

The Early Head Start– Child Care Partnerships: Flexibility with Accountability

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EHS-CCP bring together the best of Early Head Start and child care. Early Head Start funding supports comprehensive family-centered services within early learning environments that adhere to research-based Head Start standards. The partnerships are building capacity in communities so that all children, whether or not they are eligible for or have access to Early Head Start, benefit from high-quality early care and education as well as the support services they need to thrive.

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, affordable, high-quality early care and learning is more critical than ever. In its current form, however, financing for America's child care system is broken, and the quality of services is inconsistent. Child care providers in every state make near-poverty wages, and parents, especially low- and middle-income working parents, cannot afford to pay what it costs to deliver high-quality early care and learning.

The Early Head Start-Child Care Partnerships (EHS-CCP) model, launched by Congress in 2014, is one potential solution to the child care crisis.

It is a federally funded program that builds on Early Head Start program to increase access to high-quality early care and learning for infants and toddlers from working families. Eligible grantees include states, tribes, cities, communities, and community-based organizations, and services can be provided in center-based settings or in family child care (that is, home-based) settings, giving families the choice to select what works best for them.

Federal funds make it possible for EHS-CCP grantees to partner with local child care programs that agree to meet Early Head Start standards. In exchange, child care providers receive access to coaching, assistance accessing higher education, research-based curricula, learning materials, family supports, and, often, higher teacher pay.

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.



Source: Delaware Child Development Group.

By infusing new resources into existing marketplace child care, programs can afford to raise the quality of the services they offer. The children they serve receive access to a higher-quality early care and education, as well as services like nutritious meals, access to health care and dental care, mental health supports, family-engagement opportunities, and developmental screenings. Families receive access to supports, too, such as job and housing assistance.

The EHS-CCP encourages local solutions, infuses resources into the under-resourced child care system, and aligns early childhood services in communities. The model maximizes resources and offers an innovative approach to increasing the quality of care for children and families as well as enhancing the credentials of the workforce. Grantees across the country have focused their efforts on the areas they determine to be priorities. For example, Arizona's grantee is focusing part of its efforts on the child care needs of families of veterans who are experiencing homelessness; a grantee in Maryland is supporting young parents so they can finish high school and pursue higher education or technical training. Alabama and Georgia, which are both state-level grantees, are making it a top priority to enhance the quality of early care and learning in family child care settings.

According to the National Descriptive Study of EHS-CCP:

- 81 percent of center-based programs and 72 percent of family child care programs supported their staff in earning a child development credential. More than 25 percent of programs provided opportunities for their staff to attain their associate's degrees, and almost one in five supported their staff in attaining their bachelor's degrees.
- About 85 percent of programs provided coaching, mentoring, and one-on-one training with partner teachers and providers.
- Over half of programs purchased or updated playground equipment, and about 70 percent purchased new books.
- About 70 percent of programs purchased new curricula.

Evaluation of Early Head Start-Child Care Partnerships across the Educare Learning Network found many successes, including:

- Increased availability of high-quality infant and toddler child care in a range of community child care centers and homes.
- Greater continuity of care for children and families.

The No-Cost Ripple Effect

The EHS-CCP programs have a no-cost ripple effect, benefiting children not directly funded by the program.

Imagine a family child care home that serves six children. Three children are funded through the EHS-CCP program, and three children pay tuition. Raising the credentials of the family child care provider, purchasing a research-based curriculum, and renovating the learning space 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.
- More than half of EHS-CCP grantees have leveraged other funds to provide vision, hearing, dental, speech, developmental, nutritional, and lead screenings for all children, not just those enrolled in the EHS-CCP.
- More than one in three partners have provided mental health screening, health or mental health services, and speech or physical therapy to all children.

- Significant increases in quality in child care partner settings, including substantial improvements to physical environments and materials that benefit all children.
- Increased education and professional-development opportunities for infant and toddler caregivers, which adds to the pool of well-qualified infant and toddler professionals.
- High satisfaction with the comprehensive services and supports delivered to families.
- Increased community awareness about the importance of high-quality birth-to-age-3 child care.
- Increased opportunities for grantees and child care partners to regularly meet with state officials to discuss their progress, successes, policy challenges, and solutions.

With built-in accountability, the flexibility of the EHS-CCP program has paved the way for local innovation and solutions and has made a big impact in communities across the United States. Highlights include:

In Alabama, higher education is financially incentivized, with providers receiving more pay based on their education and accreditation.

In Arizona, children's language and literacy scores improved through the EHS-CCP.

In Colorado, prior to the EHS-CCP, less than 20 percent of providers met Early Head Start staff-credentialing standards. During the start-up period, EHS-CCP funding enabled them to boost that number to more than 95 percent.

In Connecticut, all partners improved their facilities. They installed new playgrounds, enhanced security measures, and restructured classrooms.

In the Delaware Tribe, every teacher who moves up in their level of education receives a pay increase of approximately \$2.00 per hour or \$4,000 per year.

In Florida, 110 providers attained their Child Developmental Associate (CDA) credentials, and an additional cohort of 40 to 60 providers will begin the credentialing process this fall. Seven providers are enrolled in Miami Dade College, working to attain their associate's degrees.

In Georgia, all partnership sites earned a designation in the state's tiered quality rating and improvement system. Two sites earned their first quality rating, and five additional sites increased their ratings.

In Kansas, EHS-CCP funding helped promote increased collaboration related to child care subsidy between providers and the Department for Children and Families.

In Louisiana, an EHS-CCP network was established to share and transfer knowledge including lessons learned.

In Maine, some communities created new slots for 3-year-olds in school-based pre-K because the needs of children transitioning out of the EHS-CCP highlighted the scarcity of those services.

In Maryland, 20 teen parents completed high school, and all have gone on to pursue higher education.

In Minnesota, staff from all partner sites completed more than 236 hours of training on a variety of topics, including assessment, curriculum, and classroom quality.

In Nebraska, a shared services approach has supported investments in the early childhood workforce, including aligning compensation with local public schools, offering a twice yearly CDA class for staff and the community, and establishing a substitute pool.

In North Carolina, more than 500 children who are not enrolled in EHS-CCP are indirectly benefiting from the program.

In Oklahoma, the grantee created the Fostering Our Children's Ultimate Success committee which identified the need for a child welfare liaison to bridge the child welfare and early childhood systems.

In Tennessee, 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.

In Washington, EHS-CCP programs worked closely with their state child care subsidy administrator to develop a contract system for children and families in EHS-CCP programs that enables subsidy eligibility for the duration of the child's enrollment in the program to ensure continuity of care.

In Wisconsin, programs have seen an increase in resources for teachers and children, and all centers have increased their scores on standard quality assessments.