



Early Childhood Initiative

Early Head Start— Child Care Partnerships: *Spotlighting Early Successes Across America*

January 2019



BIPARTISAN POLICY CENTER

STAFF

Linda Smith

Director, Early Childhood Initiative

Sarah Tracey

Senior Policy Analyst

Megan Campbell

Associate Director, Early Childhood Initiative

Arabella Pluta-Ehlers

Project Assistant

CONSULTANTS

Shantel Meek, PhD

ACKNOWLEDGEMENTS

The Bipartisan Policy Center is grateful to the many individuals who shared their perspectives and experiences with us as we developed this report and the staff who contributed to its writing.

DISCLAIMER

The finding and recommendations expressed herein do not necessarily represent the views or opinions of the Bipartisan Policy Center's founders or its board of directors.



4 Foreword

6 Introduction

9 Summary of Recommendations

11 State Profiles

11 Alabama

14 Arizona

16 Colorado

19 Connecticut

22 Delaware Tribe

25 Florida

29 Georgia

31 Maryland

34 Minnesota

37 North Carolina

40 Ohio

43 Tennessee

45 Conclusion

46 Recommendations

Foreword

As any new parent will attest, the lack of high-quality care for infants and toddlers is at a crisis level in the United States. Even if families can find child care, the high cost makes it unattainable for most of them. In fact, in 33 states, the cost of infant care is higher than the cost of in-state tuition at a public university. This simply does not work for the vast majority of low-income and working families. This crisis has reached a boiling point. So much so, according to a recent survey by *The New York Times*, that Americans are having fewer babies. The number-one reason cited? Child care is too expensive.

There are several reasons for these high costs. First, because infants require constant attention and supervision, the adult-to-child ratio required to safely and appropriately care for an infant is low (each adult is assigned fewer children). That means providers need more adults. This simple fact makes the cost of providing infant care much higher, given that staff are the highest expense in any business. The typical teacher-to-child ratio for 3- and 4-year-olds is generally triple that of infants. Second, because infant care costs more than care for older children, the private child care business model relies on the income from the 3- and 4-years-olds to essentially subsidize or offset the higher costs for infants. However, as states create and expand public pre-K programs, more preschool-age children are leaving the private child care market, which is challenging the private business model. Third, many low-income families rely on state subsidies provided through the federal Child Care and Developmental Block Grant (CCDBG) to help pay for care. In 2014, the average value of the child care voucher was approximately \$5,600. In comparison, states and communities indicate that the true cost of providing high-quality infant and toddler care ranges between \$12,000 and \$21,000 per year. Families cannot make up the difference, and, as a result, child care programs that accept subsidized children are barely able to cover health and safety requirements, let alone provide high-quality programming.

Created by Congress in 2014, the Early Head Start–Child Care Partnerships (EHS-CCP) program is an attempt to address these issues and expand access to high-quality infant and toddler care for low-income working families. Head Start grantees partner with local child care programs, which agree to meet Head Start Program Performance Standards, and in exchange, the child care partners receive additional funds and a rich array of resources, coaching, and technical assistance to improve the quality of their services. The goal is to increase per-child funding for infants and toddlers in child care programs to a level commensurate with per-child funding in Early Head Start.

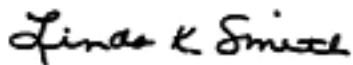
The model is intended to demonstrate that child care programs can improve the quality of the services they provide if they have the resources to do so. The partnership program is also designed to provide enough flexibility for local innovation while both ensuring a base level of accountability for public money and guaranteeing all children access to a base level of quality. Congress initially appropriated \$500 million to fund the initiative. Grants were awarded on a competitive basis, and at least one project is now funded in each state (see Appendix for a full list).

The EHS-CCP program is once again making Head Start one of the nation's best learning laboratories. The program increases the number of infants and toddlers being served in high-quality programs—by more than 30,000 so far—and indirectly improves the quality of care for thousands more children. Additionally, thousands more parents are now actively engaged in the early care and learning of their children. Through the EHS-CCP, child care providers, on average, receive twice the funding they would have received using the CCDBG vouchers exclusively. The EHS-CCP infuses funds into a starving child care system and provides a level of funding sufficient to allow providers to stay financially afloat, even when 3- and 4-year-olds are being served elsewhere. Not only do child care providers meet all Head Start health and safety standards; they provide structured early learning activities for children and comprehensive services, such as nutrition, vision, hearing, and developmental screenings.

The EHS-CCP also addresses the needs of the child care workforce by funding the education of thousands of providers for entry-level credentials, associate's degrees, and bachelor's degrees, in addition to training and coaching. In many cases, teachers also receive higher wages. Opening these pathways of professional development and degree attainment for providers can be life changing, particularly for a workforce whose median income makes them eligible for food assistance in every state in the nation.

Implementation of the partnerships is both challenging and rewarding, as the projects profiled in this report describe. They represent a broad diversity of communities, from families living in tribal communities and in rural America to families living in large metropolitan cities. The grantees featured in this report are managed by non-profit organizations, state and city governments, a university, and a local child care resource and referral agency. These grantees, together with their child care partners, represent the best of the early childhood community to innovate and solve local problems.

Now that five years of implementation have passed, the Bipartisan Policy Center urges Congress, the federal government, and states to learn from the EHS-CCP. This program demonstrates that when the federal government gives adequate resources, flexibility, and clear accountability standards, local communities will step up to the challenge. They innovate, find local solutions tailored to meet the needs of their families, and, ultimately, meet the needs of the nation's low-income working families and their children.



Linda K. Smith

Introduction

A robust body of research finds that the most rapid and consequential brain development unfolds in the first five years of life. The experiences children have during these early years set the foundation for academic achievement, health, and well-being later in life. Studies find that children who have access to high-quality early care and learning are more likely to be prepared for school, are more likely to do better once they get there, are more likely to graduate, and are less likely to end up in the criminal justice system.

In today's economy, when having both parents in the workforce is an economic necessity for most families, Americans need affordable, high-quality early care and learning more than ever. Given the rich information researchers are discovering in brain science, it's clear the experiences children have in those settings is critical.

Unfortunately, in its current form, financing for America's child care system is broken and the quality of services is inconsistent. The consumers—parents—cannot afford to pay what it costs to deliver high-quality early care and learning. Care for infants and toddlers is especially unaffordable for families. Subsidies offered through the federal Child Care and Development Fund (CCDF) are not enough to buy high-quality care, forcing working families, particularly low- and middle-income families, to make an impossible decision: *Do I put food on the table or give my child a quality early education?*

In turn, early care and learning providers make poverty or near-poverty wages despite having one of the most important jobs in the country, leaving them unable to afford child care and other necessities for their own families.

The result is a broken system with under-resourced, overworked providers doing the best they can, and millions of America's youngest children—the future—accessing subpar care that is, at best, not doing enough to set them up for success in school or in life, and that is, at worst, unsafe. The United States cannot afford to ignore this child care crisis any longer.

The Early Head Start–Child Care Partnerships (EHS-CCP) program is one solution to the child care challenge that has been making progress in local communities across the country. Launched in 2014, the EHS-CCP is a federally funded program that promotes local solutions, infuses resources into the under-resourced child care system, and aligns early childhood services in communities. The program encourages grantees to layer child care and Head Start funding, and to leverage local resources to expand access to high-quality early care and learning for low-income infants and toddlers from working families. Grantees partner with local child care centers and family child care homes that agree to meet Early Head Start standards. In exchange, child care providers receive access to critical resources, including coaching, assistance accessing higher education, learning materials and curricula, and, in many cases, higher pay. The children they serve receive access to higher-quality early care and education, as well as comprehensive services like nutritious meals, health and dental care, mental health supports, family engagement opportunities, and screenings to identify developmental delays or disabilities early. Families receive access to supports, too, including employment and housing assistance.



Though the EHS-CCP program does fund slots for children at care centers; it is not really about funding slots. It is about building community-wide capacity so that all children—whether or not they are eligible for or have access to Early Head Start—do have access to a high-quality early education and the supports they need to thrive.

The No-Cost Ripple Effect

- More than half of EHS-CCP partners have leveraged other funds to provide vision, hearing, dental, speech, developmental, nutritional, and lead screenings for all children served, not just those enrolled in the EHS-CCP.
- More than one in three partners have provided mental health screenings, health or mental health services, and speech or physical therapy to all children.



By infusing new resources into the existing marketplace for child care, programs can afford to raise the quality of the services they offer. And because many child care programs serve more children than those funded through the EHS-CCP, there is a ripple effect, whereby additional children who are not directly enrolled also benefit. For example, imagine a family child care home that serves six children. Three of those children are funded through the EHS-CCP program, and three additional children pay tuition. Raising the qualifications of the family child care provider, purchasing a new research-based curriculum, and renovating the learning space so that it is safe and enriching benefits all six children, not only the three children directly funded through the EHS-CCP. This no-cost ripple effect is multiplied across thousands of providers in all 50 states. In this way, the EHS-CCP is making a systemic difference in the early childhood system and in the lives of the children and families it serves across the United States.

So what investments has the EHS-CCP made to raise quality?

According to the upcoming National Descriptive Study of Early Head Start-Child Care Partnerships, 81 percent of center-based programs and 72 percent of family child care (FCC) programs have provided opportunities for their staff to earn their child development credential.¹ More than a quarter of the EHS-CCP programs have helped for their staff to attain an associate's degree, and almost one in five have offered their staff the opportunity to earn a bachelor's degree.

In line with research suggesting that in-person coaching and mentoring are the most effective forms of professional development, 85 percent of center-based programs and 86 percent of FCC programs offered coaching, mentoring, consultation, and one-on-one training with partner teachers and providers.

To ensure that the facilities where children spend their time are safe, healthy, and fostering learning, 73 percent of center-based programs and 75 percent of FCC programs purchased age-appropriate furniture; 59 percent of center-based programs and 50 percent of FCC programs purchased or updated playground equipment; 74 percent of center-based programs and 66 percent of FCC programs purchased new research-based curricula; and 69 percent of center-based programs and 70 percent of FCC programs purchased new books.

The benefits of a more highly educated and trained teacher, new research-based curricula, an improved playground, and new books and toys reach all children in a program, not only those who are directly enrolled in an EHS-CCP slot. The EHS-CCP model encourages partners to seek out and leverage other funds so that all children have access to even more resources to help them thrive, including an array of comprehensive services.

Findings from the National Descriptive Study also indicate that partners nearly unanimously agree that building new partnerships can be challenging. Most also agree, however, that partnerships are doable and reap benefits for children and families. Perhaps the most significant task new partners have to complete is meeting the Head Start Program Performance Standards. Ninety-six percent of center-based programs and 92 percent of FCC programs reported that they met the standards before partnering, currently meet all the standards, or are meeting most of the standards and striving to meet the rest. Only 4 percent of center-based partners and 8 percent of FCC partners “found it difficult to meet the standards but are striving to meet as many as possible.”² **These data indicate that it is possible to raise the standards for all early care and learning settings across the country—when provided the resources and supports to do so.**

275 grantees are partnering with 1,400 local child care centers and 1,000 family child care programs.

32,000 additional infants and toddlers are accessing high-quality early care and learning.

More than 7,800 additional children are benefiting from access to better curricula, more highly qualified teachers, and enhanced learning spaces and materials.

More than 8,000 teachers are benefiting from enhanced professional development, coaching, training, and higher education opportunities.

The EHS-CCP is designed and implemented at the state and local level. This report highlights the inner workings of 12 EHS-CCP programs, draws lessons learned, and makes recommendations for improving the program moving forward. Data for this report were collected through interviews at 12 EHS-CCP sites. Grantees included a combination of states, cities, and non-profit agencies delivering services in:

- Alabama
- Phoenix, Arizona
- Four counties in Colorado
- Greater New Haven, Connecticut
- The Delaware Tribe
- Miami-Dade County, Florida
- Georgia
- Five counties in Maryland
- Minneapolis, Minnesota
- Two counties in North Carolina
- Columbus, Ohio
- Chattanooga, Tennessee

Each site has implemented the EHS-CCP differently, based on their community's needs and available partners and resources. **Regardless of variation in the models, it is clear that the partnership programs are fueling innovation at the local level and bringing up the quality of early care and learning in every state in the nation.** Though it is still early in implementation, promising results suggest that this model may be one solution to the challenging child care issues facing the nation.

Summary of Recommendations

Recommendations to Congress

- ***Congress should request a Government Accountability Office review of the EHS-CCP.*** The Government Accountability Office (GAO) should examine the effectiveness of the EHS-CCP model and provide recommendations for the program and for more widely implementing the lessons learned.
- ***Hold Hearings on the EHS-CCP.*** Congress should conduct hearings on the EHS-CCP program to learn what is working and what could be improved.
- ***Increase Partnership Funding.*** EHS-CCP funding is one of the few resources that directly targets infants and toddlers. However, too many children and families in need are not being reached. To bring about large-scale systemic change and multiply the positive benefits demonstrated to date, Congress should increase funding for the EHS-CCP.
- ***Permanently Authorize the EHS-CCP.*** Congress should permanently authorize the EHS-CCP. Currently, the EHS-CCP is only included in annual appropriations. Authorizing the program will make it more permanent and offer Congress the ability to set parameters and priorities within the program, based on best-practices, input from grantees, and research.

Recommendations to the U.S. Department of Health and Human Services (HHS)

- ***Fund research on the potential benefits of mixed-income early care and learning settings.*** HHS should fund research into the barriers of implementing Head Start for children from mixed-income families, mechanisms to expand access to mixed-income settings, and promising models based on mixed-income settings that can positively affect children's learning and development.
- ***Improve data collected on the EHS-CCP, with an emphasis on the benefits to the children not directly enrolled.*** The EHS-CCP program impacts children not directly enrolled through access to more qualified teachers, use of research-based curricula, and improved learning spaces and materials, among other factors. While the federal government and grantees collect some of these data, the HHS should improve data-collection efforts in order to better understand the impacts of the EHS-CCP on all children.
- ***Study the true cost of infant/toddler care using results from the EHS-CCP.*** Every grantee interviewed for this report agrees that they initially underestimated the per-child cost of providing high-quality infant/toddler care and learning services. According to grantees, the cost ranges between about \$14,000 to about \$21,000, per child per year. The HHS should commission a new study to identify the true cost of infant/toddler care and use that information for funding decisions—for both Early Head Start and the EHS-CCP—moving forward.
- ***As states expand pre-K, reallocate current Head Start funds dedicated to 3- and 4-year-olds to the EHS-CCP.*** As more states develop and expand pre-K programs, and as these programs serve more 3- and 4-year-old children, the HHS should reallocate funding for 3- and 4-year-olds in Head Start to support infants/toddlers through the EHS-CCP.
- ***Increase federal technical assistance on fiscal and business issues and blending of multiple funding streams.*** Many grantees express the need for more targeted technical assistance by the federal Office of Head Start across several fiscal areas, including cost allocation, layering funds, facilitating mixed-income settings, and developing contract templates between grantees and partners. The HHS should provide more fiscally-focused technical assistance for the EHS-CCP grantees.

Recommendations to States

- ***Align Head Start and Child Care and Development Fund (CCDF) standards, especially around eligibility, child/staff ratios, and group sizes.*** Bringing together two programs that have historically been administered completely separately, and with different requirements and standards, is challenging. To increase collaboration between programs and reduce the burden on families, all state agencies responsible for child care should partner with their respective Head Start collaboration offices to align standards, including eligibility standards and intake processes.

Recommendations to Grantees

- ***Include family child care in current and future EHS-CCP grants.*** Many EHS-CCP grantees partner with FCC providers, resulting in numerous advantages for children and families. FCC providers are often more convenient for rural or underserved communities, and they may also be more likely to share the same cultural and linguistic backgrounds as the children they serve. The no-cost ripple effect that is inherent to the EHS-CCP design is most apparent in these settings—and in many cases, funding is reaching as many children indirectly as it is reaching directly. In effect, twice as many children benefit.
- ***Support teachers' professional development beyond the Child Development Associate (CDA) certification and toward higher education.*** The CDA certification is an important starting credential for early educators, but it should not be the ceiling. The EHS-CCP provides resources to help providers reach their professional goals and access higher education. In many cases, however, the EHS-CCP grantees only help their staff earn a CDA. Grantees should be encouraged to leverage EHS-CCP resources, and other state and community resources, to support the workforce in attaining higher levels of education, past a CDA and toward an associate's degree and a bachelor's degree.
- ***Ensure speedy processing of family applications and consider single point of entry models.*** At certain times during the year, the EHS-CCP grantees see funded slots for children that are left unfilled. Some partners note that the slow or inefficient processing of applications delays the filling of empty slots. Sharing this responsibility between grantees and partners may help to speed up application processing and ensure that slots are filled as quickly as possible.

Alabama

The Child Care Services Division of the Alabama State Department of Human Resources operates Alabama's EHS-CCP. The Child Care Services Division is responsible for monitoring and licensing child care centers and homes, and it is also the state's CCDF administrator, responsible for the child care subsidy program and quality initiatives, including the state Quality Rating and Improvement System. The state's Department of Human Resources partners with the Department of Early Childhood Education, which oversees a variety of other early childhood programs, including First Class Pre-K, Alabama's First Teacher program, the Head Start Collaboration Office, and the state Children's Policy Council. In addition, the state partners with Auburn University to manage the FCC portion of the EHS-CCP grant. The model operates statewide with a family child care hub and seven program partners. The family child care hub has 48 FCC partners and the program partners have 20 center-based partners.

FAST FACTS

566

Children Directly Benefiting

1,155

Children Indirectly Benefiting

68

Child Care Partners

29 counties

Local Communities Affected

\$10.8M

Total Grant Amount

THE MODEL STANDOUTS

A Focus on FCC: Auburn University's Beginning Education Successfully Together (or "BEST") program manages the 48 FCC homes that are a part of the EHS-CCP. The homes are regionally distributed across the state. FCC providers who are part of the network receive payments for EHS-specific services, additional coaching/mentoring, financial supports for environmental improvements, curriculum materials, access to developmental screenings for all children in care, and additional professional development opportunities. Alabama's EHS-CCP program finds that it is important for parents to have the option to choose FCC. FCC programs can offer continuity of care for children, the ability for siblings to grow up together in the same space, smaller teacher-child ratios, more individualized attention to children, similar cultural values to parents, and the opportunity for children to experience "home life" during their early years.³

Co-Locating the EHS-CCP and the CCDF Administration: Having the same state office oversee the CCDF and the EHS-CCP is key to Alabama's success. Co-location enables seamless coordination across various state initiatives aimed at enhancing the quality of child care. It also made it easier to change the state-level rules that were early barriers to the partnership's success. For example, many of the families who apply for the EHS-CCP live far away from the CCDF offices. Prior to the EHS-CCP, families were required to apply for the subsidy in person. The state changed that policy and began to take applications over the phone. This minor but critical procedural change allows maximum efficiency in the recruitment, eligibility, selection, and enrollment process for the EHS-CCP program.

Environmental Improvements: The first step in ensuring children's access to high-quality care is a safe and enriching learning environment. The EHS-CCP funds allow centers and FCC providers to upgrade their spaces so that the children they serve have access to safe environments that promote learning. Playground and outdoor-space upgrades are a significant part of the environmental improvement process, which includes purchasing and installing new fencing, age-appropriate outdoor equipment, and cushioning under the equipment.

Comprehensive Services: Providers and teachers in the EHS-CCP now have access to a family service worker who works with them on building strong partnerships with families, coordinating family engagement activities, and developmental screenings for children. The family service workers also engage directly with families to support their needs through family goals, action plans, and parent education. FCC homes and centers are connected to other state systems to ensure that children have access to comprehensive services, including health and dental health services, nutritious meals, and early intervention when needed. All children are offered a care-coordinating medical social worker who assists families in accessing health care through a variety of methods.

Practice-Based Coaching and Support: Through a partnership with the Department of Early Childhood Education, each provider and teacher has access to a coach to help them enhance the quality of care and the education they offer to children. Coaches use reflective, practice-based coaching and work with providers and teachers to implement a research-based curriculum. Each FCC provider also has a Child

Development Specialist that makes regular visits to the home and helps them meet health and safety standards, address the individual needs of children, and attain professional development goals, including degree completion. Staff at Auburn University supervise and support the Child Development Specialists.

Expanding Opportunities for Higher Education and Supporting Distance Learning: Teachers, providers, and assistants have access to higher education and credentialing opportunities through the state's TEACH (Teacher Education and Compensation Helps) program and/or

Leadership Scholarship program, which cover most if not all of the costs of attendance through the bachelor's degree level. Because the state is so rural, and because it's difficult to get time off to attend school, all FCC providers are given iPad Minis so they can complete their schoolwork online as well as a monthly stipend to offset the costs of purchasing high-speed internet service for their homes. To date, all FCC providers completed their Child Development Associate (CDA) certification or higher. Many are still in school working toward an associate's or a bachelor's degree. All FCC assistants are also either finished with or working on their credentials and higher education.



The state cites the focus on “the whole family” as one of the biggest benefits of the EHS-CCP. They see these benefits as handed from provider to child, from child to parent, and from parent to society—all of which in turn impacts communities and the state more broadly. There are more than 700 licensed FCC programs in Alabama. Less than 10 percent are part of the Alabama EHS-CCP, but all could benefit from the financial support, coaching, and professional development that EHS providers receive.

THE RESULTS

- 67 center-based teachers have attained a CDA or higher credential or degree.
- 31 FCC providers in the program attained a CDA, and one received an associate's degree.
- Nine FCC assistants attained a CDA, and one received a bachelor's degree; 15 FCC assistants are working toward a CDA, two are working on an associate's degree, and one is working on a bachelor's degree.
- 25 FCC programs received national accreditation by the NAFCC.
- **Higher education was financially incentivized.** FCC providers with a CDA received \$100 per child per week, those with an associate's degree received an additional \$10, and providers with a bachelor's degree received an additional \$15. And accredited providers received an additional \$25 per child per week. In other words, a provider with an associate's degree in early childhood education who is NAFCC-accredited received \$135 per child per week.



THE TAKEAWAYS

The EHS-CCP program enables providers to access higher education to improve the quality of care and learning they deliver to children. In addition to the progress made by FCC providers, all of the assistants are also working toward a credential. Two providers even decided to work toward a doctorate, and several others are working toward another higher degree.

The EHS-CCP supports quality enhancements across the board—as one grantee puts it: “From self-improvement to home improvements.” In many cases, children have access to an outdoor playground for the first time, which makes a significant difference to their learning experiences.

The training providers receive teaches them new skills and encourages out-of-the-box thinking. In turn, providers are transforming children’s learning experiences by providing a more fun hands-on learning environment to prepare them for school.

The state cites the focus on “the whole family” as one of the biggest benefits of the EHS-CCP. They see these benefits as handed from provider to child, from child to parent, and from parent to society—all of which in turn impacts communities and the state more broadly. There are more than 700 licensed FCC programs in Alabama. Less than 10 percent are part of the Alabama EHS-CCP, but all could benefit from the financial support, coaching, and professional development that EHS providers receive.

Serving children in multiple communities around the state is broadening the knowledge base of this program and its impact on FCC providers, families, and support agencies in Alabama. The statewide nature of this grant can be challenging, but the EHS-CCP truly shines a light on FCC.

Arizona

Maricopa County

The Southwest Human Development Center (SWHD) is the largest non-profit organization in Arizona that is dedicated to early childhood development. They deliver services to 135,000 children and families each year through 40 different programs. They are Head Start and Early Head Start grantees, and they also lead the state's early childhood mental health consultation program, Smart Support. Through the EHS-CCP, the SWHD partners with three child care programs across the Phoenix metropolitan area that focus on serving families experiencing homelessness—including families of veterans experiencing homelessness, refugee families, and other families living in pockets of deep poverty.

FAST FACTS

112	500	3	1	\$1.9M
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

A Focus on Families of Veterans Experiencing Homelessness:

One of the SWHD's partners is the UMOM New Day Center, a family homeless shelter offering housing and support services to families experiencing homelessness in Phoenix. UMOM is currently serving 24 infants and toddlers, many from families of veterans. The SWHD also partners with a child care program near the regional Veterans Affairs (V.A.) building and a transitional housing program that specializes in services to veterans and their families. Through the EHS-CCP, low-income families and families of veterans now have access to family support services, including housing and job assistance, and their children have access to high-quality early care and learning services.

Prioritizing Continuity of Care for Families: One of the SWHD's priorities is to ensure continuity of care for families and to support families through difficult transitions. One way they do this is to select child care partners that are physically near other social services that families use. For example, when veterans' families leave UMOM, many move to transition housing near the city's V.A. facility. Similarly, the SWHD partners with a child care provider that offers services near the V.A. building. The SWHD also works with the city of Phoenix to acquire apartment units as a non-federal share contribution. These 1,000 units are located in an apartment complex that provides transitional housing. Through this contribution, SWHD is able to use some of these apartments as child care spaces. The complex is also home to a large number of refugees and resettlement families in addition to many other families who are going through significant challenges and living in deep poverty. The SWHD transformed those apartments and now, through the partnership, operates child care services from them. Another child

care partner operates out of Phoenix College, where many nontraditional students with families receive higher education. In all three cases, the SWHD brings child care to families' homes or schools and near other social services hubs, so that they can have access to reliable, high-quality early care and learning in places that are convenient for them.

Self-Sustaining Quality Enhancements: One of the SWHD's goals with the EHS-CCP is to promote self-sustaining quality enhancements with child care partners. As such, they focus much of their quality enhancement efforts on business and management, and they work with partners on a range of issues, including finding funding and securing subsidies for families. In addition, the SWHD emphasizes leadership development and provides coaching for program leaders and teachers.

Supporting Families' Social and Emotional Development through

Smart Support: The SWHD manages Arizona's early childhood mental health consultation system, Smart Support. Smart Support delivers childhood consultations at no cost to all eligible center-based and FCC providers. Smart Support pairs mental health professionals with child care teachers to support children's social and emotional development, to manage challenging behavior, and to connect with families. They also make referrals for additional services, as needed, for children, families, and program staff. Given that the population of children the EHS-CCP serves includes children who are refugees and who may be recovering from traumatic experiences, children who are experiencing homelessness, and children whose families are escaping domestic violence, Smart Support plays a critical role in Arizona's EHS-CCP model.



THE RESULTS

- **Data collected before and after the EHS-CCP program showed important improvements in classroom quality across multiple areas,** including a positive climate, teacher sensitivity, behavior guidance, learning facilitation, language modeling, emotional support, and engaged support for learning, among others.
- **Data showed gains in children’s receptive and expressive language scores after the EHS-CCP.**
- **Since the start of the EHS-CCP, 31 providers attained a CDA, four earned an associate’s degree, and one completed a bachelor’s degree.**
- **Since the start of the project, providers received a 5 percent increase in wages.**

THE TAKEAWAYS

Before the EHS-CCP, children who faced the most developmental challenges were also those whose families experienced the most challenging circumstances at home. The SWHD notes that these children really needed a “Head Start experience” but were difficult to reach. Now, the EHS-CCP makes it possible for the SWHD to secure new partners and reach a new population of children. As a result, 112 additional children have access to high-quality early care and learning as well as a host of comprehensive services like health, mental health, dental health, family engagement opportunities, and assistance with housing and employment.

While high-quality care is beneficial for children, the real transformational outcomes happen when the focus is on the whole family, with an emphasis on self-sufficiency and breaking the cycle of poverty. Early Head Start and Head Start focus on the whole family. The programs engage families in their children’s learning and work with them on setting and achieving personal and professional goals, such as finding stable housing, going back to school, or finding a job. Combining these family services with high-quality care results in the most successful and sustainable outcomes for young children.

THE TRUE COST OF HIGH-QUALITY INFANT/TODDLER CARE

The SWHD calculates that the cost per child is about \$22,000 per year, on average.

Partnerships are messy and challenging, but necessary. The EHS-CCP enables the SWHD to reach out to small-business child care programs and provide resources so that they, too, can support entire families and make a difference in the communities they serve. These small businesses would have never applied or been successful in attaining a large Head Start grant, but because of the EHS-CCP, they are now able to access those resources. The EHS-CCP model leverages Early Head Start resources across a much larger swath of the working poor.

Another important benefit of the EHS-CCP is that it brings state partners together. The SWHD says that when the EHS-CCP funding became available, a comprehensive group of state-level and community-level partners came together around infant and toddler issues like never before. As a result, the state is now working with local programs and partners in a more coordinated fashion.

While EHS-CCP funding has made an important difference, the needs in the state far outweigh current capacity. The last community assessment estimated that there are 34,200 low-income children without a stay-at-home parent who need care, but only 28,340 licensed early education slots available. This discrepancy affects families’ ability to work and go to school, and children’s ability to learn in a safe and enriching setting. Even if families have access to those slots, only 12 percent are rated as a four or higher (on a scale of one to five) by the state’s quality rating and improvement system, and in many cases, these higher-quality programs are cost prohibitive for middle- and low-income families. The state needs additional resources to increase access to high-quality early care and learning for Arizona’s youngest learners.

Colorado

Arapahoe, Garfield, Mesa, and Pueblo Counties

Early Learning Ventures (ELV) is one of the EHS-CCP grantees in Colorado. ELV uses a shared-services approach, in which their network of partners receives access to a variety of services, including an online record-keeping data platform, teaching and learning resources, intensive training and coaching, and support with family engagement and community connections. Their model emphasizes building the business administration capacity of partners, so that they can focus on doing what they do best: caring for and teaching Colorado's youngest children and partnering with their families.

FAST FACTS

240

Children Directly Benefiting

1,700

Children Indirectly Benefiting

30

Child Care Partners

4

Local Communities Affected

\$3.1M

Total Grant Amount

THE MODEL STANDOUTS

Business Development: Child care partners receive access to two important technologies: a resource platform that enables them to access a variety of training and informational resources, and a records management system that allows them to centralize and streamline their record keeping. The record-keeping system helps programs track variables such as child enrollment and attendance, immunization records, subsidy information, and child eligibility for a variety of programs. In addition, it enables programs to track continuous improvement efforts, coaching schedules, and teacher credentials. This effort streamlines operations, saving partners money and critical staff time. A return-on-investment study shows a direct savings of \$22 and 11 hours per child, totaling \$225 per child annually.

Leadership Development: Directors at child care partner sites have opportunities to advance their credentials by enrolling in the Aim4Excellence leadership program at the McCormick Center for Early Childhood Leadership. This nationally recognized program provides a credential to early childhood program leaders. Directors at partner sites also receive on-site coaching by ELV specialists as part of the model's continuous improvement process.

Professional Development: Child care teachers receive group and individual on-site coaching by ELV specialists. In addition, they are given opportunities to attain a credential or access higher education. For some providers, this means enrolling in an infant/toddler or FCC CDA program; for others, it means working toward an associate's degree or a bachelor's degree by completing college coursework with an emphasis on infant/toddler development. At the beginning of the EHS-CCP grant, less than



Source: Photo of a family child care home in Grand Junction, CO. Photo provided by Early Learning Ventures.

THE TRUE COST OF HIGH-QUALITY INFANT/TODDLER CARE

Colorado calculates that the cost per child is about \$15,800 per year, which they fund through a combination of federal and non-federal match resources.

20 percent of partner providers met Early Head Start staff credentialing standards. During the start-up period, partnership funding enabled ELV to boost that number to more than 95 percent, with 100 percent of providers on a professional development plan.

Family and Community Development: ELV specialists work with child care partners to coordinate family engagement opportunities and to work directly with families to set goals and time lines, support families in meeting their goals, and connect them to resources. ELV connects child

care partners to an array of community-based service providers so that the families they serve have access to comprehensive services, including health, dental health, mental health, nutrition, and disability services.

★ ★ ★

“This program has made it possible for me to finish my education so that we are able to provide a stable financial future for our family. It has helped us immensely.”
—Partnership Parent

THE RESULTS

- **Four of the participating FCC providers were able to expand their business from 6 to 12 children, as the revenue funding allowed them to hire an assistant and increase children served.**
- **Classroom quality assessments indicated moderate to very large gains** in facilitated exploration and early language support, both of which are critical to early learning.
- **185 providers earned a CDA** (or equivalent) and accessed higher education coursework. An additional 38 providers are in the process of completing a CDA.
- **Partner providers participated in 247 training hours** in topics such as health and safety, infant/toddler development, and teacher-child interactions.
- **30 providers received pay increases.**
- **Before the grant, less than 40 percent of partners used a curriculum; now, nearly 100 percent are using a curriculum.**
- **Before the grant, 30 percent of partners offered mental health supports; after the start of the grant, that number jumped to nearly 80 percent.**
- **5 percent of partners connected families to dental care before the grant; now, more than 90 percent do.**
- **Certified assessors found significant improvements in center-based providers' business and professional practices**, especially in human resources, center operations, family partnerships, marketing and public relations, and technology. On average, FCC providers made progress in their overall business practices, with the largest impacts on fiscal management and community resources.
- **Prior to the EHS-CCP, only 60 percent of child care partners had a record-keeping system of any kind; now, 100 percent have a record-keeping system.**

The Ripple Effect

- Though the EHS-CCP only directly serves 240 children, more than 1,700 children are indirectly impacted.
- Over 100 newly credentialed infant/toddler teachers are providing services to more than 400 children. Assuming they stay in the workforce, this benefit will continue to pay off for Colorado's children long after the current cohort is served.
- Up to 460 children have access to a new research-based curriculum and enhanced outdoor space to help them learn and grow.
- Over 1,000 additional families have access to family engagement opportunities.

THE TAKEAWAYS

Because of the EHS-CCP, more of Colorado's working families have access to early care and learning programs that provide a level of service that would have been unimaginable before. The combination of supports for children's health—including mental and dental health, nutritious meals, research-based curricula, qualified teachers, safe and enriching play spaces, and real partnerships with families—makes a difference in the lives of Colorado's youngest children and their working families.

But more investments are necessary to reach all of the children and families who need services. In 2016, there were approximately 12,595

infants and toddlers living in poverty across the four counties the EHS-CCP grant serves. There are thousands fewer EHS slots in the **entire state** than the total number of infants and toddlers living in poverty in just these four counties.

The EHS-CCP is a vital source of funding and support for infants, toddlers, and their families in Colorado. It is producing change across the entire system by investing in the existing child care marketplace and giving working families a real choice about where to send their children during the most critical phase of their development.



“Through resources like these, my center will be able to realize financial savings that I can then use to increase quality. And, I hope these savings will allow me to put some dollars toward increasing salaries for my best teachers. Some of them have been with the center for over five years at the same wages due to how tight the budget is.”

—Partnership Center Director



Connecticut

Greater New Haven

United Way of Greater New Haven (UWGNH) is one of the EHS-CCP grantees in Connecticut. Their partners include three center-based child care programs, one of which is located within a high school, and All Our Kin, an organization that supports a network of FCC providers. UWGNH first received an Early Head Start grant through the American Recovery and Reinvestment Act of 2009, and they used that grant to partner with child care providers to deliver services. They designed their partnership grant as an extension of that work.

FAST FACTS

62	50	4	3	\$936,888
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

Expanding to a Previously Underserved Community: UWGNH is a regional organization and prioritizes service delivery in communities that are underserved. New Haven continues to have the largest population of children who need Early Head Start in the state, but as communities in the region change and populations shift, it is important to reconsider services placement and add services to these communities.

A Focus on FCC: UWGNH prioritizes FCC in their EHS-CCP grant by partnering with All Our Kin. All Our Kin is a non-profit dedicated to building high-quality, sustainable FCC programs. Their model is a cost-effective way to build a network of FCC providers with the supports necessary to offer high-quality services to children and families. All Our Kin contracts with FCC providers to offer direct services to children in the area. They also have a centralized team that goes out to each FCC partner site monthly to deliver professional development coaching and trainings, as well as host of comprehensive services for children and families. The complete set of network services is estimated to cost about \$833 per child, per year.

Supporting Teen Parents: One of UWGNH's partner sites is a child care center housed within a high school that provides care to children while their parents finish school. UWGNH recognizes young parents as a particularly vulnerable population. The EHS-CCP grant provides additional resources to this program to ensure that families have the wraparound supports they need to succeed and the quality enhancements in the classroom that support children.

Expanding Access to Higher Education: In addition to offering coaching and training to partner staff, UWGNH contracts with a local community college to offer CDA infant/toddler courses. Groups of early educators take the courses as a cohort in the evenings or on weekends, which provides a sense of community and peer learning. Contracting directly with the community college is a cost-effective method for enhancing staff credentials. For example, the cost of a three-credit course for an individual is \$569, while the cost per student (for a 25-student class in the cohort model) is \$400; that's a savings of \$4,225 per class.

Family Engagement: UWGNH prioritizes engaging with families. All partner sites employ a family advocate whose job is to work with families to identify their strengths and develop family goals. Advocates help connect families to services, such as medical and dental services, and assist them in scheduling appointments and securing follow-ups. Last year, 100 percent of children in the program had a medical and dental home or a primary care provider that the family visited on a regular basis, and all children were up to date on their child well-visits and immunizations. UWGNH encourages families to get involved in the program, and families receive supports, such as meals, transportation, and child care, to ensure they can attend meetings. Even when their children age out of the program, many parents continue to stay involved through the program's policy council.

THE RESULTS

- **All partners received increased salaries for their staff.**
- **All partners improved their facilities**, including indoor and outdoor learning spaces. They installed new playgrounds, enhanced security measures, and restructured classrooms.
- **There was an expanded focus on family engagement.** One partner hired their first family advocate. Another partner increased the hours of their family advocate, who works with teen parents to help them attain needed services.
- **Seven FCC providers and one assistant are pursuing infant/toddler credentials or CDAs.**
- **Prior to the EHS-CCP, none of the FCC providers had access to nutrition, disabilities, mental health, or educational consultants. Now, all of them do.**
- **Before the EHS-CCP, none of the FCC providers offered dental services or vision and hearing screenings to children. Now, all of them do.**
- **Prior to the partnership, none of the FCC providers were using research-based tools for observation, curriculum planning, or implementation. Now, 100 percent use research-based tools.**
- **Pre and post assessments showed quality improvements in the FCC programs across a variety of outcomes.**



Ciera had her son, Jayceon, when she was just 15. She was a high school freshman. Now 3 years old, Jayceon recently aged out of United Way of Greater New Haven's Early Head Start program. "I knew I wanted to stay in school, I just didn't know how that was going to be possible," Ciera said. The program provided Ciera with a family advocate who supported her by checking in with her on grades, as well as by guiding her through the college application process. Now, Ciera is beginning her second semester at Southern Connecticut State University, with ambitions of becoming a teacher, and Jay is flourishing in preschool.

THE TAKEAWAYS

UWGNH uses the partnership model as a mechanism to increase the quality of the early childhood system for all children. This is most evident in the partnership's ripple effects on the children who are not directly enrolled in the program but who share a classroom or center with enrolled children. These children benefit through access to improved learning spaces, more highly trained teachers, and new curricula and assessments. This ripple effect is particularly salient in FCC homes, where the EHS-CCP typically funds only about half of the children they serve.

The partnership program is an important model for how systemic change can occur. To bring about more wide-scale change across

the community and state, the partnership must be expanded. The Connecticut Office of Early Childhood's 2017 *Unmet Needs Report* found that approximately 32,002 families with infants and toddlers in Connecticut require full-time care. Currently, there are just 20,015 spaces for infants and toddlers in licensed or regulated full-time child care programs statewide, indicating an 11,988-slot shortage. Plus, the existing spaces are not all high-quality, which means there's an even larger deficit between need and high-quality care and learning spaces.⁴

FCC is an important part of the early learning system that is often overlooked. In many cases, FCC providers are a solution to lack of supply in rural and underserved communities. They may also be the



best fit to provide more culturally responsive early care and education to diverse families. UWGNH and its partners note how transformative it is for families to have access to high-quality, affordable infant/toddler care in their neighborhoods, within walking distance, that is also representative of their language and culture. Network models, such as All Our Kin, provide a promising direction for FCC providers seeking access to professional development and comprehensive services so that they, too, can continue to be recognized as high-quality options for families.

A strong collaboration with the state agency that administers the CCDF is critical to the success of the partnership. Though aligning the subsidy system with Head Start can be challenging, it is necessary for the EHS-CCP to succeed. UWGNH refers Early Head Start-eligible children to apply for a child care subsidy through the regular process. However, if referred families are not eligible, the state has funding set aside to ensure that those families also have access to some financial support and that, in turn, the partnership gets the revenue they need to stay afloat.

Delaware Tribe

Bartlesville and Claremore, Oklahoma

The EHS-CCP is making an impact on the lives of children and families in tribal communities. Delaware Child Development (DCD) is one of the EHS-CCP tribal grantees operating in the communities of Bartlesville and Claremore in Oklahoma. They provide services to children from the Delaware Tribe, as well as other children who are not a part of the tribal community. Partnership funding enables DCD to build new learning spaces, enhance professional development opportunities for staff, lower teacher-child ratios so that children receive more individualized attention, and expand comprehensive services, such as health and developmental screenings for children and families. In addition, through cost allocation, the grantee ensures that all classrooms funded by the partnership are mixed-income, so all children can learn and grow together.

FAST FACTS

116

Children Directly Benefiting

177

Children Indirectly Benefiting

23

Child Care Partners

5

Local Communities Affected

\$1.7M

Total Grant Amount

THE MODEL STANDOUTS

Supporting Tribal Communities: DCD's program model supports inclusive teaching practices that honor each child's family and culture. The program encourages parents to send in pictures to post in the classroom, to share dishes from their heritage, and to volunteer. Staff engage children and families in multicultural activities and celebrate cultural traditions. They connect tribal families to resources that, in many cases, families had no prior knowledge of, including housing, transportation, state assistance, and career services, among others.

Low Teacher-Child Ratios: One of the main benefits of the partnership funding is that it enables the program to lower its teacher-child ratio so that children have more individualized care. It also has the benefit of improving the working conditions for staff, and it helps teachers be more effective in their work and feel in control of their classrooms. Research shows that very young children learn through one-on-one interactions, making ratios a critical programmatic quality indicator.⁵

Mixed-Income Delivery System: From the beginning, DCD has been committed to ensuring that all of their classrooms have children of a variety of incomes. In fact, the grantee cites the ability to offer mixed-income early learning as one of the most important benefits of the



Source: Photo provided by Delaware Child Development.

EHS-CCP. They use cost allocation with funding from the EHS-CCP grant, the CCDF, and other sources to ensure that at least half of the children in each center are on subsidy and eligible for Early Head Start and that half are higher income.

★ ★ ★
"No one has ever asked me what I thought about my son's school before."

—Partnership Father

Professional Development: Partnership funding enables DCD to provide higher-quality and more intensive professional development for staff. Staff receive educational coaching from specialists and have trainings once a week (as opposed to four times a year, prior to the partnership grant). They also have intentional growth plans, which are personal and professional plans that help staff set and achieve their goals. The program offers weekly CDA classes and pays staff a stipend for attending classes. Partnership funding also allows the program to hire substitute teachers so that full-time teachers can take breaks, attend more trainings during the day (not after hours), attend higher education courses, and have access to sick leave. Each of these

benefits assists with retention efforts, professional development, and continuity of care for children.

Comprehensive Services: DCD uses the partnership grant and leverages other funds (such as the CCDF) to expand access to comprehensive services for all children, not only those enrolled in the EHS-CCP. All children receive mental health, vision, hearing, and developmental screenings and supports. Each center has a family support staff person on site to build relationships with all parents, and they also offer a fatherhood engagement initiative. Many fathers say that this is the first time they have been asked to engage in their child's learning and development.

★ ★ ★

“This is exactly what we need. As men, we do not have an opportunity to talk and get the problems of the world off our chest, so we hold it in. This initiative was a great idea, and I cannot wait until our next meeting.”

—Partnership Father

THE RESULTS

- **Partnership funding enabled four additional teachers and assistants to attain a CDA.** DCD anticipates that between 12 and 15 individuals will participate in the upcoming CDA cohort. DCD is also supporting two additional staff members who are working toward a bachelor's degree.
- **Every teacher who moved up in their education level received a pay increase of approximately \$2 per hour, or \$4,000 per year.**
- **Partnership funding enabled DCD to construct a new center that will fit 94 children** and to construct additional classrooms in an existing center that will provide space for 54 more children.
- **The EHS-CCP allowed for more consistent family engagement.** Before the EHS-CCP funding, family engagement was sporadic. A part-time family support staff was hired temporarily while funding was available, but the families needed more time than what was offered. Now, DCD has a family support staff at each location that works with all enrolled families.
- **Partnership funding enabled DCD to offer weekly trainings to their staff, totaling about 400 annual hours of additional training,** on topics such as lesson planning, continuity of care and bonding, car-seat safety, and outdoor play in natural environments.

THE TAKEAWAYS

Partnership funding allows DCD to enhance the quality and scope of the services they offer to the children of the Delaware Tribe. The grantee notes that the most important benefits of the partnership funding are (1) lowering teacher-to-child ratios, (2) providing more family engagement opportunities, and (3) enhancing staff professional development. While the program has always known that individualized care and learning

through smaller ratios, stronger partnerships with families, and more qualified staff are critical to child success, they lacked a reliable funding source to make it happen. Incorporating these three components into the partnership makes a big difference in the lives of the children and families they serve.



One mother enrolled in the program was previously homeless and is now in safe housing and has successfully started a new job. She is enrolled to begin a certified nurse-assistant program. Her infant is receiving high-quality child care and making strides developmentally.

DCD notes that there has been a paradigm shift in the way teachers view their jobs. Enhanced training and access to higher education is professionalizing their work. The time they have to attend trainings and meetings with administrators helps give them a voice and fosters buy-in to the organization. The lower child-to-teacher ratios enable them to spend more time with children individually and meet their unique learning needs without being overwhelmed. Combined, these factors make an important difference in their work and in the quality of services they provide to children and families.

Though the partnership is making an important difference in the tribe and around Oklahoma, the need across the rest of state and in other tribal communities is great. For example, one-third of the 4,000 young children in Washington County, Oklahoma, are living in poverty. Local data indicate that nearly 40 percent of pregnant mothers in the county either did not receive prenatal care or received delayed prenatal care, which can affect maternal and child health outcomes. The vast majority of these children and their families do not have access to the rich array of services that the EHS-CCP offers.



Florida

Miami-Dade County

In 2007, United Way of Miami-Dade opened its Center for Excellence in Early Education (UWCFE), an innovative learning, teaching, research, and training facility dedicated to elevating the quality of early care and education in Miami-Dade and beyond. UWCFE is an EHS-CCP grantee operating throughout Miami-Dade County and nearby communities. In addition to providing EHS-CCP services, they also deliver Head Start and Early Head Start services, run a demonstration school where they model evidence-based high-quality early childhood programming, and offer professional development opportunities for early educators throughout their community and neighboring communities. After receiving two EHS-CCP grants, UWCFE now has 20 partners, including four FCC partners and 16 center-based partners. Their partner selection strategy focuses on selecting partners who are most in need of quality enhancements and resources and who share a commitment to improving the lives of children and families.

FAST FACTS

520	625	24	7	\$9.2M
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

Increasing Access to Credentials and Higher Education:

Enhancing the qualifications and professional development of the existing workforce is a top priority for UWCFE's EHS-CCP grant. They intentionally sought out providers whose highest level of education is a high school diploma and put them on a pathway to attain a CDA (in either English or Spanish) and, subsequently, an associate's degree and a bachelor's degree. Providers enroll in classes and have access to mentors/coaches who help them complete classes and coach them through their demonstration portfolio, a requirement for the entry-level credential. Upon completing a CDA, UWCFE connects providers with TEACH, a national organization that provides financial assistance and mentorship to early educators seeking to earn a bachelor's degree, to continue their higher education journey.

A Focus on Families Experiencing Homelessness: UWCFE partners with the Lotus Village, an organization that provides shelter and social services to women experiencing homelessness. As part of the EHS-CCP, UWCFE is running an early care and education program for the children of the women at the village, which now serves 48 families. In addition to early education services, UWCFE conducts parenting education courses to help families identify their strengths and understand their child's development.

Partnering with FCC Providers: UWCFE partners with four FCC providers who would otherwise never have had access to the rich array of resources and technical assistance that Head Start provides. Through

the EHS-CCP, UWCFE makes necessary health and safety renovations to children's learning environments (including playgrounds), purchases books and age-appropriate learning toys, and provides a wide array of training to providers. Their training focuses on child development and learning but also includes information on business administration. Prior to the EHS-CCP, none of these providers used a curriculum, provided comprehensive services, or conducted screenings and assessments of any sort. Now, all of them do and are continuing in their efforts to increase the quality of those services.

An Emphasis on Continuity of Care and the Transition to School:

UWCFE uses their EHS-CCP grant as an opportunity to partner with public schools to promote continuity of care and to improve the transition from early childhood to school. UWCFE collaborates with local elementary schools and with a Head Start grantee in Miami that operates three Head Start programs. Infants and toddlers who graduate from the EHS-CCP program transition into the Head Start program and then into partner public schools. The partnership allows UWCFE to more closely track the outcomes of the children who leave their programs. Each child who leaves the program receives a unique ID that transitions with them into the school system. Data show UWCFE how the children are doing and what areas need more attention or modifications. The partnership also brings important benefits to schools. In one case, a school was set to close due to low enrollment. Instead, through the EHS-CCP, the school partnered with UWCFE

and housed six EHS-CCP classrooms on its campus, which created a steady pipeline of future students. As a result, the low-enrollment school was transformed into a Primary Learning Center that serves children from 6 weeks old to 5 years of age.

Supporting Dual-Language Learners: UWCCE works with a lot of Hispanic families, many of whom have children who are dual-language learners. UWCCE is intentionally working with partners to increase their understanding of dual-language development and of the many

early cognitive, social, and economic benefits of bilingualism identified by research. They are also working closely with families, highlighting evidence that indicates that strengthening children's home language early in life promotes English acquisition and broader academic achievement later in life. UWCCE's demonstration center models evidence-based, high-quality early childhood programming in a dual-language immersion setting. Given their expertise in this space, families and staff at an EHS-CCP partner program are exploring implementing a dual-language immersion model at their own center.

The Ripple Effect

Though the EHS-CCP directly serves 520 children, more than 625 children are indirectly impacted through access to more highly trained teachers, research-based curricula, and family engagement opportunities.

THE RESULTS

- **Classroom quality assessments indicated improvements across many measures**, including emotional and behavioral support, a positive climate in the classroom, teacher sensitivity, and behavior guidance. There were also increases in the facilitation of learning and development, the relational climate, and facilitated exploration.
- **To date, 110 providers attained a CDA (or equivalent) over the course of the EHS-CCP. An additional cohort of 40 to 60 providers will complete a CDA in fall 2018.**
- **Seven providers are enrolled in Miami Dade College and working toward an associate's degree.**
- **All providers at partner sites received higher pay.**
- **Before the grant, none of the partners used a curriculum; now, 100 percent use a research-based curriculum.**
- **Before the grant, none of the partners offered health, dental, or mental health supports; after the EHS-CCP, all of them do.**
- **All partners renovated their outdoor playgrounds to improve children's learning experiences and to ensure their health and safety.**



"This program changed my life and the lives of my children. Besides providing my children with excellent early care and education, we are so grateful for the food pantry that the United Way placed at the program. Every other week, we are given the privilege of shopping for food, toiletries, and other critical items for our home. There are times when funds are tight and we are short of basic needs—and then comes pantry day where we have the ability to receive things we need to make it another few weeks. I am always amazed at the patience and kindness of the staff and volunteers."

—Parent, A New World Academy



THE TAKEAWAYS

One of the most important takeaways for UWCCE is that the EHS-CCP enables them to raise the quality of services and infuse funding into small community-based programs that would otherwise never have had access to those resources. As a result, the children and families using those programs now have access to high-quality early care and learning and to a wide array of additional supports, like health and nutrition services.

UWCCE's work with providers in the community is powerful. They

note the importance of working with these providers and helping them understand the science behind how their work influences brain development and learning and how it can set children's trajectories in a positive direction.

UWCCE also notes that given the right level of resources, the Head Start Program Performance Standards can serve as a foundation for any program. Though it takes a significant amount of work to meet the standards, it can be done. And that's when children and families win.

Georgia

Greater Atlanta

Georgia is one of six state grantees (including the District of Columbia) awarded EHS-CCP funds. The Department of Early Care and Learning (DECAL) is responsible for Georgia's partnership. DECAL is a logical agency to harness a strong partnership. It administers Georgia's pre-K program, licenses child care centers and FCC programs, administers the child care subsidy and federal nutrition programs, and manages voluntary quality enhancement programs. The department also houses the Head Start State Collaboration Office and works with organizations across Georgia to promote early care and learning. For the EHS-CCP grant, DECAL partners with five child care centers and 14 FCC homes in the Atlanta area. Combined, the programs serve more than 200 children annually.

FAST FACTS

208	508	19	5	\$3.5M
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

Hubs and Shared Services: DECAL's model takes a shared-services approach. There are two resource hubs—one to support child care center partner programs and one to support FCC partner programs. Each partner delivers early education services, while the hubs deliver comprehensive services to the children and families at the sites and provide tailored operational support to each partner. DECAL funds the partnership through grant agreements, facilitates quality improvement, and engages families and the community in decision making about the programs.

Supporting Dual-Language Learners: The FCC sites serve children who are dual-language learners. All FCC partners speak Spanish and provide services to the children in their home language, which research suggests has social and cognitive benefits, and is optimal for English-language acquisition in the long term.⁶ The FCC hub provides professional development and resources to teachers in Spanish and ensures that hub specialists who work with them are bilingual.

Professional Development: Staff at the partner sites each have individualized professional learning plans, and DECAL and the hubs provide training based on staff needs. For example, three sites and hub

specialists have received training from DECAL on the Pyramid Model, an intervention and professional development approach to support children's social and emotional development. DECAL also expands providers' access to higher education by leveraging other resources, such as DECAL Scholars, which provides scholarships, incentives, and awards to early childhood educators in the state who are seeking credentials and degrees.

Improving the Subsidy Process: As the state's lead agency for the CCDF, DECAL is responsible for managing the child care subsidy system. As such, they play a significant role in ensuring that eligible children across the state, including those served by other EHS-CCP programs, can access subsidies. DECAL establishes annual grant agreements with the other EHS-CCP grantees, revises state-level subsidy policies, and implements new procedures to ensure the success of other EHS-CCP programs in the state. This approach maximizes resources to build an integrated service-delivery model. In 2016 and 2017, the partnerships across the state served 1,350 of Georgia's infants, toddlers, and their families.

★ ★ ★

Only 4 percent of the estimated 106,178 infants and toddlers in poverty in Georgia have access to Early Head Start services.

THE RESULTS

- **All of the DECAL EHS-CCP sites earned a designation in the state's tiered quality rating and improvement system.** Two partner sites earned their first quality rating, and five additional sites increased their rating with the support of the partnership program. These quality-rated programs serve 338 children, in addition to the 200 infants and toddlers enrolled in Early Head Start.
- **All DECAL partnership sites engaged in continuous quality improvement** to ensure high-quality care for all children enrolled in the programs, not only those funded by Early Head Start.
- **Nine teachers completed a CDA, three completed an associate's degree, and one completed a bachelor's degree.** At least 15 teachers are enrolled in accredited coursework to earn a diploma or degree. The EHS-CCP funding supports substitute teachers so that lead teachers pursuing degrees or credentials have time to attend college.
- **Families with children enrolled in the FCC sites reported that they trusted the providers to give their children a supportive and positive learning environment.** Families said their children enjoyed going to school and expressed satisfaction in knowing that their children were receiving healthy meals consistent with their culture.

THE TRUE COST OF HIGH-QUALITY INFANT/TODDLER CARE

Georgia calculates that the cost per child is about \$19,000 per year, on average.

THE TAKEAWAYS

Georgia's families need affordable, accessible, high-quality infant/toddler care. The EHS-CCP is a lifeline: adding high-quality infant/toddler slots with comprehensive services and making broader systemic quality improvements, particularly in rural and other high-need areas.

There is still significant need across the state that more partnership funding could address. DECAL estimates that 106,178 children under age 3 are in poverty in the state. But Georgia only has 4,272 Early Head Start slots, which means that only approximately 4 percent of eligible children are served.

Georgia's child care subsidy program serves about 17,000 infants and toddlers a month, 11,000 of whom may also be eligible for Early Head Start services. Though child care subsidies are a source of support for many families, the comprehensive services the EHS-CCP program offers would be a valuable resource for thousands of Georgia's families.

The cost of high-quality infant/toddler care is greater than DECAL originally estimated. Though the cost varies regionally, Georgia partners agree that \$12,000 per child, per year, is not sufficient to provide high-quality infant/toddler care and learning. The state estimates that the



"I came to Our House in March of 2017. I had no job, no home, no support, two children, and nowhere to go. I knew I wanted to provide a better life for my children, but I was stuck between a rock and a hard place. Having peace of mind from knowing that my newborn child was in the safe and enriching environment of the child care center allowed me to go out and search for a job. Now six months later, and with a lot of overtime between two different jobs, I have gotten a car, an apartment, and most importantly, independence. If it were not for the support of Our House and its teachers, none of this progress would have been possible."

—Partnership Parent

The Ripple Effect

- The EHS-CCP directly serves 208 children, and more than twice that many are indirectly affected.
- Ten newly credentialed infant/toddler teachers are providing services to 80 children. Assuming they stay in the workforce, this benefit will continue to pay off for Georgia's children long after the current cohort ages out.
- All children have access to new research-based curricula, developmental screenings, and enhanced outdoor learning environments.
- More than 200 additional families have access to family engagement opportunities.

true cost of high-quality care for its youngest children ranges between \$16,000 and \$20,000 a year per child.

One of the benefits of the EHS-CCP is that it promotes mixed-income early care and learning settings, which research indicates are beneficial

for children. By investing in existing child care programs in communities, children can attend a program in their neighborhood. By enhancing the quality of care across all partner sites in the community, the EHS-CCP gives families a real choice about where to send their children.

Maryland

Baltimore City and Southern Anne Arundel, Caroline, Cecil, and Talbot Counties

The Maryland Family Network (MFN) is an EHS-CCP grantee in Maryland serving children across seven sites in four counties and the city of Baltimore. They have seven center-based partners, including PACT, a specialty program in Baltimore dedicated to serving young children and families experiencing homelessness. Partnership funding allows PACT to provide more health services and supports to the children and families they serve, to hire more education staff, and to increase the compensation of the early educators working in their program, among other improvements. Overall, through the EHS-CCP, the MFN works with their partners across the state to expand access to high-quality early education and comprehensive services to more than 100 children.

FAST FACTS

107

Children Directly Benefiting

0

Children Indirectly Benefiting

6

Child Care Partners

4 counties +
Baltimore

Local Communities Affected

\$1.6M

Total Grant Amount

THE MODEL STANDOUTS

A Focus on Families Experiencing Homelessness: Through the EHS-CCP, the MFN supports families with PACT: Helping Children With Special Needs, which is based in the largest shelter in the city of Baltimore and works exclusively with families experiencing homelessness. The core of the program is to support families through the trauma of experiencing homelessness by providing trauma-informed care and parent-child attachment-based programming. Many of the children who enter the program have separation anxiety, are in a state of “fight/flight/freeze,” or have speech and other developmental delays from experiencing the trauma and stress of not having a home. Supporting the whole family is core to PACT’s approach. The program has an embedded early childhood mental health consultant from the University of Maryland who has a close relationship with all of the early educators, families, and children. The EHS-CCP funding allows PACT to expand on the health services they provide. The MFN arranges for nursing students to do on-site screenings, monitor that children with chronic health conditions receive the care they need, help families understand their children’s health, advocate for families



Source: Photo provided by Maryland Family Network.

with community providers, and run public health initiatives such as smoking cessation. The partnership also enables PACT to hire new education staff to enhance learning experiences and to renovate the outdoor learning spaces so children have access to a playground. Partnership funding also means PACT can increase teacher wages.

FAMILY SELF-SUFFICIENCY

One parent who started in the program’s GED class received support to take college-placement assessments. She then scored at the required levels for a phlebotomy training program. She worked to get herself through school and is now completing her full-time clinical rotation at a hospital and anticipates completion this year.

Family Self-Sufficiency: An important tenet of the MFN partnership program is supporting parents to reach self-sufficiency in a variety of areas, including housing and employment. Partner sites offer intensive case management supports for children and their families, which include connections to adult education programs, access to community resources, and assistance finding stable housing and employment. Helping parents reach their goals provides more stable environments for young children.

Professional Development: The MFN works with their partners to provide financial and mentoring support to staff working toward a CDA and accessing higher education, including associate's and bachelor's degrees. The MFN also supports staff by partnering with the state, which has specialty programs to support early educators who want to earn

degrees. Partner sites receive training and coaching from specialists, including education, disability, and family support specialists. The MFN also provides coaching and training on curricula and assessments to ensure that all staff can provide high-quality early education experiences to the children they serve.

THE TRUE COST OF HIGH-QUALITY INFANT/TODDLER CARE

The MFN calculates that the cost per child is about \$20,000 per year, on average.

THE RESULTS

- 20 teen parents completed high school, and all went on to pursue higher education.
- Four parents completed associate's degrees, and 10 parents are currently enrolled in college coursework while working.
- 10 families who were homeless now have homes and parent/s who are employed.
- More than 10 teachers are completing a CDA and accessing higher levels of education.
- PACT found a 44 percent increase in parents' ability to support their child's cognitive development and a 26 percent increase in their ability to support learning and social-emotional development.

THE TAKEAWAYS

Nearly all communities across the country lack quality care for infants and toddlers. Communities in Maryland are no exception. The partnership grant now expands access to high-quality early care and learning services to more of Maryland's children, so they can thrive and so their parents can go to school or work.

Because the MFN serves expectant teenage mothers, there are many cases of young mothers being able to have their babies and go back to school because of an open infant/toddler slot from the partnership grant. In all four of the MFN's delegate programs, young mothers are often able to finish school, and some have gone on to college, thanks to a newly available slot.

The partnership program facilitates more communication and collaboration among the MFN, other early childhood providers, and the state's Department of Education, which oversees the child care subsidy system. Thanks to a new contract the MFN has with the state agency, the subsidy office will reduce the paperwork burdens on families and programs to make it as simple as possible for families to access and keep their subsidies.

Building new partnerships through the EHS-CCP is hard work. It requires compromise, negotiation, and seeing the system in a new perspective. But at the end of the day, the challenges are worth the benefits that partnership services bring to Maryland's young children and their families.



"Since my son has been enrolled in this program, I have been able to make plans, stick to them, and succeed at everything I planned. This program makes reaching your goals obtainable. In these three years, I was able to obtain my AA degree in science, buy a new car and a house, and land a good job. Importantly, my son is very smart and ready for the next level."

—Partnership Parent



Another important takeaway are the new professional development opportunities and connections among the provider community. Staff no longer feel alone; they feel part of a larger group and part of a mission greater than themselves. This supports morale and motivates staff to seek out ways to improve their practice. Partnership funding makes it possible to provide financial support for those improvements in practice, such as accessing higher education and training.

In the case of PACT, the partnerships allow them to continue thriving in their realm of expertise, while providing a stable source of funding to enhance the supports children and families receive.

A reliable source of infant/toddler funding is critical in Maryland. The EHS-CCP funding came at a vital time for PACT, as they would have had to cut their enrollment by half without it. Though the system needs more resources, the EHS-CCP is making progress toward meeting that need.

Minnesota

Anoka and Washington Counties

Anoka County Community Action Program (ACCAP) is an EHS-CCP grantee in Minnesota. The partnership serves 99 infants and toddlers in Anoka and Washington Counties. The combination of rural, urban, and suburban regions in the service area prompted ACCAP to select both center-based partners, which are more accessible to urban/suburban families, and FCC partners, which are more accessible to rural families. The partnership includes five New Horizon Academy centers; Crayon Box Child Care Center; CAPE, a teen parent program; and Room for Growing-North. Based on the child care providers' individual needs, ACCAP uses partnership funding to enhance the quality of child care by offering comprehensive services, lowering ratios and class sizes, instituting research-based curricula and assessments, increasing professional development and education opportunities for staff, and improving children's learning environments and playgrounds.

FAST FACTS

99

Children Directly Benefiting

50

Children Indirectly Benefiting

10

Child Care Partners

2 counties

Local Communities Affected

\$1.6M

Total Grant Amount

THE MODEL STANDOUTS

Supporting Families with Nontraditional Work Hours: A community needs assessment indicated that many families are working two or three jobs and need child care during nontraditional hours. ACCAP partners with a child care site that provides services during nontraditional hours (6 pm to 11 pm), and it also partners with two FCC centers that offer care on the weekends.

Supporting Young Parents: One of ACCAP's child care partner sites is CAPE, a child care program for teen parents and their children. This program enables teenage parents to finish school and go to college while their children are cared for and learning. During the summer, when the center is closed, teen parents can take their children to alternate EHS-CCP sites so they can continue their studies or get a summer job.



Source: Photo provided by Anoka/Washington County Head Start-Early Head Start.



"I now have a school in my home."
—FCC Partner

Professional Development: Using partnership funds, ACCAP supports staff in attaining an infant/toddler CDA by paying for coursework and providing mentoring. They also make use of state resources to assist early educators in accessing higher education. In addition, they have a "grow your own" initiative that supports and encourages parents of enrolled

children to earn their own CDA. ACCAP is becoming a CDA training site so that courses are more easily accessible to both staff and parents. In addition to supporting staff in furthering their credentials, ACCAP provides practice-based coaching and intensive training on a variety of topics, including curricula, assessments, parent education, inclusion of



children with disabilities, and health and safety. New Horizon Academy also supports partners' professional development by offering all of their trainings to other EHS-CCP partners.

Mixed-Income Delivery System: Because their child care partners are already serving a mix of Early Head Start-eligible and non-eligible children, most of the classrooms in the partnership are mixed-income. All infants and toddlers, whether enrolled in the EHS-CCP or private pay, benefit from facilities and homes that are licensed, meet safety requirements, have low teacher-to-child ratios and class sizes, have qualified teachers who receive ongoing supervision and coaching, offer

responsive caregiving, and promote parent engagement activities.

Continuity of Care and Tuition Assistance: During early implementation of the EHS-CCP, Minnesota froze Child Care Assistance (CCA) funding. That year, families who were income eligible and on the wait list for CCA could apply for tuition assistance with ACCAP. In addition, when there are lapses in CCA, eligible families who are already enrolled in the EHS-CCP programs can apply for continuity-of-care support while they reapply for CCA. This ensures that children continue to receive quality care and that parents are still able to work during the reapplication process.



"I am very grateful for Head Start's new infant/toddler program. Because of the program, I was able to get back to work after I had my son. I am a single mother of three kids. I was very adamant about working a full-time job to provide for my family. I am very happy with New Horizon, and I am grateful for the caring staff. My son is very connected to his teacher, which makes me even more at ease with leaving him in their care."

—Partnership Parent, New Horizons Academy

THE RESULTS

- 13 additional teachers attained an infant/toddler CDA, and one staff person is working on a bachelor's degree in early childhood development.
- 60 percent of partners did not have appropriate outdoor equipment prior to the EHS-CCP; now all of them do.
- Staff from all partner sites completed more than 236 hours of training on a variety of topics, including assessments, curricula, and classroom quality.
- 24 additional children received referrals to the Minnesota Help Me Grow system to be evaluated for early intervention. Access to Help Me Grow ensured that developmental delays and disabilities were caught early.
- All the EHS-CCP partners were quality rated at four stars, the highest rating available in Minnesota. Two child care partners moved from a one-star rating to a four-star rating, with support from the EHS-CCP program.
- Prior to the EHS-CCP, none of the partners had access to mental health supports for children and families. Now, all partners have access to Fraser Mental Health Services, a local mental health provider.

THE TAKEAWAYS

Stability in funding is critical to the early care and learning system in Minnesota. Funding in the early childhood system is often volatile, making it difficult to operate a business, particularly one offering high-quality services. Though the state needs much more funding to make a systemic change, this new stream of funding adds stability to the system and helps the existing private-sector child care market stay afloat.

The grantee and its partners agree: The EHS-CCP is good for Minnesota's children and families. Expanding the Early Head Start model into private child care programs increases access to services such as children's mental health and employment assistance for parents. It builds the community's capacity to support the whole child, and it empowers the whole family.

Partnership funding allows child care partners to decrease their teacher-to-child ratios, which is expensive but critical to high-quality early care and learning experiences. During such a consequential period of brain development, it is important that early educators have the time and space to dedicate individualized attention and support to each child. While child care partners knew this was important, a lack of funding used to make it difficult to implement.

The partnership model facilitates more mixed-income settings. It also expands important benefits, such as more highly trained teachers, research-based curricula, and improved learning spaces to all children in partner centers, not just those directly enrolled through the EHS-CCP. Many Minnesotans have incomes that fall just above Early Head Start eligibility, and they still need help to afford high-quality child care in order to work. The partnership model gives families choices. The grantee and its partners now see many families have babies, return to the workforce, and succeed because of the care they now have.

North Carolina

Mecklenburg and Burke Counties

Child Care Resources Inc. (CCRI) is one of the EHS-CCP grantees in North Carolina. After an open competition, they partnered with four- and five-star quality-rated child care centers in Mecklenburg (home to the Charlotte metropolitan area) and Burke Counties, serving a total of 270 children directly.

FAST FACTS

270	500	8	2 counties	\$5.5M
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

Child Care Resources and Referral Agency as a Grantee: CCRI is a regional child care resource and referral (CCR&R) agency that administers all child care subsidy programs in Mecklenburg County and co-leads North Carolina’s child care resource and referral (CCR&R) system. The structure and function of CCR&R agencies, which exist in 99 percent of all populated zip codes in the country, can be successful EHS-CCP grantees. For example, CCRI has access to local and statewide data on available resources and child care supply, quality, cost, and demand. The agency is also involved in cross-sector early childhood education policy development at the state level, which facilitates partnerships with other state agencies and service organizations. As is the case with CCRI, CCR&Rs are often the agencies families turn to for early care and education, for consumer education and referrals, and to enroll in child care subsidy programs, making them especially effective at family recruitment. Finally, CCRI houses an extensive early childhood training and technical-assistance staff, which can help partners enhance the quality of their services.

Professional Development: CCRI supports teachers earning a CDA and encourages staff to reach higher levels of education. Teachers have access to specialized education coaches and have professional development plans. They also have access to an extensive training program that covers topics such as curricula, assessments, developmental screenings, social-emotional development, classroom

management, health and safety, and family engagement. Center directors are also included in professional development and receive training on data management systems, Head Start Program Performance Standards, curricula, and child assessments, in addition to one-on-one coaching on various administrative and business development topics, such as budget allocation.

Comprehensive Services: All enrolled children and families are offered an array of comprehensive services, including developmental screenings, hearing and vision screenings, mental health supports, nutritious meals, individualized curricula, and support for children with disabilities. For children with significant medical needs, the center partners with medical staff to train teachers on medication administration and other appropriate supports. This enables the families of children with disabilities and complex health needs to go to work knowing that their children are receiving high-quality early care and learning experiences from a competent team of professionals.

Family Engagement: The program offers robust supports for families. Family support specialists work with families to help ensure that they receive direct support and referrals to other partners in the community to meet their basic needs, including housing, food, and employment specialists. They also offer parenting classes to strengthen parenting skills and support parents in being their child’s primary advocate.



“My child is finally learning because of this program”

—Partnership Parent

Coaching for Quality Improvement: The teacher-coaching approach brings significant change to many of the partners' classrooms. Every teacher in the program receives at least a minimal level of coaching; 28 teachers in 28 classrooms receive intensive coaching to improve

their practice. This deeper level of coaching enables teachers to better reflect on practice, learn how their teaching impacts child outcomes, and improve their knowledge and skills.



Coaching opportunities provided by the EHS-CCP brought about significant improvements in the program. For example, one child who was scheduled to transition to an older-age classroom was experiencing behavioral difficulties. Prior to and during that transition, a coach modeled and shared new strategies with the teachers in the new classroom. The coach also worked with the child's mother to access mental health support services. The child is now successfully integrated into the new classroom. Had such an intervention not taken place, the child would have been at much greater risk for suspension or expulsion from the program.

THE RESULTS

- **Seven staff completed a CDA, and one is in the process.**
- **15 staff members are enrolled in higher education degree programs.**
- **Staff received an additional 84 hours of training** in topics such as lesson planning, conscious discipline, curricula, assessments, supporting children with disabilities, cultural competency, and supporting children's social and emotional development.
- **All partners increased pay scales for the EHS-CCP staff.**
- **The program helped 12 families secure stable housing since the start of the EHS-CCP.**
- **All partners offered families mental and dental health supports.** Prior to the grant, none did.
- **More than 500 children who are not enrolled in the EHS-CCP are indirectly benefiting from the program,** through access to playgrounds, learning spaces, research-based curricula, and highly trained teachers.

THE TAKEAWAYS

CCRI and their partners agree that the quality of the comprehensive services that the EHS-CCP program makes possible is what they would like to see for all child care programs and for all children and families. Though implementing the EHS-CCP model is challenging, the model brings significant benefits to children and families in the community.

Undoubtedly, the quality of early care and learning in the community is better in the two communities that are part of the grant. Even centers that were already operating at the highest levels of the state's quality rating system made significant improvements. These quality

enhancements make an important difference in the lives of the children and families being served and will continue to do so for future cohorts of children.

In addition to helping children and families, the partnership program is prompting a paradigm shift for early childhood educators. For the first time, many now consider themselves as professionals, because they are invested in as professionals. Through access to higher levels of education and high-quality training, the staff are more skilled at their roles as educators. Although there is a steep learning curve to operate



as an EHS-CCP, with frustration and challenges along the way, the resources and supports provided make the leap to even higher levels of quality possible or attainable.

The EHS-CCP is one way to continuously advance quality in participating programs. Though the changes are not systemic due to the small size of the grant, the partnership model serves as an example of how to raise the quality of child care. It is important to North Carolina's families that the partnership program continue and grow so that it can build

community-wide capacity and make more systemic improvements that support more children and families.

There are thousands of children and families in North Carolina who are still not receiving the benefits of this program. Within the grantee's two service areas alone, nearly 10,000 children under the age of 3 are estimated to be living in poverty. The demand for affordable, high quality early care and education for these children far surpasses available funding to ensure their access to these programs.

Ohio

Columbus

The Ohio State University is an EHS-CCP grantee serving the Columbus area. Since receiving the grant in 2014, Ohio State has formed robust partnerships between higher education and early education, local government and the private sector, and health and social service systems. This truly integrated approach helps ensure that the 160 children they serve across 19 partner sites (eight homes and 11 centers) receive a high-quality early care and learning experiences as well as the comprehensive services they need to thrive.

FAST FACTS

160	67	19	1 metropolitan area	\$2.7M
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

Community-Based Collaborations: At the heart of Ohio State's partnership model is a strong collaboration with 18 community-based agencies that focus on health, education, housing, employment, and other family supports. These collaborations ensure that the EHS-CCP is aligned with and integrated into the broader early childhood system. It also leverages resources and maximizes the comprehensive services available to young children and their families, including health, mental health, dental health, audiology, nutrition, and family workforce development, among others.

Hubs: Ohio State employs a "hub model": Four partners serve as resource centers and provide support to child care partners in their own neighborhoods. The hubs provide space for family engagement events, parent committee meetings, and staff professional development. Having an easily accessible physical location for resources and support is invaluable to partners.

Practice-Based Coaching: Workforce development is a top priority for Ohio State. After using the Quality of Child Caregiver Interactions for Infants and Toddlers measurement tool to assess the areas in which providers needed additional training and coaching, Ohio State hired two full-time infant/toddler experts to provide individually tailored, practice-based coaching. Coaches are now a regular presence in the classrooms and homes, helping to build trust and productive relationships with teachers and to improve practice.

Support for Credentials and Higher Education: Ohio State works with each individual provider to identify the best path to acquire a CDA or to support those already working toward a credential online.



Source: Photo provided by Ohio State.

For example, for those who are interested in beginning an in-person program, Ohio State leverages its partnership with the city of Columbus, which offers a no-cost CDA to early educators. For staff interested in moving past a CDA, Ohio State will enroll them at the university for a no-cost bachelor's degree.

Mixed-Income Delivery System: Ohio State is strategic in their placement of slots across their partner sites to ensure that, wherever possible, children are in mixed-income settings. This is especially successful in FCC homes, where in many cases, half of the enrolled children are funded by the EHS-CCP and half are tuition-based.

Selecting Partners with a Commitment to Improvement: At the beginning of the grant, Ohio State only selected partners who were rated a three or higher in their state's quality rating and improvement system. Over time, they shifted their strategy, selecting partner sites based on their commitment to a shared vision and a willingness to increase capacity. In the end, Ohio State found that the commitment to improve is more important to success and retention than a high starting

rating on a quality scale. This approach ensures that resources are going to the programs that really want and need quality improvements.

Family Supports: Ohio State collaborates with Directions for Youth and Families, an organization that connects families with social workers and community resources. They also partner with the Franklin County Department of Jobs and Family, which allocates a caseworker to each enrolled family to facilitate the child care subsidy process.

★ ★ ★

“Family child care providers are saying to us, ‘I have never felt that I have ever been a part of something, and I finally do.’ They’re not in isolation anymore, they are part of something bigger; they’re a community and feel like they’re finally being recognized as part of the early childhood community.”

—Partner Provider

THE RESULTS

- **160 additional infants and toddlers now have access to high-quality early care and learning** as well as services like health, mental health, nutrition, early intervention, speech and hearing support, family counseling, and workforce development services.
- **67 children who were not enrolled in the EHS-CCP still benefited** from improved classroom instruction, new curricula, new outdoor play spaces, new learning materials, and comprehensive services.
- **More than 100 families benefited from a Franklin County caseworker who assisted them with the subsidy process.**
- **Seven additional teachers earned a CDA credential, and three more are in the process of completing a CDA.**
- **Providers completed more than 80 hours of professional development on a variety of topics.**
- **All 19 providers upgraded their outdoor play spaces.**

Ohio State conducted an evaluation to assess the implementation of the partnership itself. Evidence gathered from online surveys reveals that child care providers have positive attitudes about the way the partnership is organized and managed as well as how they are treated as partners. Child care providers note the positive impact the partnership has on their professional lives, including an increase in their knowledge and expertise, an increase in the respect shown to their profession, a decrease in isolation, and an increase in collaborations with other child care providers in the community. In addition, more than 75 percent of parents express high levels of satisfaction with the services the Ohio State-EHS partnership provides.

THE TAKEAWAYS

The EHS-CCP is giving Columbus's youngest children and their families an integrated set of comprehensive services that they otherwise would not have access to—high-quality early education; health, mental, and dental care; family specialists; family counseling; housing supports; and employment supports.

Early Head Start is an exceptional program for low-income children and their families. The EHS-CCP program enables communities to distribute Early Head Start resources to prop up more early care and learning providers and serve more children. This strategy to build capacity across the child care system means that more children in Columbus, whether

EHS-eligible or not, will receive higher-quality services. As the grantee points out, this program is not about simply funding slots. It is about building community-wide capacity for all children.

Like most grantees, Ohio State originally underestimated the cost of providing high-quality infant/toddler care and education. After examining the numbers, Ohio State determined that the true cost for providing high-quality infant/toddler care and education annually is \$21,007 per child, including the EHS-CCP funds, the required match, and in-kind donations.

Child care providers do valuable and challenging work. Despite this, they are underpaid, under-resourced, and overworked. Their stress levels are high, and they rarely have access to employment benefits.

Investing in the workforce is not only good for the children they serve; it also helps teachers provide for their own families and achieve higher levels of education. Building networks across providers, particularly FCC providers, is a unique benefit of the EHS-CCP. It eases feelings of isolation and stress among providers, and it may help reduce turnover, which positively impacts their work with children and families.

This funding is a stable source of income for partner providers, which is not easy to come by in the early childhood system. Other than this funding and the child care subsidy, there are no other dollars dedicated to infants and toddlers in the state, despite the community's high needs. Ohio State says it is critical for the EHS-CCP program to continue and to expand.

Tennessee

Chattanooga

The city of Chattanooga is one of Tennessee's EHS-CCP grantees. The city sees the partnership grant as an opportunity to leverage Early Head Start resources across their communities and to help more children and families thrive. Though children with access to Early Head Start receive a rich array of comprehensive services, most eligible children do not have access to the program and instead are served by a variety of child care programs across the city. Chattanooga is primarily concerned with this group of families, as well as families with incomes slightly above the eligibility cutoff for Head Start who nonetheless struggle to get by. Partnership funding enables them to lift up the quality of services for all of these groups of children.

FAST FACTS

372	314	6	1	\$2.1M
Children Directly Benefiting	Children Indirectly Benefiting	Child Care Partners	Local Communities Affected	Total Grant Amount

THE MODEL STANDOUTS

A City-Level Grantee: Chattanooga is one of only five city grantees in the first cohort of the EHS-CCP. Spearheaded by the leadership of Mayor Andrew Berke, the city prioritizes high-quality early care and learning, prompting them to apply for the EHS-CCP opportunity. Many cities, including Chattanooga, have the infrastructure, existing partnerships, and leverage with the state to implement successful EHS-CCP programs. Chattanooga demonstrates that the EHS-CCP grant can enhance the quality of infant/toddler care and learning in areas of high need, as determined by the city, and has the added benefit of bringing federal dollars into the local economy. When compared with a nongovernmental organization or a state, a city-level grantee has the dual benefit of offering greater employee benefits than many nongovernmental organizations and being closer to the ground, which inspires a greater sense of community and closeness than a state agency.

Expanding Access to Higher Education: Chattanooga arranges and pays for two on-site college courses for staff through the Chattanooga State Community College. They also pay for tuition and books for others to attend Chattanooga State and the University of Tennessee at Chattanooga. The city assigns mentors to work with staff toward a CDA, and it hires one floater per site so staff have access to one-on-one support from mentors.

Increasing Compensation: The city encourages the partner sites to raise staff wages. Three partners now pay staff on a higher pay scale, and the remaining partners are increasing pay as staff attain credentials and degrees.

Expanding Comprehensive Services: The city makes the full spectrum of comprehensive services available to all partners through collaboration with other community service providers. Partners have support staff assigned to them, including education mentors, disability and mental health resource specialists, family support advocates, and a dietary supervisor.

Renovating Space: The city encourages all partner sites to improve the children's learning spaces, which benefits every child currently in the program whether or not they are directly enrolled, as well as future cohorts of children. Renovations—including installing new flooring, electrical and plumbing, improving playgrounds, and modifying food-preparation and meal areas—ensure that children's environments are safe, enriching, and promote learning.

★ ★ ★
"Every time I've partnered with Head Start, the quality of my programs has increased.

A rising tide lifts all ships."

—EHS-CCP Center-Based Partner

THE RESULTS

- **28 staff attained or are in the process of attaining a CDA, a state certificate, or an associate's degree.**
- **All partner sites increased salaries for staff**, with some partners increasing compensation both initially and once staff completed a credential or degree.
- **Each early educator received more than 82 hours of additional training on a variety of topics**, including curricula and assessments, math and science instructional support, working with families, and effective record keeping.
- **Prior to the partnership, none of the child care partners used a curriculum; after the partnership, 100 percent use a research-based curriculum.**
- **Prior to the EHS-CCP, only 14 percent of partner sites offered mental health services. Now, 100 percent of partners offer mental health services to children, families, and staff.**
- **Before the partnership, just over half of partner sites offered disability services to children; now, all of them do.**
- **Before the EHS-CCP, none of the child care sites offered dental services and referrals. Now, 100 percent offer these services to children and families.**
- **All child care sites underwent facility improvements**, including improving and installing new playgrounds, security cameras, toilet areas, and food-preparation areas.
- **About 250 children who were not directly enrolled in the program benefited from the EHS-CCP** grant through enhanced playground space, more highly trained staff, and a formal curriculum.

THE TAKEAWAYS

One of the most important takeaways for the city of Chattanooga is that Early Head Start demand far exceeds supply. Though partnership funding is making a difference in the partners and children it reaches, there is far more need, making it critical that partnership funding continues and expands. A recent community assessment indicated that there are 2,224 children under the age of 3 in poverty in the community and that the number of individuals experiencing homelessness increased by 300 percent in recent years. Most of these children and families do not have access to high-quality early care and learning.

The partnership model is truly a systemic approach that lifts up the quality of care and learning that enrolled children *and their peers* receive. Today, Early Head Start only serves a fraction of eligible children; the rest of the children in Chattanooga are being served in child care settings across the community. Many of those community-based sites would have never directly applied for an Early Head Start

grant. The partnership opportunity provides a mechanism and financial underpinning for them to raise their quality, increase their staff credentials, and offer comprehensive services to children.

In most communities, the early education system is disjointed. Yet, the common denominator for the system across every state and community in the country is Head Start. Coupling child care sites with Head Start is a promising first step to forming a cohesive system.

Finally, the city appreciates the concerted effort to bring the Head Start and child care systems together, with an understanding that “these are all our children” and that Chattanooga has a responsibility to ensure those children receive the highest-quality early experiences, regardless of the program door they walk into. Early care and learning are important for all children, at all income levels, and across all geographic locations.

Conclusion

The Early Head Start-Child Care Partnership is making a difference in communities in every state in America, from small rural towns and tribal communities to large metropolitan cities. The EHS-CCP program is investing federal resources into local innovation to ensure that children and families across the country have access to high-quality early care and learning so that children can thrive and their parents can work to get ahead.

Local communities know what their children and families need best. The EHS-CCP program enables local design and innovation, held together by a uniform set of high standards, so that programs are tailored to communities' needs while ensuring that all children access a reliably high level of quality care and learning.

As the 12 EHS-CCP sites featured in this report demonstrate, the EHS-CCP program is about more than funding slots in the existing early childhood system. It is about reforming the system. By investing in teacher capacity and pay, renovations and updates to learning spaces, research-based curricula and assessments, and comprehensive services that help children and their families succeed, the EHS-CCP is lifting up the quality of the system.

And, as a result of these systemic reforms, communities agree:

Children and families win. These resources mean more children receive high-quality early care in safe and enriching learning environments from highly qualified teachers, so that they develop the social-emotional and cognitive foundation they need to excel in school and beyond; more children receive hearing, vision, and developmental screenings and get the help they need early; and more children connect to dental health, mental health, and physical health services. It means more families are engaging deeply in their children's learning, and it means families are receiving the support they need to find stable housing, a reliable job, or to go back to school.

Teachers win. Partnership funding helps lift up the early childhood

workforce. Providing viable paths to higher education and credentials for early childhood educators, and increasing compensation commensurate with those experiences, is transformative. It enhances educators' competencies and skills and enables them to provide high-quality services to children and families, while also providing for their own families. In every state in the country, the median wage for early educators falls below eligibility for food stamps. Access to higher education and a living wage are game changers for the more than 2 million early educators who dedicate their lives to teaching and caring for America's youngest children.⁷

The private-market child care system wins. The private-market child care system serves millions of the nation's youngest children across all income levels. Unfortunately, the shortage and volatility of early childhood funding makes it difficult for these businesses to stay afloat and near impossible for them to provide high-quality services to low- and middle-income children while remaining financially viable. These businesses want to do the right thing for children and families but, in many cases, cannot afford to. Partnering with Early Head Start programs through the EHS-CCP program infuses much-needed resources into these businesses in exchange for meeting higher-quality standards, enabling them to provide the caliber of services that make a significant difference in the lives of children and families.

Communities win. The reach of the EHS-CCP program goes far beyond supporting children and families who are directly enrolled in the program. Resources are being maximized, offering support to children directly funded by the grant, as well as to their peers who learn alongside them, and the teachers who educate them. Many of these other children are either eligible for EHS but did not previously have access to a slot or are slightly over the eligibility line; others are children from middle-class families for whom high-quality child care has also become unaffordable and unattainable. By lifting up the quality of early childhood services across partner sites in communities, more children benefit, regardless of their families' income level.

Recommendations

Despite the successes achieved by the EHS-CCP program across the country thus far, grantees agree that improvements at all levels—federal, state, and local—can bring about more robust systemic change and make implementation run more smoothly. The following are BPC’s recommendations for the EHS-CCP, which are all informed by in-depth interviews with 12 EHS-CCP sites.

RECOMMENDATIONS TO CONGRESS

Commission a Government Accountability Office Report on the EHS-CCP to examine the impact of partnerships on quality of child care for infants and toddlers. Congress has shown repeated interest in examining issues of duplication and overlap in the early childhood system. The EHS-CCP is one concrete program that incentivizes and provides resources to align the two largest infant/toddler programs in the country. To that end, a Government Accountability Office (GAO) report can investigate how effective the EHS-CCP model is and provide recommendations for making the program stronger. The GAO report should specifically identify how to align eligibility policies between child care and Head Start, identify barriers to alignment, and highlight states doing innovative work on alignment.

Hold Hearings on the EHS-CCP to examine the extent to which children who are not directly enrolled in the program are impacted. Congress should hold hearings on the EHS-CCP program in order to learn what is working and what could be improved. In particular, hearings will illuminate how the EHS-CCP incentivizes alignment between Early Head Start and child care, and allow members to hear from states, communities, and grantees that are making the most of the program. This will be an important step to inform authorization of the partnerships.

Increase EHS-CCP Funding. One key theme that all partnership sites express in interviews is that existing resources do not come close to meeting the need for high-quality infant and toddler care in their states and communities. EHS-CCP funding provides targeted resources for infants and toddlers. Very few other resources are directly targeted at this population, leaving the infant/toddler system severely under-resourced, even when compared with the under-resourced preschool system. EHS-CCP funding is a lifeline for many communities and critical to meeting the needs of families with the youngest children. But it is not nearly enough. Too many child care programs, teachers, children, and families in need are not being reached. In order to bring about large-

scale systemic change and multiply the positive benefits demonstrated to date, once authorized, Congress should increase funding for the EHS-CCP.

Permanently Authorize the EHS-CCP. Congress should authorize the EHS-CCP in a new or existing bill. Currently, the EHS-CCP is only in appropriations. Authorizing the program will make it more permanent and offer Congress the ability to set parameters and priorities within the program, based on best-practices, input from grantees, and research.

RECOMMENDATIONS TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Fund new research on the potential benefits of mixed-income early care and learning settings. The Department of Health and Human Services (HHS) should fund new research into the barriers of implementing mixed-income settings, mechanisms to expand access to mixed-income settings, and promising models based on mixed-income settings that can positively affect children’s learning and development. Research has already identified positive associations between classroom socioeconomic diversity and children’s language and mathematics skills. In fact, data find that the effects of the mean income level of children in a classroom is as strongly associated with children’s learning outcomes as instructional quality, pointing to the potency of peer effects and the importance of encouraging more mixed-income settings. While some of the EHS-CCP programs take advantage of the grant opportunity to implement mixed-income settings, not all do, and many classes remain socioeconomically segregated. In the broader early education system, mixed-income settings are not widely implemented. New research in this area will enable the HHS to better understand the dynamics at play and to identify the most effective mechanisms to expand mixed-income settings based on the positive effects these settings have on children’s learning.

Improve data collected on the EHS-CCP, with an emphasis on the benefits to the children not directly enrolled. One of the unique benefits of the EHS-CCP program is the collateral effect that the funding has on children not directly enrolled—through access to more qualified teachers, use of research-based curricula, and improved learning spaces and materials, among other factors. While the federal government collects some of these data, the individual grantees collect



the more granular information, specifically regarding how additional children benefit from the EHS-CCP. Unfortunately, not all grantees collect this information, so the data are piecemeal. The HHS should improve data-collection efforts in order to better understand the impacts of the EHS-CCP on all children.

Fund a study to examine the true cost of infant/toddler care using the EHS-CCP. Every grantee interviewed for this report agrees that they initially underestimated the per-child cost of providing high-quality infant/toddler care and learning services. According to grantees, the cost ranges between about \$14,000 to about \$21,000, per child per year, based on the region and a host of contextual factors, including other resources available to the community. The HHS should commission a new study to identify the true cost of infant/toddler care and use that information for funding decisions—for both Early Head Start and the EHS-CCP—moving forward.

As states expand pre-K, reallocate funds dedicated to 3- and 4-year-olds to the EHS-CCP. As more states develop and expand new pre-K programs, and as these programs serve more 3- and 4-year-old children, the HHS should reallocate funding for 3- and 4-year-olds in Head Start to support infants/toddlers through the EHS-CCP. Infant/toddler care is the most expensive care, but it is also in extremely high demand, as working parents struggle to balance work and family priorities. As more children transition to public pre-K programs, the HHS can expand the number of America's youngest learners who have access to high-quality early care and learning experiences through the EHS-CCP.

Increase federal technical assistance on fiscal and business issues and blending of multiple funding streams. Many grantees express the need for more targeted technical assistance by the federal Office of Head Start across several fiscal areas, including cost allocation, layering funds, facilitating mixed-income settings, and developing contract templates between grantees and partners. The HHS should provide more fiscally focused technical assistance for the EHS-CCP grantees.

RECOMMENDATIONS TO STATES

Align Head Start and child care standards, especially around eligibility, child/staff ratios, and group sizes. Some of the sites featured in this report are state grantees; others are local communities or non-profit organizations. One factor that they all have in common is working closely with the state lead agency that administers the CCDF. Bringing together two programs that have historically been administered

completely separately, and with different requirements and standards, is challenging. It is critical to have the state at the table, if it is not the grantee, to align the child care system and Head Start standards. In most cases, states have the flexibility to address system-wide policy inconsistencies, such as eligibility and co-pay requirement issues. All state agencies responsible for child care should partner with their respective Head Start collaboration offices to align standards, including eligibility standards and intake processes, to reduce the burden on families and increase collaboration between programs.

RECOMMENDATIONS TO GRANTEES

Include family child care in current and future EHS-CCP grants.

FCC is an integral part of the early care and learning system and should be a significant component of the EHS-CCP. Many grantees take advantage of the EHS-CCP opportunity to partner with FCC providers, resulting in many advantages for children and families. In some of the more successful models, states or large grantees contract with FCC networks directly. In many cases, FCC providers are located in families' neighborhoods, making it a much more convenient option, particularly for families in rural or underserved communities. FCC providers may also be more likely to share the same cultural and linguistic backgrounds as the children they serve and thus have a potential advantage in delivering more culturally and linguistically responsive services. In addition, the no-cost ripple effect that is inherent to the EHS-CCP design is most apparent in these settings, where in many cases about half of the children served are EHS-CCP eligible, and half are not. In those cases, the EHS-CCP funding is reaching as many children indirectly as it is reaching directly. In effect, twice as many children benefit. New and existing grantees should ensure that part of their model moving forward includes a partnership with FCC programs or networks.

Support teachers' professional development beyond the Child Development Associate certification and toward higher education. The Child Development Associate (CDA) certification is an important starting credential for early educators, but it should not be the ceiling. The EHS-CCP provides resources to help providers reach their professional goals and access higher education. In many cases, however, the EHS-CCP grantees only help their staff earn a CDA. Grantees should be encouraged to leverage EHS-CCP resources, and other state and community resources, to support the workforce in attaining higher levels of education, past a CDA and toward an associate's degree and a bachelor's degree.

Ensure speedy processing of family applications and consider single point of entry models. Though the EHS-CCP is intended to bring more stability to the early care and learning system, there is still some turnover. This means that at certain times during the year, there are funded slots that are not filled by children. Some partners note that the slow or inefficient processing of applications delays the filling of empty slots. In many cases, only grantees (as opposed to partners) process family applications, even though they may not be the ones who see families on a daily basis. Sharing this responsibility with partners may help to speed up application processing and ensure that slots are filled as quickly as possible.

Expanding funding for the EHS-CCP and implementing these recommendations will ensure that more children and families in communities across America thrive and that programs run as smoothly as possible, using resources responsibly and efficiently. This infusion

of resources into the infant/toddler system is not only making high-quality care accessible to families; it is helping teachers advance their education and pay. In a profession where the median income equates with eligibility for food stamps, this increase in wages and access to higher education can lift families out of poverty. In addition, unlike any other program in the early childhood system, the EHS-CCP has a significant no-cost ripple effect, helping children who are directly enrolled as well as those who are not directly enrolled with access to more highly trained and educated teachers, research-based curricula and assessments, safe and enriching learning spaces, and family engagement opportunities, among others. By reaching beyond the children directly enrolled, the EHS-CCP has the potential to make wide-scale systemic change in a system that desperately needs it. States and communities are eager to do right by children and families. There is no shortage of innovation and motivation at the local level. But they need resources and support from the federal government to make it happen.

Endnotes

- ¹ Patricia Del Grosso and Jaime Thomas, *Working Together for Children and Families. Presentation*, National Research Conference on Early Childhood (study forthcoming), June 2018. Available at: <https://www.acf.hhs.gov/opre/research/project/early-head-start-child-care-partnerships-study>.
- ² Ibid.
- ³ Juliet Bromer and Toni Porte, *Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-Quality Family Child Care*, National Center on Early Childhood Quality Assurance, 2017.
- ⁴ Data provided by interviewee.
- ⁵ National Scientific Council on the Developing Child, “Young Children Develop in an Environment of Relationships,” 2004. Available at: <http://developingchild.harvard.edu/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>.
- ⁶ See: Olusola Adesope, Tracy Lavin, Terri Thompson, and Charles Ungerleider, “A Systematic Review and Meta-Analysis of the Cognitive Correlates of Bilingualism,” *Review of Educational Research*, 80(2): 2017-2045, 2010.
See: Diane Poulin-Dubois, Agnes Blaye, Julia Coutya, and Ellen Bialystok, “The Effects of bilingualism on toddlers’ executive functioning,” *Journal of Experimental Psychology*, 108(3): 567-579, 2010.
See: Raluca Barac, Ellen Bialystok, Dina Castro, and Marta Sanchez, “The Cognitive Development of Young Dual Language Learners: A Critical Review,” *Early Childhood Research Quarterly*, 29(4): 699-714, 2014.
See: Ágnes Kovács and Jacques Mehler, “Flexible Learning of Multiple Speech Structures in Bilingual Infants,” *Science*, 325(5940):611-612, 2009.
See: Hanako Yoshida, “The Cognitive Consequences of Early Bilingualism,” *Zero to Three*, 29(2): 26-30, 2008.
- ⁷ Child Care Aware, *What Does Child Care Look Like In Your State?* 2018. Available at: <http://usa.childcareaware.org/wp-content/uploads/2018/08/2018-state-fact-sheets.pdf>.




Notes



BIPARTISAN POLICY CENTER

The Bipartisan Policy Center is a non-profit organization that combines the best ideas from both parties to promote health, security, and opportunity for all Americans. BPC drives principled and politically viable policy solutions through the power of rigorous analysis, painstaking negotiation, and aggressive advocacy.

bipartisanpolicy.org | 202-204-2400
1225 Eye Street NW, Suite 1000
Washington, D.C. 20005

 @BPC_Bipartisan
 facebook.com/BipartisanPolicyCenter
 instagram.com/BPC_Bipartisan

BPC POLICY AREAS

Economy

Education

Energy

Evidence

Finance

Governance

Health

Housing

Immigration

Infrastructure

National Security



BIPARTISAN POLICY CENTER

1225 Eye Street NW, Suite 1000 | Washington, D.C. 20005
202-204-2400 | bipartisanpolicy.org