



Developing Partnership Agreements: Lessons from One Early Head Start-Child Care Partnership Grantee

The Early Head Start-Child Care Partnerships

In March 2015, the Administration for Children and Families at the U.S. Department of Health and Human Services awarded 275 Early Head Start-Child Care (EHS-CC) Partnership and EHS expansion grants. In the years since 2015, Congress has approved additional funding which has resulted in additional partnerships and expansion grants. As of December 2017, the EHS-CC Partnership and Expansion Grants had preliminarily reported partnerships with 1,600+ child care centers and 1,070+ family child care homes. In 2018, Congress approved additional funding (\$115 million) for new partnership and expansion grants.

The EHS-CC Partnership grants support partnerships between EHS programs and local child care centers and family child care providers serving infants and toddlers from families with low incomes. The partnerships support working families by providing expanded access to full-day, full-year child care and comprehensive services to children and families.

A key goal of the Early Head Start-Child Care (EHS-CC) Partnerships is to increase the supply of high-quality services for infants and toddlers. To work toward this goal, EHS-CC Partnership grantees must create collaborative relationships with child care partners in their communities. This includes both child care centers and family child care providers. Legally binding, written partnership agreements are critical to building collaborative relationships. Partnership agreements should include roles and responsibilities of partners to comply with the Head Start Program Performance Standards, the number of children and families to be served, a statement of each party's rights, and the training and professional development the grantee will provide, among other topics.

Before beginning the partnership agreement process, it is important to establish a solid relationship between both partners. Built upon respect for program differences, the agreement should be developed together with each partner sharing goals and understandings of commonalities

and individual program constraints. This implementation story provides the perspective of staff from one grantee—Mid-Willamette Valley Community Action Agency of Salem, Oregon—and one of its child care center partners about how grantees can develop strong partnership agreements in collaboration with child care providers. Staff offered three important lessons.

1. Start with a base agreement and individualize it for each partner

Grantee staff from Mid-Willamette Valley Community Action Agency developed their first partnership agreement with the Salem-Keizer Teen Parent Program. Once they believed the agreement presented a good structure, they used it as a template or foundation for other partnership agreements. The Head Start/Early Head Start director at the Mid-Willamette Valley Community Action Agency mentioned that agreements all share common elements. Among other elements, each agreement has pay rates and staffing issues to





address. Once they developed a general structure, the grantee staff were able to tailor the agreement to include unique details for each partner: “It’s not a cookie cutter. Each provider has different pay rates, different agreements about staffing, etc. We had to work individually with every partner. We had to meet them where they were and provide them with what it was that they needed most. We also sought to incorporate their values into the agreement.” Mid-Willamette Valley Community Action Agency staff’s first experience drafting a partnership agreement with Salem-Keizer Teen Parent Program helped them develop partnership agreements with future providers.

2. Expect drafting partnership agreements to be an iterative process

When individualizing the agreements, staff at the Mid-Willamette Valley Community Action Agency requested feedback from providers and expected multiple rounds of revisions. The partnership agreements are the foundation of the grantee-provider relationship. The grantee found that developing the agreements through a collaborative process helped foster mutual respect between the two parties, thereby supporting the EHS-CC Partnership program mission.

The child care coordinator for the Salem-Keizer Teen Parent Program felt supported as her program

“We probably went back about 15 different times and sat down and went through the contract, back and forth.... I really felt like we were a team, trying to make this happen.”

Child care coordinator for Salem-Keizer Teen Parent Program

drafted the partnership agreement with the Mid-Willamette Valley Community Action Agency. She indicated that because the program was located in a high school, some program elements could not be altered, and staff at the Mid-Willamette Valley Community Action Agency were flexible and tried to understand those restrictions. Although partnership agreements are binding documents, they can be revised to reflect the needs of both parties. For example, the Mid-Willamette Valley Community Action Agency regularly renews its partnership agreements and uses that opportunity to review the contract with each partner to determine what is and is not working, clarify items, or revise as necessary.

3. Be specific and set clear expectations

Staff from the Mid-Willamette Valley Community Action Agency learned that partnership agreements should be specific and set clear expectations, delineating roles and responsibilities of the grantee





and child care provider. In particular, grantee staff found they needed to be very specific in setting expectations for professional development and describing how trainings would occur. They also clearly documented the holiday and vacation days for each child care provider. The grantee director noted that listing the number of holidays and vacation days is not enough for family child care providers because it does not address challenges specific to family child care providers. For instance, whether the staff at a specific provider can take all

their vacation days at the same time, whether the provider should close during those days, or whether the grantee must provide a substitute to take care of the children. The grantee also learned that it needed to consider how the policies and practices outlined in the partnership agreement might differ for family child care providers compared with child care centers. The grantee director learned that it was critical to “hammer down the details” and write out key decisions and expectations in the partnership agreements.

Implementation Stories. This brief is one in a series that highlights the ways in which specific grantees implement EHS-CC Partnerships. By highlighting the work of partnership programs through the voices of grantees, child care partners, T/TA staff, and families, the briefs aim to share stories of implementation with others in the field.

For more information, please contact: Mid-Willamette Valley Community Action Agency at (503) 581-1152 or http://mwvcaa.org/CAHS/CAHS_home.html.

Photos courtesy of the Partnership Center.

