to support children’s learning and development. Core knowledge and competencies, career lattice levels, practitioner registry levels, credentials, and degrees all define these professional standards for practitioners in their various roles. Early learning guidelines for infants/toddlers provide information about what children at different stages of development are typically able to do. Alignment among all these types of standards, as well as across the sectors of child care and EHS/HS is a strategy States can use to promote partnerships, in that alignment promotes and highlights the similarities in services.

Strategies to consider include:

- **Identify differences in current State licensing requirements and HSPPS.** Developing a comparison can help identify which standards are more strict in terms of provision of infant/toddler care, and whether child care partners would have to make changes to receive Federal EHS funds to provide care for infant and toddlers. Common areas of difference include: staff-to-child ratios, group size, and teacher qualifications. Specifically:
  - **Ratios and group size:** EHS center-based group size is limited to eight with at least two teachers per group for children birth to age 3.<sup>12</sup> The family child care option final rule requires that a provider working alone not exceed a group size of six children with no more than two children under age 2. When there is a provider and an assistant, the maximum group size is 12 children with no more than four of the 12 children under 2 years of age.<sup>13</sup> Very few States have such stringent licensing requirements. Changing staff-to-child ratios to match EHS requirements has implications for provider budgets, since it usually means reducing the number of children in care.
  - **Teacher qualifications:** EHS center teachers must have at least a CDA credential within 1 year of entering service, and must have been trained (or have equivalent coursework) in early childhood development. By September 30, 2012, all EHS center teachers must also be trained (or have equivalent coursework) in early childhood development with a focus on infant and toddler development.<sup>14</sup> Providers in the family child care option must attain a CDA for family child care credential within 2 years of starting services.<sup>15</sup> Licensing standards vary across States. For example, five States require at least a CDA credential for center lead teachers, and fewer States do so for aides. One State requires licensed small family child care providers to have a CDA; none requires a family child care assistant to have one. State licensing rules are stricter for large family child care homes: Six States require the provider to have a CDA and one State requires that level of education for the assistant.<sup>16</sup>

12 See Head Start Program Performance Standards, 45 CFR 1304.52 (g)(4).

13 The regulations also provide that among those family child care homes allowed to deliver Early Head Start services one provider may care for up to four infants and toddlers, with no more than two children under 18 months; and additional assistance or smaller group size may be necessary when serving special needs children. Department of Health and Human Services, Administration for Children and Families. (2008, January 8). 45CFR Parts 1304 and 1306 - Final rule. *Federal Register*, 73(5), 1285-1297. Retrieved from: <http://edocket.access.gpo.gov/2008/E7-25462.htm>.

14 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](http://www.acf.hhs.gov/programs/ohs/policy/im2008/acfimhs_08_12.html).

15 See Department of Health and Human Services, Administration for Children and Families. (2008, January 8). Family child care option - Final rule. *Federal Register*, 73(5), 1285-1297. Retrieved from: <http://edocket.access.gpo.gov/2008/E7-25462.htm>.

16 National Child Care Information and Technical Assistance Center & National Association for Regulatory Administration. (2010, May). *The 2008 child care licensing study*. Retrieved from: [http://www.naralicensing.org/Licensing\\_Study](http://www.naralicensing.org/Licensing_Study).

- **Compare and align State quality improvement and workforce development systems with HSPPS.** In recent years, substantial investments have been made in efforts to build quality improvement systems that encourage, support, and recognize high-quality child care providers and individual teachers. Many are specific to infant/toddler care, including early learning guidelines (37 States, 3 Territories, and the District of Columbia), core knowledge and competencies (at least 36 States), credentials (21 States), and program standards. Others—such as QRIS, career ladders or lattices, and professional development registries—reach beyond birth to 3, and can have provisions designed specifically to improve infant/toddler care. HSPPS lay out specific requirements for teacher qualifications, approach to working with infants/toddlers, and program environment that can be compared to State standards.

## ENHANCE AND ALIGN STANDARDS

### ***New England States: Collaborating Across Systems and States to Create Professional Development Standards for Consultants in Infant/Toddler Care Settings***

*Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) child care and EHS/HS State leaders have worked together to develop Training Modules and Core Knowledge and Competencies (CKC) resources to improve the skills of early childhood consultants in diverse care settings for infants and toddlers.*

- **Consultant Training Modules:** *Multidisciplinary teams from each State—including child care, EHS/HS, health, mental health, early intervention, and family support experts—have been part of a “train-the-trainers” strategy to roll out the Training Modules. In addition, some States have used them to educate higher education faculty, improve online course offerings, and develop community-level teams with infant/toddler expertise.*
- **Core Knowledge and Competencies:** *The CKC Workgroup met regularly over 6 months to develop critical definitions, review core knowledge and competency statements, and give guidance on the CKC for consultants working in infant/toddler settings to be used across systems and sectors in early care and education.*

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## CREATE AND SUPPORT IMPROVEMENT STRATEGIES

A variety of strategies are being used to help providers raise quality and increase and improve individual teachers’ credentials and practices with infants and toddlers, including training, credit-bearing coursework, and technical assistance (mentoring, coaching, consulting, and career advising).<sup>17</sup> The CCDF provides approximately \$100 million to States to improve the quality of infant/toddler child care, as well as a 4% set-aside for quality activities for all children. The average spent per State is well beyond that 4%, which demonstrates that quality enhancement is a priority. A review of current quality investments and strategies can help assess how they could support partnering agencies.

<sup>17</sup> For definitions of these terms and strategies, see National Association for the Education of Young Children & National Association of Child Care Resource and Referral Agencies (2011). *Early childhood education professional development: Training and technical assistance glossary*. Retrieved from: [http://www.naeyc.org/GlossaryTraining\\_TA.pdf](http://www.naeyc.org/GlossaryTraining_TA.pdf).

Strategies to consider include:

- **Target and coordinate State and Federal on-site consultation efforts to support partnerships.**

At least 27 States have created infant/toddler specialist networks to enhance the quality of infant/toddler child care centers and family child care. In addition, most States with QRIS offer some form of on-site assistance to participating programs.<sup>18</sup> At the same time, the Head Start T/TA system includes state-based ECE specialists with responsibility for EHS grantees. Establishing systems of communication and coordination between these resources can make them more effective and efficient, as well as better equipped to support local EHS and child care partnerships. OCC and OHS encourage partnerships between EHS/HS ECE specialists and State infant/toddler child care specialists. The agencies—through NITCCI and the Early Head Start National Resource Center—facilitated meetings between the two groups during the last three consecutive Birth to Three Institutes in Washington, DC.

Good communication between partners can facilitate joint responses to professional development needs in a State. For example, strong collaboration between the EHS/HS ECE specialist in Virginia and State leaders led to collaborative efforts to address difficulties Federal EHS grantees had in meeting a national requirement that EHS teachers have at least a CDA by September 2010.<sup>19</sup> A jointly developed letter asked OHS to approve the State infant/toddler credential as sufficient to meet the Federal requirement. OHS granted that request.<sup>20</sup>

- **Provide start-up grants to assist with initial costs of upgrading materials and planning time.**

Partnering providers may find that aligning their services with additional quality and other standards comes with an initial one-time cost. For example, a partnering EHS program may be required to participate in the State QRIS or to assess quality using the Infant Toddler Environment Rating Scan (ITERS) for centers or Family Day Care Environment Rating Scan (FDCRS) in a family child care setting. Child care providers may need to develop new data and reporting systems to provide required data for their federally funded EHS partners. Grants or incentives can help defray these one-time costs or help partnering agencies plan for these costs.

- **Provide access to scholarships, mentoring supports, and/or increased compensation for staff in child care centers and family child care homes to meet higher qualifications required of partners.**

A variety of approaches already exist to encourage and reward providers who enhance their qualifications. Forty-four States reported using CCDF funds to raise salaries or other compensation for child care practitioners in their 2010-2011 CCDF State plans. A few have specific initiatives to provide salary enhancements or bonuses to infant/toddler providers pegged to completion of a degree, an infant/toddler credential, or the Program for Infant Toddler Care (PITC) training. Targeting such initiatives to practitioners working in partnering child care programs can help them meet education qualifications required of EHS teachers and family child care providers (described above). Another approach is to support a cohort model, in which child care practitioners entering higher education for the first time are encouraged to connect as peers as well as receive coaching and support.<sup>21</sup>

18 Smith, S., & Higgins, L. (2010). *Quality assistance activities aligned with quality rating improvement systems* (Presentation for Early Childhood 2010). New York, NY: National Center for Children in Poverty.

19 See *Qualifications for Early Head Start infant and toddler center-based staff*, ACF-IM-HS-10-06. Retrieved from: [http://www.acf.hhs.gov/programs/ohs/policy/im2010/acfimhs\\_10\\_06.html](http://www.acf.hhs.gov/programs/ohs/policy/im2010/acfimhs_10_06.html).

20 Janney-Schultz, A. (2011, June). *Virginia early childhood credentials* (Presentation for National Infant & Toddler Initiative webinar for Region 3 early care and education professionals).

21 Whitebook, M., Sakai, L., Kipnis, F., Bellm, D., & Almaraz, M. (2010). *Learning together: A study of six B.A. completion cohort programs in early care and education. Year 2 report*. Center for the Study of Child Care Employment. Retrieved from: <http://www.irle.berkeley.edu/cscce/wp-content/uploads/2010/07/LearningTogetherYear2FIN.pdf>.



- **Support a learning community among partnering EHS and infant/toddler child care providers.** Although each local partnership will have unique challenges and opportunities, those engaged in the effort can benefit from the chance to problem-solve and share lessons learned together. Providing support for facilitation of regular meetings or conference calls across State partners, or asking a successful partnership agency to mentor a developing one may assist in sustainability of this effort.

## CREATE AND SUPPORT IMPROVEMENT STRATEGIES

### ***Oregon EQUIP Initiative and Program of Quality***

*Oregon early care and education leaders, both public and private, have been collaborating since 2007 to develop a system to enhance the quality of care for children in the State. A diverse group of stakeholders, including the Oregon Child Care Division and Head Start State Collaboration office, were involved in discussions that resulted in a 2008 concept paper that launched the State's approach to a QRIS, including:*

- ***EQUIP (the Education & Quality Investment Partnership).*** This public-private partnership is the umbrella initiative that makes up Oregon's QRIS. The system includes a professional workforce registry, quality indicators reports that show how programs address research-based structural program standards, and education awards for individuals and providers who improve according to quality standards.
- ***A crosswalk of standards.*** To develop State-specific standards, an advisory group of stakeholders reviewed State licensing regulations and several sets of nationally recognized program and professional standards, including the HSPPS.
- ***Oregon Program of Quality (OPQ).*** Providers who meet a set of six comprehensive standards receive a State designation as a Program of Quality. Facilities meeting this designation can qualify for State subsidy contracts and/or move to higher performance standards and serve as community placements for EHS/HS-eligible children who need full-day, full-year care. Facilities receive both technical assistance and funding to improve their environments or practices. OPQ standards address:
  - Collaborative family involvement
  - Enhancing child development and learning
  - Maintaining an appropriate physical environment
  - Highly qualified personnel
  - Effective administration and business practices
  - Promoting health and safety

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## RECRUIT AND ENGAGE STAKEHOLDERS

**E**stablishing and sustaining EHS-child care partnerships requires relationship-building and commitment at multiple levels, including among State administrators and policy leaders, between local programs, and with participating parents. A study of Head Start-child care partnerships found that well-defined agreements and goals as well as high levels of communication were associated with more beneficial partnerships between programs.<sup>22</sup>

### RECRUIT AND ENGAGE STAKEHOLDERS

#### ***Vermont: Promoting a Statewide Conversation about Connecting EHS and Family Child Care***

*Vermont State leaders are actively engaged in an effort to raise awareness of the opportunities and challenges of implementing local EHS and family child care partnerships. The Northeast Kingdom Community Action (NEKCA) Head Start/Early Head Start agency is one of 22 local EHS grantees taking part in a national demonstration project funded by OCC and OHS in partnership—the EHS for Family Child Care project. The national project, which is managed by ZERO TO THREE, is funded to design a replicable framework that supports a partnership between EHS and family child care that will increase quality for low-income children in family child care homes by leveraging comprehensive services that include health and social services.*

*In Vermont the Head Start State Collaboration office and State CCDF administrator are helping to convene state-level meetings with a broad range of stakeholders that include administrators of the State QRIS and local children’s integrated services, as well as the family child care association and networks. These meetings are being used to introduce the model, identify potential barriers, and create strategies to overcome those barriers.*

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Strategies to consider include:

- **Seek input from a range of stakeholders on opportunities to promote partnership in the State.** Stakeholders to consult include: the CCDF administrator, the Head Start State Collaboration director, Regional OCC and OHS staff, child care center and family child care home providers, family child care network coordinators, infant/toddler specialists, technical assistance providers, child care resource and referral agencies, child care licensing specialists, Federal EHS grantees, the State Head Start Association, parents and parent associations, and professional development providers.
- **Ensure partnerships serve children and families whom the State prioritizes.** These priorities are best discussed early in the planning process. For example, encouraging partnerships to serve infants and toddlers on the waiting list for child care subsidy may be one priority. Another consideration is whether the State has identified specific underserved populations, such as children who are homeless, from immigrant households, or live in communities with low-performing schools.
- **Use data to identify potential EHS and child care partners.** Federal EHS Program Information Report data and community-needs assessments that EHS grantees are already required to develop can be used to better understand what services are already available and where more needs exist. State licensing compliance and quality improvement data can be useful to find child care providers who are currently exceeding State standards related to infant/toddler child care quality. For example, Pennsylvania required child care providers to have three or four stars per the State QRIS to qualify as an EHS using American Recovery and Reinvestment Act (ARRA) EHS expansion funding. Pennsylvania also conducts a biannual Reach and Risk Assessment Report to identify where children at risk of school failure live and whether they have access to high-quality early care and education.

<sup>22</sup> Schilder, D., et al. (2005). *Child care/Head Start partnership study*. Washington, DC: Submitted to the Child Care Bureau, Administration for Children and Families, pp. 37-40.

- **Promote partnerships with families in development and implementation of the partnership model(s).** Local partnerships that are designed to meet the needs of the families and children they intend to benefit is of interest to many stakeholders. In addition to involving families in state-level partnership planning, local partners can encourage families to be actively involved through existing parent advisory or governance councils. It may be necessary to reach out to new, harder-to-reach populations depending on State priorities or community-needs assessments. Stakeholders can help broker those connections and suggest contacts and resources to local partners.

## ENSURE ACCOUNTABILITY

**A**ccountability will be critical for State and local programs to be sure that partnerships are achieving their stated goals and delivering high-quality services to the children and families served. Consideration of how to help local partnerships comply with all applicable standards for quality, data reporting, and on-site monitoring that may occur in bringing EHS and infant/toddler child care together will need to take place. Early in the process of State and local planning, it will be important to build understanding across EHS and State systems of the nature of each monitoring and data-reporting system with the intention of eliminating redundant on-site reviews and sharing regular data reports as appropriate. Clear lines of accountability for meeting standards in State and local contracts and agreements will need to be laid out.

Strategies to consider include:

- **Leverage existing on-site monitoring systems for child care and Federal EHS grantees.** States may have licensing, subsidy, and quality improvement systems that require on-site consultation and monitoring. Federal EHS grantees have extensive triennial on-site reviews of their compliance with fiscal and programmatic requirements. A selection of EHS delegate or partnering agencies receives on-site visits in the triennial review process. Information collected during on-site reviews required under State child care licensing rules can be used to inform Federal monitoring staff. In a few instances, States that have funded expansions of EHS through child care partnerships have developed agreements with Federal regional staff to include child care partnerships in triennial reviews.<sup>23</sup>
- **Reduce administrative data-reporting burdens where possible.** All EHS grantees are required to submit data annually to the Federal Office of Head Start through a data survey called the Program Information Report (PIR), which includes children and families served, grantees/delegates, services, and staff.<sup>24</sup> CCDF lead agencies are required to collect information on children and families receiving subsidies using CCDF dollars on a monthly basis, including: family income; the gender, race and age of children receiving assistance; family composition; the number of months the family has received benefits; the type of child care setting in which the child is enrolled; the cost of child care for families; and the average hours per month of care. Opportunities to reduce administrative burdens on local partnerships may be found through the comparison of data requirements across programs.

<sup>23</sup> Schumacher, R., & DiLauro, E. (2008). *Building on the promise: State initiatives to expand access to Early Head Start for young children and their families*. Washington, DC: Center for Law and Social Policy and ZERO TO THREE. Retrieved from: [http://www.clasp.org/resources\\_and\\_publications/publication?id=0424&list=publications](http://www.clasp.org/resources_and_publications/publication?id=0424&list=publications).

<sup>24</sup> Office of Head Start's Early Childhood Learning & Knowledge Center Web site, <http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Administration%20-%20Accountability/Program%20Information%20Report>

## ENSURING ACCOUNTABILITY

### *Pennsylvania: Allowing EHS/HS Programs to Use Federally Required Actions Satisfies State QRIS Standards*

*The Pennsylvania Office of Child Development and Learning (OCDEL) intentionally sought to include EHS/HS programs in the State quality rating and improvement system (QRIS). During the planning phase, decision makers reviewed the HSPPS to ensure alignment across child care and EHS/HS QRIS participants. The inclusive approach led to the development of tools to assist EHS/HS programs in demonstrating they had achieved QRIS standards. The State developed a Worksheet to identify activities required of federally funded EHS/HS programs that satisfy the QRIS standards. Other State programs, such as Arkansas' Better Beginnings, have also developed reciprocity processes to make it easier for EHS/HS to join State rating systems by submitting program and assessment information gathered for Federal purposes to the State. For more information contact: Sue Mitchell, Chief, Division of Standards, Pennsylvania Office of Child Development and Early Learning, [susmitchel@state.pa.us](mailto:susmitchel@state.pa.us), or Tracy Campanini, Early Childhood Project Director, Pennsylvania Key, [tracam@berksiu.org](mailto:tracam@berksiu.org).*

## CONCLUSION

**A**cross the country there are examples of community-level partnerships between child care and EHS. These initiatives can leverage multiple funding sources to expand access to comprehensive, high-quality care that meets the needs of infants and toddlers and their families, especially those who may be at risk. State leaders can intentionally support these efforts by working collaboratively to define and coordinate leadership, finance strategically, enhance and align standards, create and support improvement strategies, recruit and engage stakeholders, and ensure accountability.