



Shared Recommendations to Congress that Support the Future of the Early Head Start–Child Care Partnerships Program

1. **Permanently authorize the Early Head Start–Child Care Partnerships (EHS-CCP) and strengthen EHS-CCP requirements around workforce development and compensation.**

The EHS-CCP should be codified through authorizing language rather than through the annual appropriations process. Authorization will secure the program in the federal early childhood policy, stabilize local partnerships, increase access to higher-quality care for infants and toddlers, and give Congress the ability to set parameters and priorities within the program. These priorities should be based on best-practices, centered around input from grantees, and rooted in research. They should include:

- Ensuring a focus on partnering with child care programs that meet the needs of children and families from underserved communities.
- Ensuring that access to (1) a healthy, safe, and enriching learning space; (2) a research-based curriculum; and (3) comprehensive services, such as health, mental health, dental health, and family engagement, remain core components of the program.
- Ensuring partnership grantees support staff in earning associate’s and bachelor’s degrees, beyond the basic Child Development Associate requirement, and ensuring that grantees compensate staff commensurate with their education.

2. Increase EHS-CCP funding to meet current and future need.

Although EHS-CCP programs are making positive impacts in communities across the country, existing resources do not come close to meeting child care needs. To date, only about 7 percent of eligible children receive Early Head Start services. To bring about large-scale systemic change and multiply the positive benefits demonstrated to date by the partnerships, Congress should increase funding for the EHS-CCP.

3. Conduct research on the true cost of infant and toddler care.

Congress should fund and require the U.S. Department of Health and Human Services (HHS) to commission a study to identify the true cost of high-quality infant and toddler care, and use that information for both Early Head Start and EHS-CCP funding decisions moving forward.

4. As states serve more 3- and 4-year-olds with Pre-K, encourage HHS to redirect Head Start grant funds to serve more infants and toddlers.

EHS-CCP funding provides targeted resources for infants and toddlers. Very few resources, with the exception of Early Head Start, are directly targeted for this population, leaving the infant and toddler system severely under-resourced. This is particularly important as more states develop and expand Pre-K programs, and more 3- and 4-year-old children are served in these programs. Congress should authorize HHS, in consultation with grantees, to redirect grant funds to ensure more infants and toddlers are served.



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