**Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project**

Final Report

December 12, 2011

Patricia Del Grosso
Lauren Akers
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**MATHEMATICA**
Policy Research

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## EXECUTIVE SUMMARY

In 2010, the Office of Head Start and the Office of Child Care contracted with ZERO TO THREE (ZTT) and its subcontractor, Mathematica Policy Research, to implement and evaluate the Early Head Start for Family Child Care project to develop and pilot strategies for building Early Head Start–family child care partnerships. The project was a joint collaboration between the Offices of Head Start and Child Care, both within the Administration for Child and Families (ACF), U.S. Department of Health and Human Services (DHHS), designed to promote seamless service delivery for families served by Early Head Start grantees and in need of full-time child care. By encouraging Early Head Start grantees to partner with family child care providers to deliver community-based services, the federal offices highlighted the need for local agencies to leave behind their silos for a more integrated approach to serving vulnerable families. The project was built on the premise that for these partnerships to be effective, communities had to establish an infrastructure that supports collaboration between Head Start/Early Head Start programs funded by the Office of Head Start and services funded through the Child Care Development Fund (CCDF) by the Office of Child Care and state funds. The purpose of the project was to design, implement, and evaluate a replicable framework to support partnerships between Early Head Start and family child care providers and had four overall goals:

1.  Higher-quality care for low-income children in family child care homes

2.  Coordinated and comprehensive services for families

3.  Support to increase the capacity of family child care providers

4.  Strong partnerships that support coordinated service delivery in communities

ZTT, with support from Mathematica, developed a framework to guide the project's implementation (Appendix A). To test the framework's feasibility, ZTT selected 22 partnership teams to participate in a 10-month demonstration project. The partnership teams had to include an Early Head Start grantee funded under the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) (ARRA) and a child care partner (such as a child care resource and referral agency [CCR&R]). The partnership teams represented 22 communities across 17 states. A child care partnership coordinator (CCPC), who consulted with the teams for up to 52 hours per month, supported each partnership team.

ZTT partnered with Mathematica to evaluate the Early Head Start for Family Child Care project. The evaluation team used the project framework to guide the evaluation (see Appendix A). The evaluation aimed to (1) document the characteristics of the grantees, their child care partners, the CCPCs, and the communities in which they operate; (2) describe how the grantees and their child care partners implemented the framework at the local and state levels, including how much progress they made toward their targeted outcomes; (3) identify the types of partnerships formed to support collaboration between Early Head Start grantees and family child care providers; (4) assess the sustainability of the partnerships formed through the project; and (5) highlight lessons learned about collaborations designed to create more seamless service delivery for families.

## Main Evaluation Findings

Planning and implementation activities designed to support partnerships between Early Head Start grantees and child care stakeholders is challenging work that involves balancing multiple

responsibilities, reaching out to a variety of stakeholders, and engaging systems at multiple levels. Several key evaluation findings emerged across several areas:

**State-Level Engagement**

- As teams explored plans for implementing new or strengthening existing Early Head Start services in family child care homes, they encountered a number of policy issues that required them to move beyond their local communities and engage state-level stakeholders. These issues included the following:

  - **Ratios and group size.** In some communities, a barrier to identifying family child care providers interested in implementing Early Head Start in family child care was a limitation on the number of children a provider could care for in order to comply with the Head Start Program Performance Standards (HSPPS).

  - **Eligibility criteria.** For teams using (or interested in using) child care subsidy dollars to pay for part or all of the time a child is in care, differences in eligibility were seen as an obstacle because families often experienced periods when they were ineligible for subsidies.

  - **Child care licensing regulations on provider education.** Early Head Start grantees interested in implementing or expanding services in family child care homes had to work with providers to help them meet the education requirements specified in the HSPPS (that typically exceeded child care licensing regulations).

- State-level government agencies, policymakers, and organizations expressed higher levels of interest in local projects than teams originally anticipated. Teams presented at a variety of statewide conferences to inform others in the state about the efforts in their communities to develop the infrastructure needed to support collaboration. Some teams convened meetings with state-level stakeholders, such as Head Start/Early Head Start directors and leaders of state departments of health and human services and education to describe the project and share what they had learned. Five teams met with policymakers—including mayors, governors, U.S. senators and representatives, and state representatives—to answer questions about the project and share lessons learned.

**Partnership Team Relationships**

- The collaboration between Early Head Start grantees and child care agencies resulted in three main successes: (1) staff at each organization better understood the programs and services offered by the other; (2) organizational leaders better understood how the programs could work together to serve more families with scarce resources; and (3) organizations put infrastructure in place to share information about providers and families, jointly administer training and other supports, and support ongoing communication among staff.

- To facilitate meaningful partnerships, teams had to overcome challenges related to feelings of competition and turf issues, differences in agency resources, varying levels of engagement among team members, and limitations in some partners' decision-making authority.

- The planning cycle, including the self-assessment process, enabled the partnership teams to frankly assess existing infrastructure in their communities, identify areas they needed to strengthen or develop, and plan meaningful action steps tied to targeted outcomes.

**Family Child Care Provider Engagement**

- All teams sought to support quality in family child care homes; some offered direct training to providers, others worked with state and local partners to increase the availability of support for providers in their communities. According to the partnership teams, this added support helped to (1) increase providers' professional credentials; (2) increase providers' awareness of available resources in the community; (3) build providers' leadership skills and decrease their isolation through peer mentoring; and (4) enhance care-giving environments with new supplies, materials, and other resources.

- Although teams reported high levels of participation at trainings and other events for providers, planning events at times convenient for providers was a challenge. To overcome this challenge, teams scheduled events during evenings and weekends, sought ways to use technology to extend providers access to training from home (either at a time that was convenient for them or at an established time), and provided substitute caregivers so that providers could attend events.

**Implementing Early Head Start in Family Child Care Homes**

- Grantees that were already implementing the family child care option reported that by offering Early Head Start in family child care they were better able to meet the needs of the families they served, particularly for parents who worked or were in school, and to meet families' desires to have children cared for in a home-based setting, in a mixed-age group (often including siblings), in a smaller group, and, often, by a provider from their own cultural or linguistic background.

- Programs contracting with family child care providers that cared for both Early Head Start and non-Early Head Start children expressed satisfaction in knowing that they were increasing the availability of quality child care for other families in the community beyond those served by the program.

- Teams reported that although many providers they encountered were providing good quality care, others lacked the skills and/or resources to do so. Some providers partnering with Early Head Start had difficulty meeting HSPPS (specifically standards related to outdoor space, health and safety requirements for hand washing, and education). To ensure providers' compliance with HSPPS, grantees described having to provide substantial ongoing support.

## Key Lessons for Future Work

The implementation experiences of the 22 partnership teams in the Early Head Start for Family Child Care project provide useful information for states and communities seeking to offer Early Head Start in family child care as well as for communities seeking to support more seamless service delivery for low-income families with young children.

**Planning a Complex Systems-Based Initiative**

Planning a complex systems-based initiative locally, at the state level, or nationally requires that planners make certain decisions about the structure of the planning process, who will be involved, and how the work will be supported. Several lessons emerged from the project that point to the importance of thoughtful planning at the onset of the initiative.

- Organizing the initiative in a way that creates equal partnerships between organizations involved in the planning process can help facilitate buy-in.

- Using a neutral consultant who can help communities organize initiatives, identify new partners, and keep the group focused can help communities achieve their goals.

- To help achieve buy-in, communities undertaking complex systems-based initiatives should engage all relevant stakeholders at the onset of the planning process. However, it is important for key organizers to do advance planning to establish a vision and parameters for the initiative.

- A structured planning process helps facilitate planning, but the process should allow room for creativity and adapting to local conditions.

**Building and Sustaining Partnerships**

The project helped move many partnership teams along the continuum of collaboration from communication and information exchange to shared resources. Moving further along continuum towards joint accountability for outcomes requires sustained investment and commitment (Gardner 2011). As they moved along this continuum, the following lessons emerged:

- Partners with existing relationships might be able to begin collaborating more quickly, whereas partners with a more limited history of collaboration have to invest time in relationship building and address issues related to trust, turf, and competition.

- Organizations with a longer history of providing services in a community could more quickly establish relationships with relevant partners and obtain buy-in from stakeholders. Organizations offering a new service in a community (regardless of how long the organization has operated in the community) had to spend time educating key stakeholders about the service and overcoming concerns.

- Memoranda of understanding (MOUs) or other contractual agreements can help solidify and formalize relationships. By formalizing relationships with contractual agreements, agencies can ensure that regardless of organizational changes avenues for collaboration will still exist.

- When engaging state and local stakeholders in an initiative, project leaders should be cognizant of contextual issues (such as budget constraints or pending policy changes) that might impede stakeholders' willingness or ability to commit.

**Engaging Family Child Care Providers**

When planning and implementing initiatives that involve family child care providers, initiative organizers should be cognizant of providers' expertise and the constraints that family child care providers experience. Several lessons emerged from the project related to engaging family child care providers:

- When initiating quality improvement efforts, it is important for agencies to respect providers' expertise. Many community-based providers have served families in the community for many years and are well-connected with families and other providers in their communities. They are resourceful and make efforts to access the resources available to them.

- Time is a major constraint for family child care providers. As a result, agencies engaging them should carefully plan events and offer support to help them attend.

- Most family child care providers operate as small businesses and many want to remain autonomous.

**Addressing Policy Considerations**

As teams explored plans for implementing new or strengthening existing Early Head Start services in family child care homes, several lessons emerged related to addressing local, state, and federal policy issues.

- As communities and states seek to create more seamless services for families, careful attention should to be paid to the differences and similarities among standards, benchmarks, and/or policies relevant to the service providers involved. By carefully exploring alignment issues and engaging local, state, regional, and national stakeholders in these discussions, many alignment issues can be addressed.

  - Grantees implementing or interested in implementing Early Head Start in family child care should work closely with ACF regional staff to ensure they have a clear understanding of the HSPPS, as misinformation can limit their ability to recruit providers.

  - Under federal CCDF policy, states have some flexibility in establishing eligibility criteria and redetermination policies for child care subsidies. The policies they establish can support or impede partnerships with Early Head Start and other community-based early care and development programs.

- When planning new professional development opportunities for child care providers, states and communities should consider how they can link these opportunities into existing professional development systems.

  - Organizations should work with providers to develop professional development plans so that training and coursework contribute to higher levels of education, rather than simply offering standalone training events.

  - Organizations should seek to coordinate new professional development opportunities with training requirements for maintaining licensing.

  - In states with child care quality rating and improvement systems, organizations should consider how new professional development opportunities can help providers achieve higher ratings.

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# I. INTRODUCTION

Since the inception of Early Head Start in 1995, grantees have partnered with community-based family child care providers to meet the needs of infants, toddlers, and their families, especially when parents work or attend school or training. Early Head Start grantees partnering with family child care providers to implement program services must ensure that the providers meet the Head Start Program Performance Standards (HSPPS). In 2008, the Office of Head Start within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, released HSPPS specifically related to family child care; the new HSPPS supplement rather than replace existing standards.

Under the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) (ARRA), the Office of Head Start received $1.1 billion for the sole purpose of serving additional pregnant women, infants, and toddlers through Early Head Start. The ARRA-funded expansion nearly doubled the number of Early Head Start programs. Programs funded under the ARRA expansion were required to develop child care partnerships, including partnerships with family child care providers.[1] A key goal of this requirement was to increase the amount of full-day and full-year child care available for families enrolled in Early Head Start.

As part of this increased emphasis on Early Head Start–child care partnerships, the Office of Head Start and the Office of Child Care (also within ACF) are working together on initiatives aimed at strengthening partnerships between Early Head Start programs and family child care providers. The Office of Child Care supports low-income working families through child care financial assistance and quality improvement initiatives funded by the federal Child Care and Development Fund (CCDF) (Office of Child Care 2011a). In an average month, CCDF serves more than 1.6 million children; one-third of these children are under 3 years of age (Office of Child Care 2011b). Nationally, 29 percent of infants and 25 percent of toddlers served by CCDF receive care in family child care homes (Office of Child Care 2011b). Four percent of CCDF funds are set aside for improving child care quality by providing training, grants, and loans for child care providers, including family child care homes (Office of Child Care 2011a). Many states used CCDF funds to make systemic investments, such as developing quality rating and improvement systems (QRIS) and professional development systems. Twenty-three states used CCDF funds to establish a network of infant/toddler specialists; the specialists in 22 of these states provide support to family child care providers (National Infant and Toddler Child Care Initiative 2010).

## A. The Early Head Start for Family Child Care Project

In 2010, the Office of Head Start with its partner the Office of Child Care contracted with ZERO TO THREE (ZTT) and its subcontractor, Mathematica Policy Research, to implement and evaluate the Early Head Start for Family Child Care project to develop and pilot strategies for building Early Head Start–family child care partnerships. The purpose of this demonstration project was to design, implement, and evaluate a replicable framework to support partnerships between

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[1] Throughout this report the phrase *Early Head Start in family child care* is used to refer to formal partnerships between Early Head Start agencies and family child care providers through which infants and toddlers are cared for in family child care homes and receive comprehensive services through Early Head Start. The phrase *family child care option* is also used to refer to these services.

Early Head Start and family child care providers. ZTT and Mathematica, in partnership with the Office of Head Start and the Office of Child Care, identified the following four overall goals for the project:

1. Higher-quality care for low-income children in family child care homes

2. Coordinated and comprehensive services for families

3. Support to increase the capacity of family child care providers

4. Strong partnerships that support coordinated service delivery in communities

## 1.  Project Framework

ZTT, with support from Mathematica, developed a framework to guide the project's implementation (Appendix A). The framework was developed in close consultation with the Office of Head Start and the Office of Child Care and was informed by 18 expert stakeholders and three project consultants. (Appendix B includes a list of project stakeholders and consultants). The framework acknowledges that successful partnerships between Early Head Start grantees and family child care providers require collaboration among the multiple organizations, support networks, and funders (including state and local government agencies) from federal, state, and local Head Start and child care systems.

Figure I.1 illustrates where Early Head Start grantees and child care providers fit within their interrelated systems. Both the Early Head Start grantee and family child care provider operate at the local level (which may include a single community, a single county, or multiple counties). The two entities receive support from and interact with several types of local-level stakeholders and organizations, such as child care resource and referral agencies (CCR&Rs), family child care networks, and other community service providers. Most importantly, the grantee and provider both serve local families with infants and toddlers. Moving beyond the local level, the federal government through the Office of Head Start directly funds the Early Head Start grantees. Although not accountable to a funder at the state level, the Early Head Start grantee interacts with multiple state-level stakeholders, including the Head Start State Collaboration Office, government agencies involved in early care and education (including departments of health, human services, and education), as well as other state quality initiatives (such as QRIS) and collaborative efforts (such as the Early Childhood Advisory Council). Family child care providers may receive all or partial funding from child care subsidies through CCDF block grants administered by the state with funding from the Office of Child Care. In addition, the family child care provider may be licensed by the state; participate in state-funded quality improvement efforts (such as QRIS and professional development opportunities); and be affected by policies and initiatives enacted at the state level by government agencies, such as the departments of health, human services, and education.

In light of the important role of these systems in the successful partnerships between Early Head Start grantees and family child care providers, the Early Head Start for Family Child Care project framework includes a set of short-, medium-, and long-term goals at the local, state, and national levels to strengthen the working relationships between the two systems (see Appendix A). The framework is built on the premise that achieving the local-, state-, and national-level goals will facilitate progress toward the project's four main goals (higher-quality care for low-income children in family child care homes, coordinated and comprehensive services for families, support to increase

**Figure I.1. Interactions and Interconnections Between Systems in Which Early Head Start Grantees and Family Child Care Providers Operate**



Note: NACCRRA = National Association of Child Care Resource and Referral Agencies; NAEYC = National Association for the Education of Young Children; NAFCC = National Association of Family Child Care; ACF = Administration for Children and Families; DHHS = U.S. Department of Health and Human Services; CCDF = Child Care and Development Fund; QRIS = child care quality rating and improvement system.

capacity for family child care providers, and strong partnerships that support coordinated service delivery in communities). However, the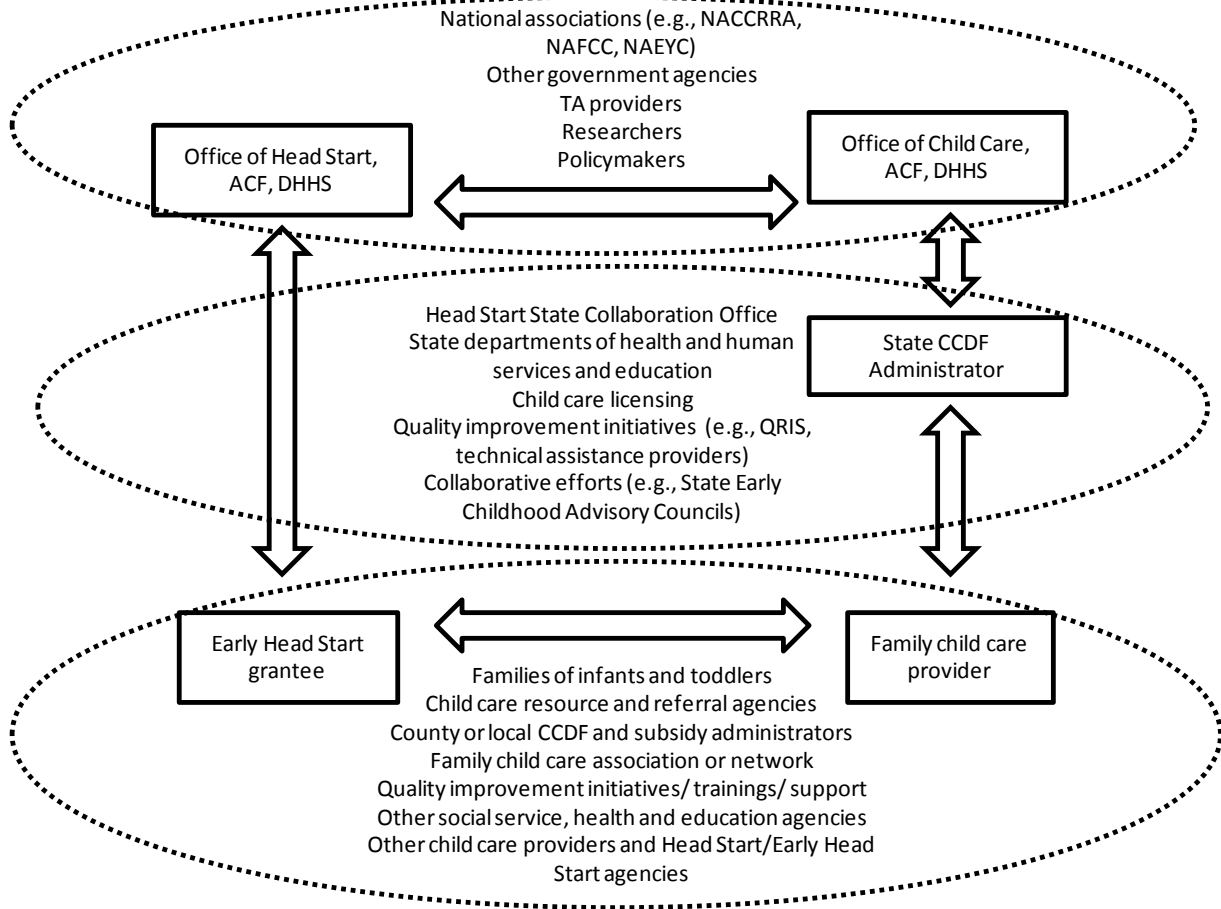 framework is also flexible in that it allows for variation in the local and state contexts in which the Early Head Start grantees and family child care providers operate, as well differences in the levels of collaboration that were in place before the start of the project.

## 2.  Project Implementation

To test the feasibility of implementing the framework, ZTT selected 22 partnership teams to participate in a 10-month demonstration project. The partnership teams had to include an ARRA-funded Early Head Start grantee and a child care partner (such as a CCR&R) identified by the Early Head Start grantee. A child care partnership coordinator (CCPC), who consulted with the teams for up to 52 hours per month, supported each partnership team. The CCPCs were identified by the teams and contracted by ZTT. In addition, each partnership team had access to a stipend of up to $20,000 that it could use to support relevant project activities. ZTT provided the funds to the teams based on requests from the CCPCs.

The project began in January 2011 with a kickoff meeting in Washington, D.C. The meeting included focused training on the project for CCPCs, time for the partnership teams and their CCPCs to work together to conduct self-assessments and develop work plans, and a final debriefing for CCPCs. Each work plan included the outcomes the team aimed to achieve and the activities it planned to carry out to help achieve its outcomes. A budget outlining how the team planned to spend the project stipend accompanied the work plans. To inform the work plans, each team completed a local self-assessment; teams interested in working at the state level also completed a state self-assessment. The self-assessments were designed to help each team identify the framework outcomes it had in place and those it needed to work toward (see Figure I.2). When the teams returned to their communities, they finalized and began implementing their work plans. (Appendix C includes self-assessment and work plan templates).

ZTT provided ongoing support to the CCPCs and partnership teams throughout the project by assigning each CCPC to one of three ZTT cohort leaders. The cohort leaders maintained ongoing contact with the CCPCs, responded to questions, reviewed budget requests, and held monthly cohort calls with the CCPCs. ZTT conducted a series of webinars for the CCPCs and partnership teams. During the webinars, ZTT provided project updates and the partnership teams shared information about their experiences implementing their work plans. In addition, ZTT disseminated a series of tip sheets and newsletters to the partnership teams.

**Figure I.2.  Early Head Start for Family Child Care Project Planning Cycle**
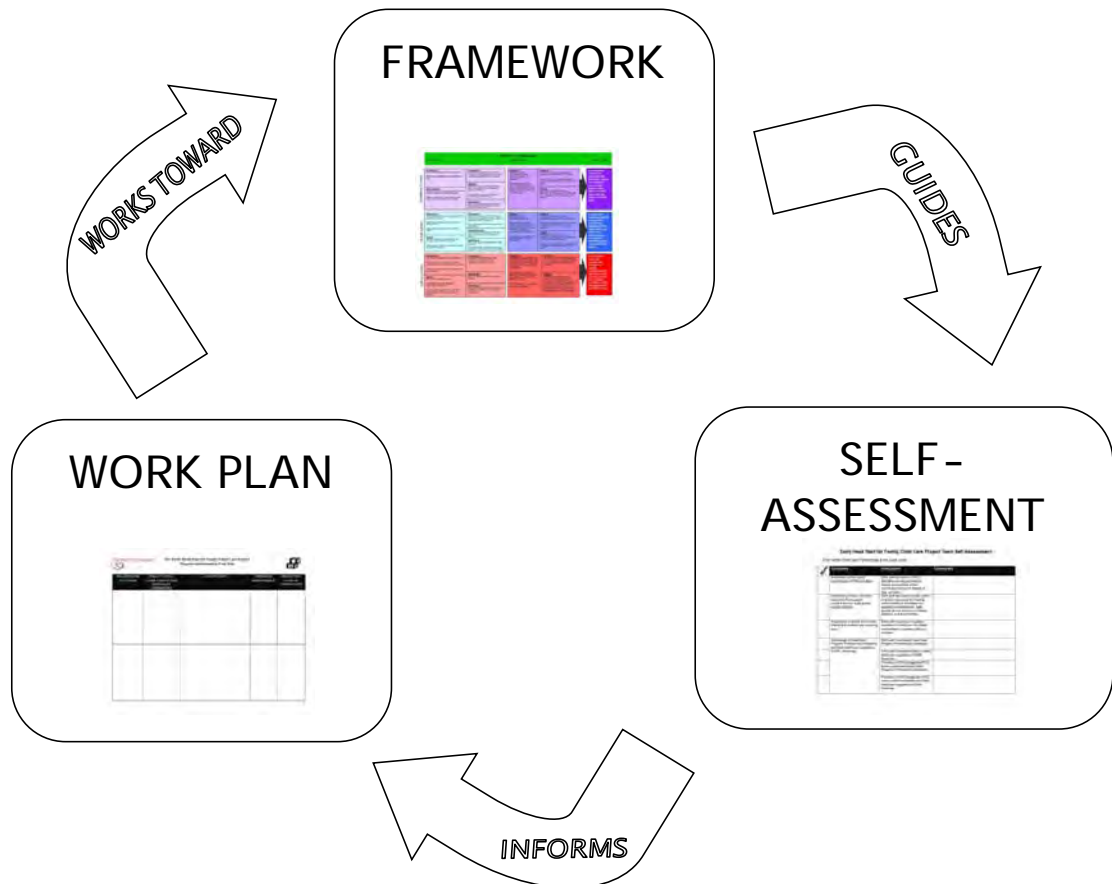


Source: ZERO TO THREE, 2011.

## B.  The Early Head Start for Family Child Care Project Evaluation

ZTT partnered with Mathematica to evaluate the Early Head Start for Family Child Care project. The evaluation team used the project framework to guide the evaluation (see Appendix A). Using the short-, medium-, and long-term outcomes included in the project framework, the evaluation team sought to explore the pathways through which the partnership teams aimed to achieve their goals and how much progress they made toward the project's long-term goals. The evaluation aimed to (1) document the characteristics of the grantees, their child care partners, the CCPCs, and the communities in which they operate; (2) describe how the grantees and their child care partners implemented the framework at the local and state levels, including how much progress they made toward their targeted outcomes; (3) identify the types of partnerships formed to support collaboration between Early Head Start grantees and family child care providers; (4) assess the sustainability of the partnerships formed through the project; and (5) highlight lessons learned about collaborations designed to create more seamless service delivery for families. Building on these goals for the evaluation, the evaluation team identified eight primary research questions:

1.  What are the characteristics of the partnership teams, including the Early Head Start grantees and their child care partners? Did the partnership teams have previous relationships?

2.  What role did the CCPCs play in supporting the partnership teams?

3.  What are the primary outcomes identified in work plans? How do these outcomes align with and contribute to the Early Head Start for Family Child Care project outcomes?

4.  How much progress did the teams make toward the outcomes identified in their work plans?

5.  What types of activities did the partnership teams carry out to implement their work plans and who participated? How were funds used to support these activities? What role did partners play in these activities?

6.  Are the approaches implemented by the teams sustainable? If so, what is expected to support sustainability? If not, what is expected to impede sustainability?

7.  What successes and challenges did the partnership teams and CCPCs experience as they implemented their work plans?

8.  What lessons can be learned from the Early Head Start for Family Child Care project to inform future collaborations between Early Head Start grantees and family child care providers, as well as future efforts to create more seamless service delivery systems for families with young children?

Because the project was in an early phase of development and the demonstration sites were funded for a short period, the evaluation did not attempt to assess family child care quality. Rather, the evaluation team gathered descriptive information about characteristics of participating family child care providers that might be associated with higher quality, such as level of education, involvement in professional activities, and use of curricula and child development assessments. In addition, during interviews with the Early Head Start grantees implementing the family child care option the evaluation team explored the contractual and funding relationships agencies formed with the providers, the ways they aimed to support and monitor quality among providers, and the successes and challenges they faced in implementing the family child care option.

## 1.   Data Sources and Analysis

The study relied on four data sources: (1) eight months of administrative data from the project's web-based system; (2) telephone interviews with a purposively selected group of 13 partnerships teams, including interviews with eight Early Head Start representatives, eight child care partner agency representatives, and nine CCPCs; (3) descriptive quality indicators and Head Start Program Information Report (PIR) data about family child care providers implementing Early Head Start in family child care; and (4) project documents, including the teams' applications and work plans.

Due to limitations to the number of interviews the evaluation team could conduct, Mathematica applied the following two criteria to select teams to participate:

1.   All teams in which the Early Head Start grantee was already implementing the family child care option to enable the evaluation team to collect information about the approaches grantees used to support quality in family child care homes and about the quality and needs of the providers these grantees worked with to offer the family child care option.

2.   All teams targeting state-level outcomes in their original work plans to enable the evaluation team to gather information about partnerships formed at both the state and local levels.

To determine who to interview from each team the evaluation team applied the following criteria:

- They interviewed the Early Head Start representative from the teams already implementing Early Head Start in family child care.

- They interviewed the child care partner from the seven teams targeting both local- and state-level outcomes.

- This resulted in three teams in which they interviewed both team members (Early Head Start and child care) because they met criteria 1 and 2.

- They interviewed the CCPC as the second participant from the remaining teams.

To examine the types of activities the teams engaged in, the participants included in those activities, the teams' self-reported progress toward targeted outcomes, and the teams' use of the project stipend during the period from February 1, 2011, through September 30, 2011, the evaluation team computed descriptive statistics—such as frequencies, means, and distributions—of variable characteristics. The team then computed means across all teams and for subgroups of teams (including teams implementing or considering Early Head Start in family child care). Analysis of the telephone interview data included a three-step process. First, interviewers drafted notes from the interviews using a standardized format. Next, the team organized and synthesized the interview data by theme. To facilitate this analysis, they developed a coding scheme for the study, organized according to key research questions (see Appendix D, Table D.5). Within each question, they defined codes for key themes and subtopics we covered in the interviews. To facilitate coding across interviews, they used a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997). Third, they analyzed these data across teams to identify common themes, as well as patterns of service delivery, progress on indicators, and other program dimensions. The team also looked for common themes among subsets of teams, including those that were already implementing the family child care option and teams that were considering it. To ensure the

accuracy of information about all 22 teams gathered from project documents and the administrative database, Mathematica created profiles of each of the 22 partnership teams that detail the teams' characteristics, the outcomes they targeted, the key strategies they planned to implement, and their key partners (Pregibon et al. 2011). They shared the profiles with the partnership teams and CCPCs and asked that team members provide feedback on the summary and correct any inaccurate information. Appendix D includes additional information about the data sources and analytic methods used by the evaluation team.

## 2.  Limitations of the Evaluation

The evaluation had several limitations. First, it was based on a small sample of programs. In addition, the evaluation was limited in the number of interviews that it could conduct. As a result, information in the report that is based on the interview data is generalizable only to the 25 participants from 13 teams that were interviewed. Furthermore, because topics could be discussed with only one interview participant per team, it was difficult to triangulate the information collected during the telephone interviews among all team members. To address this issue Mathematica used the other data sources, specifically the administrative data, to help them confirm the information collected during the interviews about the activities the teams were carrying out through the work plan. As such, although lessons gleaned from the evaluation might be useful for future similar initiatives, the results are not generalizable beyond the programs included in the study. Another limitation of the evaluation was its reliance on self-reported administrative data, in particular CCPCs' assessments of the teams' progress toward the targeted outcomes.

## C.  Road Map to the Report

This report aims to capture the key lessons learned from the Early Head Start for Family Child Care project framework and to provide information to the field about strategies the partnership teams used to implement the framework at the local and state levels. In addition, this evaluation contributes to the growing bodies of research on (1) approaches to supporting quality in family child care and (2) initiatives designed to facilitate greater collaboration among organizations and systems with common goals. The report can be a useful resource for entities interested in forming partnerships between Early Head Start and family child care to create more seamless service delivery systems and, more broadly, any community interested in building partnerships to support collaboration and system development among early childhood providers.

The remainder of the report is organized into four additional chapters. Chapter II describes the characteristics of the partnership teams, including the role of the CCPCs in supporting the teams. Chapter III provides an overview of the approaches used by grantees to implement Early Head Start in family child care, the characteristics of the providers with whom the grantees partnered, and the types of supports offered by grantees to providers. Chapter IV describes the outcomes targeted by the partnership teams, their assessments of their progress toward those outcomes, and the activities the teams implemented to help them achieve their outcomes, including the type of participants they engaged in those activities and how they used the project stipend. In addition, we describe the role partners played in helping teams implement and carry out activities. In Chapter V, we highlight the key successes and challenges experienced by the partnership teams as they participated in the project and we discuss key lessons learned from the Early Head Start for Family Child Care project that can inform future collaborations between Early Head Start grantees and family child care providers, as well as future efforts to create more seamless service delivery for families with young children.

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# II. CHARACTERISTICS OF THE PARTNERSHIP TEAMS AND CCPCS

Each partnership team consisted of an Early Head Start grantee (funded through the American Recovery and Reinvestment Act of 2009 [P.L. 111-5] [ARRA]) and a child care partner agency. The team was supported by a child care partnership coordinator (CCPC) who was identified by the partnership team but contracted and supervised by ZERO TO THREE (ZTT). The CCPCs consulted on the implementation of the team's work plan by providing site-specific, individualized consultation for up to 52 hours per month. This chapter explores the characteristics and roles of project partners and their relationships. Specifically, we describe the characteristics of Early Head Start grantees and the child care agencies each identified as a project partner. We also describe the 22 partnership teams' relationships through the planning and implementation phases of the project and report on feedback from project teams regarding long-term sustainability of the partnerships. Finally, the chapter describes the activities undertaken by CCPCs throughout the project as reported. Data sources include the project database; teams' project applications; and telephone interviews with selected CCPCs, Early Head Start staff, and child care partner staff from 13 of the 22 partnership teams.

## A. Team Characteristics

Partnership teams were required to include an ARRA-funded Early Head Start grantee and a local child care agency (Table II.1). Team configurations varied, with some consisting of representatives from a single agency that offered Early Head Start and child care services and others including representatives from two separate agencies. The types of child care partners engaged in the project were also diverse. They included child care resource and referral agencies (CCR&Rs), family child care associations, and family child care providers. This section describes the characteristics of these partner agencies, how the teams were formed, and the partners' roles on the project.

### 1. Early Head Start Grantee Characteristics

The participating ARRA-funded Early Head Start grantees were diverse in terms of their geography, organization type, and history providing Early Head Start services (Table II.2). The grantees were from 17 states and represented 9 of the 10 Administration for Children and Families (ACF) regions plus the American Indian–Alaska Native and Migrant and Seasonal Head Start program branches. The grantees operated in rural, urban, and suburban settings. The types of agencies included nonprofits, community action agencies, school systems, a county government agency, a tribal government agency, and a hospital. In addition to Early Head Start, the agencies provided a variety of other programs and services in their respective communities. The most common other services offered included training for child care providers, child care licensing, and center-based child care.

The Early Head Start grantees participating in the project varied in their experience offering Early Head Start services and partnering with family child care providers. Eleven grantees had administered the Early Head Start grant for more than 10 years. Ten grantees had fewer than 2 years of experience administering Early Head Start. These 10 grantees received Early Head Start funding through the ARRA expansion; some had experience offering Head Start services and expanded their services to include Early Head Start, whereas other agencies had no previous experience with Head Start or Early Head Start. Furthermore, the grantees differed in their experience offering Early Head Start services in family child care, with eight grantees already implementing the family child care

**Table II.1. List of Partnership Teams**

| City or County, State | Early Head Start Grantee | Child Care Agency |
|---|---|---|
| Huntsville, Alabama | Community Action Partnership Huntsville/Madison and Limestone Counties, Inc. | Madison County Home Child Care Association |
| Yuma, Arizona | Chicanos Por La Causa, Inc. | Child and Family Resources, Inc. |
| Los Angeles, California | Hope Street Family Center (a member of Catholic Healthcare West–California Hospital Medical Center) | Hope Street Family Center |
| Merced County, California | Merced County Office of Education, Head Start | Merced County Office of Education, A.C.C.E.S.S. Child Care Resource and Referral |
| San Mateo County, California | Peninsula Family Service, Early Head Start Program | Peninsula Family Service, Neighborhood Child Care Program |
| San Luis Obispo, Santa Barbara, and Monterrey counties, California | Community Action Partnership of San Luis Obispo County, Inc. Early Head Start and Migrant Seasons Head Start | Community Action Partnership of San Luis Obispo County, Inc. Child Care Resource Connection |
| Santa Clara County, California | Community Child Care Council of Santa Clara County, Inc. | Community Child Care Council of Santa Clara County, Inc. |
| Denver, Colorado | Family Star Inc. | Denver Early Childhood Council |
| New Haven, Connecticut | United Way of Greater New Haven (grantee); All Our Kin, Inc. (delegate) | All Our Kin, Inc. |
| Hillsborough County, Florida | Hillsborough County Board of County Commissioners | Tampa Metropolitan Area YMCA |
| Haverhill, Massachusetts | Community Action, Inc. Early Head Start Program | Community Action, Inc. Family Day Care Division |
| Traverse City, Michigan | Northwest Michigan Community Action Agency | Great Start Traverse Bay/Manistee Collaborative |
| Cass Lake, Minnesota | Leech Lake Band of Ojibwe, Early Head Start | Leech Lake Child Care Services |
| Sedalia, Missouri | Children's Therapy Center Early Head Start | The Family Child Care Provider Association |
| Hoboken, New Jersey | Hopes Cap, Inc. | Community Coordinated Child Care of Union County |
| Passaic County, New Jersey | Center for Family Resources, Inc. | 4Cs of Passaic County, Inc. |
| Dickinson, North Dakota | Community Action Partnership | North Dakota Child Care Resource and Referral |
| Columbus, Ohio | Child Development Council of Franklin County, Inc., Early Head Start | Child Development Council of Franklin County, Inc., Child Care Services |
| Jefferson County, Oregon | Oregon Child Development Coalition | NeighborImpact, Child Care Resources |
| Northeast Kingdom, Vermont | Northeast Kingdom Community Action | Kingdom Child Care Connection at Umbrella, Inc. |
| Fairfax, Virginia | Head Start and Early Head Start, Office for Children, Fairfax County Department of Family Services | Child Care Assistance and Referral, Office for Children, Fairfax County Department of Family Services |
| Kitsap and Olympic Peninsulas, Washington | Olympic Educational Service District 114 | Mary's Little Lamb Child Care |

**Table II.2.  Characteristics of the Early Head Start Grantees**

| Characteristics | Number of Grantees |
|---|---|
| **Agency Type** | |
| Private/Public Nonprofit | 11 |
| Community Action Agency | 6 |
| School System | 2 |
| Nonprofit Hospital | 1 |
| County Government Agency | 1 |
| Tribal Government Agency | 1 |
| **Years Providing Early Head Start Services** | |
| Fewer than 2 Years | 10 |
| 2–5 Years | 1 |
| 6–10 Years | 0 |
| More than 10 Years | 11 |
| **Experience Implementing Early Head Start in Family Child Care** | |
| No experience | 14 |
| Less than 5 years experience | 4 |
| More than 5 years experience | 4 |
| **Location** | |
| Rural | 10 |

Source:     22 team applications to the Early Head Start for Family Child Care project.

Note:     N = 22 Early Head Start grantees; includes 21 grantees and one delegate agency.

option and fourteen grantees considering the option. Of the teams implementing Early Head Start in family child care, four teams had more than five years experience administering the service option and four teams had less than five years experience.

### 2.    Child Care Partner Characteristics

When selecting a child care partner, the Early Head Start grantees could choose any agency that had linkages to the family child care providers in their communities. Of the partners involved in the project, 13 served as CCR&Rs, 2 were responsible for administering child care subsidies, and at least 16 provided training and technical assistance (Table II.3). Two were family child care provider associations and one was a family child care provider. Most child care partners were funded partially or fully through the Child Care and Development Fund (CCDF).

In some communities, the same agency that provided Early Head Start services also provided services to family child care providers either as the local child care subsidy administrator, the local resource and referral agency, or a technical assistance and training provider. Of the 22 partnership teams, 8 included members from the same organization, although often from different divisions within a larger organization, whereas the other Early Head Start grantees worked with child care partners from separate organizations.

## B.   Relationships Between Partners

This section aims to explain the role of the individual partners in their day-to-day work as well as on the Early Head Start for Family Child Care project, and to examine the teams' efforts to sustain partnerships. The information in this section is drawn from the telephone interviews and, as a result, represents only the views of the eight Early Head Start and eight child care agency representatives from the 13 teams that participated in interviews.

**Table II.3. Types of Services Provided by the Child Care Partner Agencies**

| Types of Services | Number of Agencies |
|---|---|
| Training and Technical Assistance | 16 |
| Child Care Resource and Referral | 13 |
| Early Head Start | 9 |
| Child Care Subsidy Administration | 2 |
| Family Child Care Provider Association | 2 |
| Family Child Care Provider | 1 |

Source: 22 team applications to the Early Head Start for Family Child Care project.

Note: N = 22 child care partner agencies. Agencies may offer more than one type of service.

## 1. Roles of the Project Partners

Although the partnership teams brought together two organizations or divisions within an organization, the project required the commitment of two individuals to serve on the team. Representatives from Early Head Start grantees either directed the Early Head Start/Head Start program (14 grantee partners) or served in some other role at the local Early Head Start implementing agency, such as program manager or specialist (8 grantee partners). Child care representatives had more varied roles outside of the project. Many were directors of local nonprofits (9 child care partners) or child care program managers or child care specialists within larger organizations (10 child care partners). Three of the child care partners either led family child care provider associations or operated family child care homes.

When describing their activities on the Early Head Start for Family Child Care project, representatives from both the Early Head Start grantees and child care partners reported participating in the training event in Washington, D.C., in January 2011; collaborating on the self-assessment process and the development of the work plan; carrying out project-related activities identified in the work plan; promoting Early Head Start in the local communities; and networking with state and local partners.

## 2. Level of Collaboration Among Partner Organizations

Before the project started, the level of professional collaboration among partner organizations varied. Typically, if partners did not have extensive experience working together, they knew of each other professionally and/or personally. Among the 13 partnership teams interviewed, 9 reported significant previous levels of collaboration and all teams reported at least some previous experiences collaborating. Moreover, 6 of the 13 teams interviewed formed partnerships between a child care representative and an Early Head Start grantee within the same agency. Regardless of prior experience or organizational structure, interview participants reported positive collaborative relationships. When partnerships had formed, interview participants reported similar levels of commitment from the Early Head Start and child care partners. All teams cited regular project meetings as the primary means of monitoring progress and collaborating with the team. And despite competing demands, partnership team members expressed a commitment to prioritizing the Early Head Start for Family Child Care project.

When prior collaboration existed, participants reported that the Early Head Start for Family Child Care project fostered a more intentional relationship between partners than existed before. For example, the partnership team from Fairfax, Virginia, reported "working together all the time,"

but saw the project as a chance to enhance that collaboration. The team members decided to partner to refine how they worked together, and the child care partner wanted to use the project as an opportunity to help the family child care providers for whom English was their second language develop professionally. In addition, the team saw the project as an opportunity to highlight the successes its community had implementing Early Head Start in family child care and to work with the state on specific policy issues (such as streamlining policy and aligning eligibility criteria for Early Head Start and child care subsidy funds) that could ease the ways in which Early Head Start was administered and funded. Other partner teams reported that although they had previously attended meetings together and participated in larger working groups, they did not actively work together to share resources, exchange information about families or providers, or plan group events together as they were doing on the Early Head Start for Family Child Care project.

When little prior collaboration existed between partnership team members, interview participants described the relationships as positive and said they expected the partnerships to be sustained in the future. For example, the project team from Huntsville, Alabama, which included a community action agency and a family child care provider association, described plans to continue serving as referral sources for each other and offering joint trainings. In addition, the partnership team reported that the Early Head Start grantee was seen as a support among providers and many now turned to the grantee for information and resources.

### 3. Plans for Sustaining the Partnerships

Plans for sustaining partnerships were well intentioned, but generally not fully developed at the time of the interviews. Because interviews were conducted at the halfway point of the 10-month demonstration project, some teams might not yet have been focused on sustainability. Few project teams included activities designed to sustain partnerships in their work plans, although many teams described an interest and commitment to working together in the future. For example, teams described plans to make Early Head Start trainings permanently available to family child care providers, coordinate referrals for Early Head Start families into family child care, and collaborate to recruit providers interested in offering Early Head Start services. During interviews, participants reported that either the collaborative infrastructure was in place for strong future partnerships or reported confidence that the experience they gained collaborating on this project would result in future partnerships. Two teams reported plans to formalize their relationships through memoranda of understanding (MOUs). However, at the time of the interviews, these MOUs were not yet finalized.

## C. Characteristics and Roles of the CCPCs

As described previously, each team worked with a CCPC who was identified by the team but contracted and supervised for 52 hours per month by ZTT. The CCPCs were brought into the partnership team early and officially began working with the team at the training and orientation held in Washington, D.C., in January 2011. Some CCPCs had previous experience working with one or both of the organizations involved in the partnership teams. Other CCPCs had no prior experience working with the partnership team members. Nearly all CCPCs had a bachelor's or higher degree, although they had diverse educational backgrounds. According to the teams' applications, seven CCPCs had degrees in early childhood or elementary education, four had degrees in psychology or behavioral science, three had degrees in social work, and eight had backgrounds in other areas. Nearly all CCPCs had extensive experience working with Head Start and Early Head Start grantees, and most had experience working to support family child care providers (Table II.4)

**Table II.4.  Years of Experience Among CCPCs Working with Early Head Start/Head Start Grantees and Family Child Care Providers**

| Years of Experience | Early Head Start/Head Start | Family Child Care |
|---|---|---|
| 1-5 Years | 7 | 7 |
| 6-10 Years | 2 | 9 |
| 10 or More Years | 13 | 5 |

Source:     22 team applications to the Early Head Start for Family Child Care project.

Note:       N = 22 CCPCs. Not all CCPCs had experience in family child care.

In addition, the CCPCs described expertise in project management, supporting child care quality, and in-depth of knowledge about state and local partners and policy issues. The role of the CCPC was to serve as a neutral third party that could bridge gaps between the partnership team members as they implemented the project. Specifically, the CCPC job description included (1) consulting with the partnership teams as they developed and implemented their work plans; (2) assisting in the coordination and linkages among early care and development stakeholders; (3) managing project stipends to support activities indicated in the teams' work plans; and (4) monitoring progress toward the teams' goals and participating in the project evaluation. During telephone interviews, we asked partnership team members and CCPCs to describe the role the CCPCs played. Across participants, the role of the CCPC on the Early Head Start for Family Child Care project was most commonly described as leading tasks and managing expectations (Table II.5). The CCPCs were responsible for keeping the teams on task and holding them accountable for the goals indentified in the work plans. In addition, CCPCs coordinated meetings, liaised with other partners and ZTT, and wrote reports. CCPCs also wrote and edited brochures and training materials, managed the project budget, and coordinated training sessions.

The CCPCs recorded their activities in a project database, estimating the percentage of time they spent each month across five broad types of activities directed toward (1) the partnership team, (2) family child care providers, (3) leveraging state resources, (4) leveraging local resources, and (5) administrative tasks. According to the administrative data from February through September 2011, the CCPCs spent 38 percent of their time on activities directed toward family child care providers, such as outreach to providers and helping to plan and facilitate training events for providers. Thirty-

**Table II.5.  Role of CCPCs, as Reported by 13 Partnership Teams that Participated in Interviews**

| Role | Number of CCPCs |
|---|---|
| Lead Tasks/Manage Expectations | 12 |
| Coordinate Meetings | 8 |
| Liaise with Other Partners | 6 |
| Write Reports | 5 |
| Coordinate Budget | 3 |
| Review/Create Documents | 3 |
| Coordinate Trainings | 2 |

Source:     Mathematica telephone interviews, June 2011.

Note:       N = CCPCs, Early Head Start grantees, and child care partners from 13 partnership teams that participated in telephone interviews. The information presented in Table II.5 represents the views only of the interview participants from the 13 partnership teams that participated in telephone interviews.

one percent of their time was spent on activities directed toward the partnership team, such as developing the work plans, managing the budget, planning with the team for upcoming activities, tracking progress on work plans, and convening meetings with the partnership team. The CCPCs spent about 15 percent of their time on activities aimed at leveraging state and local resources, such as networking, convening meetings with state and local partners, and sharing information about the project with partners and the community. Finally, the CCPCs spent about 16 percent of their time on administrative tasks, such as participating in monthly cohort calls, engaging with ZTT, and updating the database. CCPCs working with partnership teams in communities where Early Head Start was already implemented in family child care spent less of their time on activities directed toward the partnership teams and more of their time on leveraging state and local resources compared with teams that were considering Early Head Start in family child care (34 versus 24 percent and 21 versus 12 percent, respectively).

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## III. IMPLEMENTING EARLY HEAD START IN FAMILY CHILD CARE: AN OVERVIEW OF APPROACHES USED AND SUPPORTS PROVIDED

Family child care is a commonly used form of care among low-income families with infants and children. As reported in Chapter I, 29 percent of infants and 25 percent of toddlers served by the Child Care and Development Fund (CCDF) nationally receive care in family home settings (Office of Child Care 2011b). Although many infants and toddlers receive care in family child care homes, limited information is available about the quality of care available in these settings. The information that is available indicates that although a wide range of quality is found in family child care (Porter et al. 2010), few providers meet widely accepted standards of good- or high-quality care (Elicker at al. 2005; Fuller and Kagan 2000; Maxwell and Krauss 2005). To better understand how to support quality in family child care settings, several studies have examined the predictors of quality in home-based settings (Burchinal et al. 2002; Raikes et al. 2005; Pence and Goelman 1991; Kontos et al. 1995; Bordin et al. 2000).These studies point to several factors that can predict quality, including (1) regulation, (2) education and training, and (3) professional commitment to a career in child care. Studies of the relationship between group size and quality in family child care settings have report mixed findings (Kreader et al. 2005).

In an effort to increase quality in family child care homes, several federal, state, and local initiatives have emerged. Forty-three states and the District of Columbia license, register, or certify providers operating small family child care homes (National Child Care Information and Technical Assistance Center and National Association for Regulatory Administration 2010).[2] In addition to setting licensing standards, nearly all states use CCDF funds to offer professional development opportunities to providers. As of 2009, 19 states and the District of Columbia included licensed family child care providers in quality rating and improvement systems (QRIS) (Tout et al. 2009); and infant/toddler specialists in 22 states provided support to family child care providers (National Infant and Toddler Child Care Initiative 2010).

Recognizing that many families need full-day, full-year care for infants and toddlers while they work or attend school or training opportunities, the Office of Head Start has permitted Early Head Start grantees to partner with family child care providers to serve families since the program's inception in 1995. In 2008, ACF issued a final rule establishing family child care as a Head Start and Early Head Start program option (Department of Health and Human Services 2008). Grantees implementing this option (which we refer to as Early Head Start in family child care throughout this report) must ensure that families receive comprehensive services and that providers adhere to the Head Start Program Performance Standards (HSPPS), including additional HSPPS issued in 2008 that are specific to the family child care option (1306.35). Among other things, the HSPPS include minimum standards for (1) provider qualifications, (2) group size and child-to-caregiver ratios, (3)

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[2] A small family child care home is defined as a child care program located in the licensee's residence that generally includes one provider and a small number of children. States define family child care homes differently in their licensing regulations (National Child Care Information and Technical Assistance Center and National Association for Regulatory Administration 2010). Four states (Arizona, Ohio, South Dakota, and Virginia) do not license small family child care homes, but do license large/group family child care homes (defined as a child care program located in the licensee's residence that generally includes one provider, an assistant, and a larger number of children).

enrollment and reenrollment, and (4) support for family child care providers.[3] These standards, many of which have emerged in the literature as possible predictors of quality, are designed to ensure that all children enrolled in Early Head Start in family child care are in high-quality, supportive environments.

In this chapter, we describe eight Early Head Start grantees' approaches to implementing Early Head Start in family child care. These eight programs were already implementing the family child care option before the current project began. We begin by describing the number of children served in family child care across the eight grantees. We then describe the approaches the grantees used to partner with providers and fund services. In the second section, we provide an overview of the characteristics of the family child care providers with whom the grantees partnered, focusing specifically on those characteristics regulated by the HSPPS and identified in the literature as possible predictors of quality. We conclude the chapter by describing the strategies the grantees used to support quality among family child care providers and to monitor the implementation of the HSPPS. Information in this section comes from three primary data sources: (1) telephone interviews with Early Head Start representatives, (2) descriptive information about family child care providers submitted by grantees to Mathematica, and (3) 2010–2011 Head Start Program Information Report (PIR) data.

## A. Implementing Early Head Start in Family Child Care

The eight Early Head Start grantees varied in the number of infants and toddlers they serve through the family child care option and the ways in which they partner with providers and fund the services. Although the approaches are in no way representative of Early Head Start nationally, they provide examples for other Early Head Start programs interested in offering services through the family child care option.

### 1. Number of Children Served Through Early Head Start in Family Child Care

The eight Early Head Start grantees serviced only a portion of their program caseload through the family child care option, with other families served in center- or home-based options. The number of family child care providers with which the Early Head Start grantees partnered to offer services ranged from 2 to 51 across grantees (Table III.1). The typical funded enrollment for Early Head Start in family child care ranged from 5 to 204, whereas the typical funded enrollment for Early Head Start children in *any* option ranged from 41 to 367. For three grantees, the funded enrollment for Early Head Start in family child care accounted for less than one-third of the total funded enrollment for all Early Head Start program options. For three other grantees, the funded enrollment for Early Head Start in family child care accounted for between one-third and two-thirds, and for two grantees the funded enrollment for Early Head Start in family child care accounted for more than two-thirds.

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[3] In all cases, if state or local regulations are stricter than the HSPPS, providers must adhere to the strictest standards.

**Table III.1. Number of Providers Implementing Early Head Start in Family Child Care and Funded Early Head Start Enrollment, by Grantee**

| | | Early Head Start Funded Enrollment | | |
|---|---|---|---|---|
| | Number of Family Child Care Providers | Family Child Care | All Program Options | Percent Funded Enrollment in Family Child Care |
| 4Cs, CA | 10 | 28 | 254 | 11 |
| CAP, AL | 10 | 56 | 60 | 93 |
| CAPSLO, CA | 35 | 94 | 130 | 72 |
| CFR, NJ | 3 | 9 | 129 | 7 |
| CTC, MO | 2 | 5 | 151 | 3 |
| Fairfax, VA | 41 | 112 | 252 | 44 |
| Hillsborough County, FL[a] | 51 | 204 | 367 | 56 |
| United Way of Greater New Haven, CT[b] | 9 | 24 | 41 | 59 |

Source: 2010–2011 Head Start Program Information Report data.

Note: 4Cs = Community Child Care Council of Santa Clara County; CAP = Community Action Partnership Huntsville/Madison & Limestone Counties, Inc.; CAPSLO = Community Action Partnership of San Luis Obispo County, Inc.; CFR = Center for Family Resources, Inc.; CTC = Children's Therapy Center; Fairfax = Fairfax County Board of Supervisors; Hillsborough County = Hillsborough County Board of County Commissioners.

[a] Early Head Start in family child care is implemented by two delegate agencies: Lutheran Services and Tampa YMCA.

[b] All Our Kin is a delegate agency of United Way of Greater New Haven. All Our Kin is the sole agency offering Early Head Start in family child care.

## 2. Approaches to Working with Family Child Care Providers

Family child care providers must meet the relevant HSPPS in order to receive Early Head Start funds, but grantees have leeway in the approaches they take to implement Early Head Start in family child care. Across the eight grantees, all but one had contractual relationships with the providers; providers at New Jersey's Center for Family Resources, Inc., (CFR) were full-time employees of the organization. Of the seven grantees that contract with family child care providers to deliver services, several cited cost-effectiveness as a major advantage of the arrangement, given the expense and liability of hiring providers as full-time employees. Some also mentioned the benefit of meeting providers' desire to operate their own businesses. Two grantees' providers care for Early Head Start children only. The other six grantees permitted providers to care for both Early Head Start and non-Early Head Start children. Regardless of the approach, all providers had to adhere to the group size and child-to-caregiver ratios defined in the HSPPS.

With regard to funding structure, three of the eight grantees used only Early Head Start funds to pay for Early Head Start in family child care, including full-day child care and comprehensive services. One grantee supplemented Early Head Start funds by using state child care subsidy dollars to extend the number of hours a child can receive care in a given day. Another four grantees used state child care subsidy dollars to cover the cost of care and then used Early Head Start funds to provide comprehensive services, professional development opportunities, and other quality enhancements. The three other grantees used Early Head Start funds to supplement child care subsidy dollars. For example, the Office for Children within the Fairfax County Department of

Family Services used local funds to enable children to remain in Early Head Start if their families lose eligibility for state child care subsidy dollars.

## B. Indicators of Quality in Family Child Care Homes as Assessed by Alignment with the Head Start Program Performance Standards

In order to describe the level of quality in the grantees' family child care homes, we compared the HSPPS with information collected from the grantees on areas such as provider education and professionalism, child-to-caregiver ratios and group size, and use of curricula and screening tools. Although these indicators are in no way a comprehensive measure of the predictors of quality, they enable us to describe some characteristics that might be important indicators of quality. Research points to two important aspects of child care quality: structural aspects (such as ratios and group size and caregivers' level of education and participation in specialized training) and process aspects (caregivers' interactions with children) (Kreader et al. 2005; Burchinal et al. 2002; Raikes et al. 2005). Research on the specific predictors of quality in family child care settings is more limited, but a few studies have pointed to the importance of regulation, education and specialized training, and professional commitment to career (Kreader et al. 2005). The HSPPS include some requirements in these areas, and so provide a meaningful though not comprehensive approximation of quality in family child care homes.

Because all Early Head Start grantees are required to submit the Head Start PIR on an annual basis, we reviewed the data elements captured in the PIR, including provider education and the curriculum used by providers (see Appendix D, Table D.4 for a list of data elements). To gauge some measures not captured by the PIR, we also collected from the eight grantees information on indicators such as provider professional development and provider accreditation (see Appendix D, Table D.3 for a list of items collected). In addition to collecting the PIR and survey indicators, we explored the quality of care provided by family child care providers during telephone interviews, covering topics related to training and professional development opportunities available to family child care providers, as well as the grantees' approaches to ensuring that family child care providers are able to offer comprehensive services to families and children.

### 1. Providers' Levels of Education

The HSPPS dictate that family child care providers have previous early child care experience and, at a minimum, enroll in a Child Development Associate (CDA) program or an associate's or baccalaureate degree program in child development or early childhood education within six months of beginning service provision (1304.52(h)). In addition, grantees must ensure that family child care providers acquire the CDA credential or an associate's or baccalaureate degree within two years of beginning service provision.

According to 2010–2011 PIR data, two-thirds of providers met or exceeded the HSPPS education requirements, and most providers held a CDA as opposed to a higher degree. Of those providers not already in compliance with the HSPPS, most were pursuing a CDA. On average across all grantees, 63 percent of providers held a CDA or a relevant associate, baccalaureate, or advanced degree (Table III.2). On average, 44 percent of each grantee's providers held a CDA credential or equivalent. Of the average 37 percent of each grantee's providers that did not hold a CDA or relevant degree, nearly two-thirds were enrolled in CDA/CDA-equivalent program or a relevant associate's degree program.

## 2. Providers' Professional Credentials

As mentioned earlier, in addition to provider education, research suggests that other provider qualities may serve as predictors of child care quality, including participation in specialized training and professional commitment to career (Kreader et al. 2005). Four grantees reported that some family child care providers have joined a professional association since January 2011. Four of eight grantees reported that some family child care providers were already accredited before January 2011 and three grantees reported that some family child care providers were pursuing accreditation. Of the five grantees that answered the relevant question, three reported that some family child care providers had begun the process to become accredited since January 2011. Of the four grantees who reported having a QRIS in their communities, three reported that family child care providers participated in the QRIS.

**Table III.2. Characteristics of Providers Implementing Early Head Start in Family Child Care**

| Provider Characteristics | Average Percentage of Providers, Across Grantees |
|---|---|
| A Child Development Associate (CDA) credential or state-awarded equivalent | 44.0 |
| An associate's degree in early childhood education with a focus on infant and toddler development | 9.8 |
| An associate's degree in a field related to early childhood education and coursework equivalent to a major in early childhood education with experience teaching infants and toddlers | 1.3 |
| *Of those with an associate's degree (preceding two rows), those enrolled in a baccalaureate degree program in early childhood education or equivalent with a focus on infant and toddler development* | *8.3* |
| A baccalaureate degree in any field and coursework equivalent to a major in early childhood education with experience teaching infants and/or toddlers | 6.5 |
| A baccalaureate degree in early childhood education with a focus on infant and toddler development | 1.6 |
| An advanced degree in any field and coursework equivalent to a major in childhood education, with experience teaching infants and/or toddlers | 0.2 |
| Those without any of the qualifications listed in the preceding rows | 36.5 |
| *Of those, percentage enrolled in an associate's degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development* | *11.5* |
| *Of those, percentage enrolled in any type of CDA credential or CDA equivalent* | *55.1* |

Source:     2010-2011 Head Start Program Information Report data.

Note:     Totals might not equal 100 percent because of rounding.

### 3. Ratios and Group Size

According to the HSPPS, the group size of an Early Head Start family child care home cannot exceed the following:

- Six children, with no more than two under 2 years of age, when there is one family child care provider

- Twelve children, with no more than four under 2 years of age, when there is a provider and an assistant

- Four infants and toddlers, with no more than two under the age of 18 months, when there is one family child care provider

When present, the family child care provider's own children under age 6 must be included in the count. School-age children are not included in the group size requirements included in the HSPPS (1306.20(g)).

According to information collected from grantees, providers implementing Early Head Start services at all eight grantees appear to meet the HSPPS on ratios and group size.

### 4. Use of Curricula and Ongoing Screening Tools

The HSPPS require that family child care providers use a curriculum (1304.21(c)(1)). Grantees reported that they typically gave providers curriculum materials and offered training and support on the implementation of the curriculum. According to PIR data, six grantees used the Creative Curriculum for Family Child Care, one used High Scope, and the other used the Portage Project. With regard to the developmental screening instruments, all eight grantees reported using the Ages & Stages Questionnaire. Three of the eight grantees also used the Ages & Stages Questionnaire: Social-Emotional. One grantee used the Well Baby Check Form/Vision & Hearing, and another grantee used the Denver Developmental Screening – II. There was also a high degree of commonality across grantees in terms of tools used for ongoing child assessments. Five of the eight grantees used the Creative Curriculum and/or the Creative Curriculum Developmental Continuum. Two grantees also used the Ages & Stages Questionnaire, anecdotal observation, and the Desired Results Developmental Profile. One grantee used High Scope, another used the Portage Project, and a third used Teaching Strategies GOLD.

## C. Strategies Used to Support and Monitor Quality in Family Child Care Homes

The eight grantees implemented a variety of strategies to support quality and monitor providers' adherence to the HSPPS. In this section, we describe the types of incentives and supports grantees offered to providers, as well as strategies grantees used to build providers' capacities to implement curricula and conduct child development assessments. We then describe the strategies grantees used to monitor providers' adherence to the HSPPS.

### 1. Supporting Quality

**Supporting providers by offering incentives and supports.** In addition to support from home visitors and content specialists required by the HSPPS, the eight grantees offered a number of other incentives and supports. Three grantees (AOK, 4Cs, and Children's Therapy Center [CTC])

used Early Head Start funds to pay providers at a higher rate per child than available through state child care subsidy dollars. As mentioned earlier, AOK paid Early Head Start family child care providers at a higher rate than the state subsidy, paying the difference between the state rate and AOK's rate. If the provider did not receive a state subsidy for a particular child, AOK paid for that child's slot outright.

Six grantees reported using Early Head Start funds to equip providers with resources, such as materials and supplies. AOK's Early Head Start family child care providers received $500 in 2011 to spend on child care materials and supplies, in addition to those that AOK makes available to providers. CFR's Early Head Start family child care providers received all necessary child care materials, including diapers and wipes, toys, and furniture. The Hillsborough County Board of County Commissioners provided furniture and other resources to providers at start-up, and delegate agencies seek donations and other resources to assist providers on an ongoing basis. Fairfax County offered a variety of supports to providers, including materials and supplies (which providers may request on an ad hoc basis out of a specially earmarked budget); the Portage Project curriculum; equipment (such as fax machines to report enrollment each day); and resources (such as outdoor play equipment). CAP gave providers books, classroom activities, diapers, and wipes. Finally, CTC offered some supplies and equipment to providers on an as-needed basis.

Four grantees assisted providers in obtaining a CDA credential or postsecondary degree. Community Action Partnership of San Luis Obispo County (CAPSLO) had CDA advisors available to help providers earn CDA credentials. Fairfax County offered all providers a stipend per Early Head Start child to pursue requirements such as the CDA. Fairfax County also offered some scholarships for CDA classes. CTC used Early Head Start funds to pay for CDA credentialing, training, and application fees. CTC also paid for substitutes if a provider had to attend training. CAP paid for providers to attend CDA classes, assisted providers in obtaining an associate's degree, and paid for substitutes when providers attended trainings or workshops.

Several grantees made available to providers trainings and/or referrals to trainings. CAPSLO held a two-day conference for providers each year, during which they reviewed best practices and described any new regulations. CAP provided free workshops locally. Fairfax County offered referrals to professional development courses. CFR providers participated in three professional development days per year. To address needed quality improvements, AOK offered training during evenings and weekends, ranging from child development series to workshops specific to Early Head Start. Grantees also offered regular meetings for providers. Hillsborough County hosted monthly provider meetings for Early Head Start providers. These meetings were attended by the Early Head Start education specialists, education directors, and other specialists. The meeting was an opportunity for peer interaction, to hear updates about the program, and to provide group training. CAPSLO ran monthly cluster meetings for providers led by family child care specialists. AOK hosted monthly meetings of its family child care network. Those meetings included some content, but one of their primary purposes was to build community among providers.

Two grantees offered other benefits. As full-time employees, family child care providers with CFR received medical benefits, a pension plan, life insurance, an employee assistance program, sick days, and holidays. CFR assigned an assistant to each provider to offer 10 hours of support per week and gives providers paid holidays and some other paid development or in-service days throughout the year.

**Building provider capacity to implement curriculum and assess child development.** The HSPPS stipulate that Early Head Start grantees offering the family child care program option must support family child care providers with staff that do the following:

- Support and ensure the provision of quality Early Head Start services at each family child care home

- Facilitate ongoing communication between the Early Head Start grantee staff, family child care providers, and Early Head Start families

- Provide recommendations for technical assistance [1306.23(h)]

Grantees consistently reported offering providers training in curriculum implementation and how to use curricula to support quality services for children. Although some teams trained providers on how to conduct child development assessments, others assisted providers in interpreting assessment results and tailoring curriculum implementation accordingly. CAP, CFR, and Hillsborough County trained providers to conduct child development assessments and screenings. For example, CAP providers were trained in Simple Transitions and the Creative Curriculum and were instructed how to use the assessment in the form of a checklist. AOK was in the process of training family child care providers to conduct assessments; previously, the organization's family advocates conducted the assessments and shared results with the providers.

Four grantees used both providers and grantee staff to conduct assessments and assisted providers in interpreting assessment results. In Fairfax County, providers used the Portage Project curriculum and the specialists trained the providers in the associated child assessment tool. A specialist conducted the child development assessment and then worked with the provider to take any needed action for each child. At CTC, the providers carried out the observation checklist with the children. Early Head Start staff, known as partner advocate liaisons (PALs), reviewed the results and worked with families to set goals accordingly. PALs then worked with providers to create a child development plan to reach the goals. PALs conducted screenings in the home using the Ages & Stages Questionnaire; the Ages & Stages Questionnaire: Social-Emotional; and dental, vision, and hearing screenings. PALs shared those outcomes with the providers. Finally, CAPSLO providers were trained to conduct some assessments and specialists conducted others. Providers were trained to use the information from the assessments to create individualized family service plans.

## 2. Monitoring Quality

The HSPPS also stipulate that Early Head Start grantee staff must do the following:

- Conduct both regular announced and unannounced visits to each home at least every two weeks; the duration and timing of the visits will be planned in accordance with the needs of each home

- Periodically verify compliance with either contract requirements or agency policy, depending on the nature of the relationship (1306.23(h))

**Monitoring adherence to the HSPPS.** Formally, all grantees send a staff member to conduct home visits at Early Head Start family child care providers' homes at least every two weeks. CFR and CTC reported often conducting weekly visits. During the visits, Early Head Start staff conducted informal observations of the environment to ensure that providers adhere to the HSPPS. At the end of the visit, the staff person typically discussed her observations with the provider.

Grantees also used the results of these observations to determine training needs for providers. The grantees then offered the training to providers or referred providers to needed training.

**Conducting quality assessments.** Across the eight grantees, formal quality assessments tended to recur annually or biannually and most commonly involved the use of the Family Child Care Environment Rating Scale, Revised Edition (FCCERS-R). Most grantees mentioned more frequent informal quality assessments during the weekly or biweekly home visits. These informal quality assessments typically involved the use of a locally developed tool or checklist.

Most grantees mentioned using assessment results to identify provider training needs and to set and monitor progress toward quality goals. For example, each provider that partnered with AOK had an individualized professional development plan, and AOK child development specialists set and tracked progress toward goals through informal, ongoing dialogue with providers and formal yearly assessments. The specialists systematically set goals and helped providers work toward and master them. In addition to formally observing providers using the FCCERS-R, CFR revised a locally developed monitoring tool to assess quality during home visits. CFR used the information from the formal and informal quality assessments to identify provider training and resource needs. CFR also trained providers in the FCCERS-R so providers could conduct their own assessments, in addition to the one conducted by CFR.

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# IV. TEAMS' EFFORTS TO SUPPORT HIGH- QUALITY FAMILY CHILD CARE FOR LOW- INCOME CHILDREN THROUGH COORDINATED SERVICE DELIVERY

As described in Chapter I, the Early Head Start for Family Child Care project was designed around a project framework (see Appendix A). The framework included local-, state-, and national-level outcomes ultimately designed to support four overall project goals: (1) higher-quality care for low-income children in family child care homes, (2) coordinated and comprehensive services for families, (3) support to increase capacity for family child care providers, and (4) strong partnerships that support coordinated service delivery in communities. The outcomes in the framework included short-, medium-, and long-term outcomes at each level. The partnership teams focused their efforts on the local- and state-level outcomes. Each partnership team conducted a self-assessment to determine which outcomes its communities had already achieved and which outcomes it needed to strengthen. Based on this self-assessment the teams selected the outcomes they planned to work toward and created work plans that detailed how they planned to achieve these outcomes. Teams had access to project funds to help support the implementation of their work plans. To support the implementation of the work plans, the partnership teams reached out to local and state stakeholders for three primary purposes: (1) to build community and state awareness of the project, Early Head Start, and family child care; (2) to help carry out project-related activities; and (3) to address state and local policy issues that impeded progress toward target outcomes.

In this chapter, we discuss the outcomes targeted by the partnership teams and assess their progress toward achieving them (based on self-reports). We then describe the activities teams originally planned to implement to help them achieve the outcomes and the activities they actually implemented from February to September 2011 and we describe the types of stakeholders that participated in the activities (such as family child care providers, state and local policymakers, and others). The next section describes how teams used the project funds to support their activities. We conclude the chapter by describing the local and state stakeholders the project teams engaged. This chapter relies primarily on information from the administrative database reported by all 22 teams from February to September 2011 as well as interviews conducted in June 2011 with a subset of Early Head Start and child care agency representatives and child care partnership coordinators (CCPCs) from 13 teams. Information about what teams planned to do is drawn from the teams' original work plans that were submitted to ZERO TO THREE (ZTT) in February 2011.

## A. Progress Toward Outcomes

Nearly all teams (20) targeted both state and local outcomes (not shown). As discussed later in the chapter, this was a change from the original work plans, in which only 7 teams identified state-level outcomes. Interview participants reported that state-level outcomes were often added because they were frequently necessary to address policy issues and overcome obstacles that affected local outcomes. For example, as teams tried to address issues around eligibility and funding they found that state-level policies hindered their ability to collaborate locally. By engaging state-level policymakers, teams sought to find solutions or at least bring attention to these issues. Teams were more likely to work toward short- and medium-term outcomes than long-term outcomes at both the state and local levels (Table IV.1). This was driven in part by the length of the demonstration project (10 months).

**Table IV.1. Types of Outcomes Targeted by Partnership Teams**

| Outcome Category | Number of Teams | Percentage of Teams |
| --- | --- | --- |
| Local-Level, Short-Term | 22 | 100 |
| Local-Level, Medium-Term | 21 | 96 |
| Local-Level, Long-Term | 8 | 36 |
| State-Level, Short-Term | 16 | 73 |
| State-Level, Medium-Term | 16 | 73 |
| State-Level, Long-Term | 3 | 14 |

Source:     Early Head Start for Family Child Care project database, February through September 2011.

N = 22 partnership teams.

According to self-reported administrative data from February through September 2012, the teams accomplished 15 percent of their targeted outcomes and progressed at least halfway toward 36 percent of the others (Table IV.2).[4] For another 46 percent, some progress had been made. CCPCs reported making no progress on only 3 percent of targeted outcomes. Although teams made progress across outcome types, CCPCs were most likely to report accomplishing local-level, short- and medium-term outcomes and state-level, short-term outcomes (Table IV.3). For example, five teams reported accomplishing the local-level, short-term outcome related to building knowledge of Head Start Program Performance Standards (HSPPS) and state child care regulations. Teams did this by creating crosswalks that compared the HSPPS and state and local child care licensing regulations for family child care providers. Others trained staff (including Early Head Start and child care agency staff) on the HSPPS and other regulations relevant to family child care providers. Five teams also reported accomplishing the local-level, short-term outcome of developing collaborative relationships and working in partnership with family child care providers, state and local child care administrators, and other stakeholders. As discussed later in this chapter, many teams focused efforts on building these relationships by reaching out to providers and establishing working groups with state and local stakeholders. Given the short duration of the project, it was not surprising that teams made more progress toward short- and medium-term goals because long-term goals take more time to achieve.

## B. Activities Planned by the Partnership Teams

In their original work plans developed in January and February 2011, the partnership teams planned a variety of different activities to work toward their targeted outcomes. Most commonly, teams planned activities to raise awareness about family child care as a high-quality child care option for families and to increase provider access to training and professional development. Specifically, 21 of the 22 teams planned activities to raise awareness about family child care as a high-quality child care option and build partnerships with relevant stakeholders, such as family child care providers,

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[4] In the monthly activity reports, the CCPCs were asked to assess their teams' progress toward the outcomes they worked on during that month. To better understand how CCPCs made these assessments, we asked the CCPCs we interviewed to describe their process for tracking progress toward outcomes. CCPCs reported relying on the work plan to assess how their teams progressed on the activities tied to each outcome. Based on this assessment, they determined how much progress the teams had made on a given outcome. In some cases, completion of one activity would indicate that an outcome had been achieved. More often, progression toward outcomes involved completion of multiple activities, including some recurring activities.

**Table IV.2. Progress Toward Outcomes**

| Outcome Category | Number of Targeted Outcomes | Percentage of Targeted Outcomes |
|---|---|---|
| No Progress | 9 | 3 |
| 1 to 50 Percent Accomplished | 143 | 46 |
| 51 to 99 Percent Accomplished | 110 | 36 |
| Accomplished | 46 | 15 |
| Missing | 1 | < 1 |

Source:    Early Head Start for Family Child Care project database, February through September 2011.

N = 309 outcomes identified by 22 partnership teams.

**Table IV.3. Outcomes Accomplished, by Outcome Type**

| Outcome Category | N | Number of Outcomes Accomplished | Percentage of Outcomes Accomplished |
|---|---|---|---|
| Local-Level, Short-Term | 118 | 20 | 17 |
| Local-Level, Medium-Term | 74 | 11 | 15 |
| Local-Level, Long-Term | 8 | 0 | 0 |
| State-Level, Short-Term | 43 | 5 | 12 |
| State-Level, Medium-Term | 41 | 0 | 0 |
| State-Level, Long-Term | 3 | 0 | 0 |

Source:    Early Head Start for Family Child Care project database, February through September 2011.

N = 309 outcomes identified by 22 partnership teams; 22 outcomes were missing or labeled as other.

state and local child care administrators, and training and technical assistance providers. Twenty-one teams also planned activities to connect family child care providers to resources or conduct direct training and professional development for providers.

The next most common types of activities planned by the partnership teams included identifying family child care providers interested in partnering with Early Head Start and assessing providers' quality improvement needs. For instance, 18 teams planned activities to identify family child care providers in the community (including those interested in partnering with Early Head Start); 17 teams planned activities to assess the strengths and quality improvement needs of providers.

A number of teams also planned activities to align standards relevant to and identify funds for family child care. Specifically, 16 teams planned activities to develop or align standards, benchmarks, and policies relevant to family child care (such as differences in state licensing standards and the HSPPS, as well as differences in eligibility policies between Early Head Start and state child care subsidies). In addition, 16 teams planned activities to identify state and local funding streams and quality improvement resources to support family child care providers. Finally, 8 teams planned activities to develop and implement policies regarding recruitment and enrollment of families into Early Head Start in family child care.

## C. Activities Implemented by the Partnership Teams

As the partnership teams set out to achieve their targeted outcomes and implement the activities described in their work plans, their plans evolved. Although many teams implemented exactly what they planned, other teams found that they needed to redact or add certain activities (Table IV.4). As noted earlier, 13 teams added state-level outcomes and activities to reflect their evolving understanding of state-level barriers to achieving local outcomes. In addition, although only 8 teams included in their original work plans activities to develop and implement family recruitment and enrollment policies, 13 teams reported actually conducting such activities during the project period. According to telephone interviews, this shift likely occurred as teams that originally were *considering* adding Early Head Start in family child care undertook efforts to *actually* do so. As a result, many of these teams focused efforts on developing recruitment, enrollment, and other policies needed to add the service option. In the remainder of this section, we describe the activities teams implemented from February to September 2011 as reported in the administrative database. To further expand on the types of activities the teams implemented, we present examples from the telephone interviews.

**Table IV.4. Activities Planned and Implemented by Partnership Teams**

| Activity Type | Activities Planned (number of teams) | Activities Implemented (number of teams) |
|---|---|---|
| Connect Providers to Resources or Conduct Training/Professional Development | 21 | 20 |
| Build Awareness and Partnerships | 21 | 18 |
| Identify Family Child Care Providers in the Community | 18 | 16 |
| Assess the Strengths and Quality Improvement Needs of Providers | 17 | 14 |
| Identify Funding Streams and Quality Improvement Resources | 16 | 13 |
| Develop or Align Standards, Benchmarks, and Policies | 16 | 13 |
| Develop and Implement Policies Regarding Recruitment and Enrollment of Families | 8 | 13 |

Source:   Activities planned were drawn from the 22 work plans submitted by the partnership teams in February 2011. Activities implemented were reported in the Early Head Start for Family Child Care project database, February through September 2011.

Note:   N = 22 partnership team work plans; 17,451 activities reported in the administrative database by 22 partnership teams.

### 1. Connecting Providers to Resources and Offering Training Opportunities to Providers

Nearly all teams (20 of 22) worked on connecting family child care providers to training and professional development resources or directly conducting training and professional development for providers (see Table IV.4). Across the 13 teams interviewed, these training activities fell in the following three categories: (1) trainings to meet the needs of providers for whom English is a second language; (2) trainings on best practices in child care quality; and (3) efforts to connect providers with existing training, professional development, and resources.

A number of teams conducted training to meet the needs of providers for whom English was a second language. For example, Florida's Hillsborough County project team planned an English as a second language training class (primarily speaking and reading) for family child care providers,

including Early Head Start providers. Likewise, in California, Community Action Partnership of San Luis Obispo County, Inc. (CAPSLO) trained trainers to assist English as a second language family child care providers in obtaining their Child Development Associate (CDA) credentials. Some providers had started working toward an associate's degree, but the community colleges offered limited coursework in Spanish. CAPSLO decided to encourage providers to work toward the CDA credential because the coursework was offered in Spanish. In order to facilitate providers' work toward a CDA, CAPLSO trained its family child care specialists as CDA advisors, and the specialists trained Santa Barbara and Monterrey child care resource and referral agency (CCR&R) staff to become advisors as well. Advisors helped providers develop a portfolio and adhere to the credential time line. In Virginia, the Fairfax County Board of Supervisors' Child Care and Referral Division (CCAR) designed and implemented an eight-week "Word Power" course meant to increase English-speaking skills of both Early Head Start and non-Early Head Start family child care providers for whom English was a second language. At the beginning of the project, team members assessed the professional development opportunities and quality-enhancement trainings available in the community. They found that few opportunities were available for family child care providers who spoke English as a second language. For example, CCAR reported that some providers had to forfeit scholarships to attend community college because they could not pass the college's English proficiency test. CCAR designed the course to teach English through a child care practitioner's vocabulary. Thirty providers attended the Word Power course, and all did so for the entire eight weeks. The team assessed the course's success by examining data collected both during the course and during post-course home visits. The team planned to repeat the course in fall 2011, tweaking the format based on findings from the summer course.

Teams also conducted training on best practices in child care quality, with many using the HSPPS as a guide. For example, Connecticut's All Our Kin (AOK) conducted a series of training sessions on building relationships with families, which the trainer reinforced and evaluated during post-training provider home visits. This training addressed what AOK perceived to be a weakness in providers' abilities to relate with families and understand the parental perspective. In addition, this training emphasized the Early Head Start understanding of parents as children's first teachers. Likewise, in New Jersey, the Center for Family Resources, Inc. (CFR) team held a series of four trainings for providers, each paired with an accompanying resource kit. The training covered topics drawn from the HSPPS: oral health care, health and safety, child assessments (specifically Ages & Stages), and emergency preparedness. In addition, Missouri's Children's Therapy Center (CTC) targeted members of the local family child care association by temporarily replacing the organization's monthly meetings with six training sessions. For each training topic, attendees received a PowerPoint outlining the relevant HSPPS. Finally, in Vermont, the Northeast Kingdom Community Action (NECKA) team conducted a two-day event on the Creative Curriculum for Family Child Care with an emphasis on infants and toddlers.

Teams also engaged in efforts to connect providers with existing training, professional development, and resources. For example, in Alabama, the partnership team updated the already-existing Madison/Limestone County Early Head Start list of resources (state and local, formal and informal) available to provide high-quality training in the areas of early child development and health. The partnership team also created a supplemental list of free webinars and online events and resources. In addition, New Jersey's CFR partnered with First Steps, whose infant/toddler specialist conducted training for project providers and served as a resource for providers. Likewise, CFR partnered with Professional IMPACT NJ, a registry that includes information about the availability of scholarships for providers. Professional IMPACT NJ provided funding to support family child care providers interested in pursuing National Association of Family Child Care (NAFCC)

accreditation. Professional IMPACT NJ paid for the providers' initial applications, a mentor to support providers through the process, and materials. If providers earned accreditation, they would receive a bonus.

## 2. Building Awareness About and Partnerships to Support Early Head Start in Family Child Care

The vast majority of teams—18 of 22—conducted activities to raise awareness about and build support for family child care (see Table IV.4). Some teams did so by conducting activities to build awareness about the availability of family child care as an option for families. For example, CAPSLO distributed an Early Head Start in family child care brochure to organizations and agencies that serve infants and toddlers from low-income and migrant/seasonal families. The brochure discussed the benefits of the program to infants and toddlers, families, the community, and providers. In addition, CAPSLO worked on a video depicting why family child care is a good option for infants and toddlers. The video could be shared with parents and the community. Likewise, in Alabama, the partnership hosted open houses at Early Head Start family child care providers' homes. The team used the open house materials as a foundation for future public awareness campaigns.

Other teams did so by conducting activities to build partnerships (formal and informal) with relevant stakeholders. In New Jersey, CFR conducted outreach to state associations and other stakeholders regarding the Early Head Start for Family Child Care project. For instance, the project team presented at both the New Jersey Association for the Education of Young Children in October and the National Association for the Education of Young Children conference in November, as well as at the New Jersey Head Start Association meeting and the New Jersey Family Child Care Association's annual conference. Finally, the New Jersey CCR&R (child care resource and referral agency) Association planned to include information about the project in its quarterly newsletter. In addition, the partnership team from Alabama decided to implement awareness-raising presentations for stakeholders unfamiliar with the details of Early Head Start (some of whom serve on early childhood committees with project team members). The first stakeholder meeting included the local licensing and regulatory staff (including representatives from the Alabama Department of Human Resources, the Alabama Department of Early Intervention, the Autism Resource Foundation, and United Cerebral Palsy). During the meeting, the project presented several suggestions for how these groups could share resources, apply for joint grants, and collaboratively use funds to support Early Head Start in family child care. At the end of the meeting, the project team distributed a partnering agreement to this group and planned to distribute a letter of support.

## 3. Identifying and Reaching Out to Family Child Care Providers

Sixteen of 22 teams conducted activities to identify family child care providers in the community, including those interested in partnering with Early Head Start (Table IV.4). For example, in Missouri, CTC used the training series mentioned previously to expand the pool of potential Early Head Start family child care providers. Likewise, in Massachusetts, the Community Action, Inc. (CAI) project team successfully recruited providers after having difficulty doing so in the past. In 2010, when CAI first received the Early Head Start grant, the grantee invited some family child care providers to discuss partnering with Early Head Start. Only one provider attended. At the meeting, the grantee realized that it did not have sufficient information to explain the option to providers. For this project, the team wanted to focus on detailing the policy and procedures regarding Early Head Start in family child care in order to allay providers' concerns. Consequently, the team agreed upon and focused on creating a manual of policies and procedures as part of its work plan. The team planned to use that manual to recruit providers moving forward. In North

Dakota, the project team cosponsored the regional family child care providers association annual provider appreciation dinner, which enabled the team to network with providers and promote the project's goals. Specifically, the team informed providers about the project and began to build trust. The project team felt as though providers became open to the idea of working with Early Head Start and no longer saw Early Head Start as a competitor.

Fourteen of 22 teams conducted activities to assess the strengths and quality improvement needs of family child care providers. For example, in order to gauge providers' understanding of how to improve their services, CAPSLO administered a survey to 150 family child care providers. CAPSLO intended to analyze the survey results to gauge providers' strengths and quality improvement needs.

## 4. Identifying Funding Streams and Quality Improvement Resources to Support Family Child Care Providers

Thirteen of 22 teams conducted activities to identify state and local funding streams and quality improvement resources to support family child care providers (Table IV.4). Some teams used the project to link to existing supports. California's 4C's project team partnered with Smart Start San Jose, which provides training for family child care providers. 4Cs and Smart Start had discussed collaborating in the past, because many of the providers included in the family child care association network were involved in Smart Start, and this project provided the opportunity to do so. The two organizations looked at ways to coordinate professional development and help providers implement Early Head Start in family child care homes associated with Smart Start.

Other teams used the project to try to create new supports. Connecticut's AOK team used this project as a platform to launch an effort to coordinate with the state departments of social services and education to fund a state family child care network. In its meetings with department officials, the team learned that although most stakeholders were familiar with family child care, few were aware that family child care could serve as an Early Head Start option. This project enabled AOK to convince stakeholders that the area's family child care providers can and do meet a high quality standard, which the team hoped would pave the way for future investment in a statewide family child care network.

## 5. Aligning Standards, Benchmarks, and Policies Relevant to Family Child Care

Thirteen of 22 teams conducted activities to develop or align standards, benchmarks, and policies relevant to family child care (Table IV.4). Six of the eight teams implementing Early Head Start in family child care conducted this activity. Some teams focused on understanding areas of misalignment. For example, the Northwest Michigan Community Action Agency developed a crosswalk of the HSPPS and the Michigan Child Care Licensing Rules and Regulations. The project team then presented the document to Early Head Start home visiting staff.

Other teams sought to affect the degree of alignment. For example, during the planning stages of the project, the Fairfax County project team identified the biggest barrier to implementing Early Head Start in family child care as misalignment between the HSPPS, state guidelines, and local guidelines. In particular, the child care assistance program requires that recipients be working or in school, whereas Early Head Start does not. This misalignment affects parents as well; parents must complete multiple eligibility applications for Early Head Start and child care assistance. Over the years, Early Head Start has collaborated with its various funding sources to earmark dollars to cover families who lose child care assistance eligibility. Consequently, the team decided to study and

communicate sources of misalignment as part of this project. The project's two consultants held meetings with state-level stakeholders, as well as focus groups with Early Head Start directors, about the barriers to partnering with family child care. They planned to use data from those meetings and focus groups to produce a final paper in September 2011 suggesting possible ways to improve alignment. Likewise, in Vermont the project team established a "mini-group" of state-level stakeholders to review partnership opportunities, alignment issues, and other obstacles to partnering. The group planned ultimately to produce a report recommending how best to overcome the obstacles. The main issues identified were differences in requirements for ratios and group sizes.

### 6. Developing and Implementing Recruitment and Enrollment Policies

Finally, 13 of 22 teams conducted activities to develop and implement policies regarding recruitment and enrollment of families into Early Head Start in family child care (Table IV.4). Those teams already implementing Early Head Start in family child care were substantially less likely to conduct this activity, probably because they had such policies in place before starting the project. Vermont's NECKA and Umbrella (Kingdom) developed an interagency agreement to support Early Head Start in family child care, including aligning standards and determining how funds and staff would be allocated on recruitment, referrals, professional development, and the state's child care quality rating and improvement system (QRIS). As mentioned earlier, the CAI team in Massachusetts created a manual to help recruit providers. After few providers attended CAI's recruitment meeting in 2010, due in part to a misunderstanding regarding provider–child ratios, the team decided to use this project to detail the policy and procedures regarding Early Head Start in family child care. By establishing and documenting the policies and procedures for the family child care option, CAI staff thought they would better be able to communicate to providers the expectations and benefits related to delivering the option.

## D. Types of Stakeholders Engaged in Activities

The activities implemented by the partnership teams were designed to engage a wide array of stakeholders, including family child care providers, state and local child care administrators, training and technical assistance providers, and others (Table IV.5). All 22 teams conducted an activity targeting family child care providers, and all but one team conducted an activity targeting training and technical assistance providers. Local child care administrators, CCR&R agency staff, and other community partners were targeted by 20 teams. Family child care associations and state child care administrators were each targeted by 19 teams. The Tribal Child Care Administration and American Indian and Alaska Native Head Start Collaboration Office staff were least likely to be targeted by any team's activities, probably because few teams served these populations. Of the participants that all teams might engage, the media were the least likely to be targeted, with only 6 teams conducting activities that targeted the media.

Teams already implementing Early Head Start in family child care were substantially more likely to engage health and social services agencies, as well as state advisory councils. This might have been because teams considering Early Head Start in family child care had spent more of their time focusing on recruiting providers into the program or building local partnerships, whereas teams already implementing the option might have come into the project with sufficient providers and local partnerships, and could instead focus on using state resources to improve their existing programs.

**Table IV.5. Types of Stakeholders Engaged in the Activities Implemented by the Teams**

| Types of Stakeholders | Of 22 Teams Total | Of 8 Teams Implementing | Of 14 Teams Considering |
|---|---|---|---|
| Family Child Care Providers | 22 | 8 | 14 |
| Training and Technical Assistance Providers | 21 | 8 | 13 |
| Local Child Care Administrators | 20 | 8 | 12 |
| CCR&R Agency Staff | 20 | 8 | 12 |
| Other Community Partners | 20 | 8 | 12 |
| Family Child Care Associations | 19 | 7 | 12 |
| State Child Care Administrators | 19 | 7 | 12 |
| Health and Social Services Agencies | 17 | 8 | 9 |
| Other | 17 | 5 | 12 |
| Head Start State Collaboration Office | 16 | 6 | 10 |
| Early Intervention Coordinators | 13 | 5 | 8 |
| Parents | 11 | 4 | 7 |
| State Advisory Councils on Early Childhood Education and Care | 10 | 5 | 5 |
| Media | 6 | 2 | 4 |
| Tribal Child Care Administration | 3 | 0 | 3 |
| American Indian and Alaska Native Head Start Collaboration Office staff | 2 | 0 | 2 |

Source: Early Head Start for Family Child Care project database, February through September 2011.

Note: N = 17,451 activities reported by 22 partnership teams.

## E. Use of Project Funds to Support the Activities

The partnership teams used their funds in a variety of ways (Table IV.6). For example, they spent 43 percent of their overall funds on training; in fact, all teams used at least some funds to support training. Other common uses for funds were materials (18 percent of funds) and resources (17 percent of funds). Teams were least likely to spend funds on equipment, such as outdoor play equipment, fax machines, and equipment for providers (less than 1 percent of funds).

Compared with teams that were considering Early Head Start in family child care, teams already implementing Early Head Start in family child care were less likely to spend funds on training (27 percent compared with 51 percent) and more likely to spend money on activities related to public awareness and outreach (24 percent of funds compared with 7 percent). Teams considering Early Head Start in family child care might have needed to focus more resources on engaging family child care providers and providing the training providers needed to someday implement the program option, whereas teams already implementing the program might have already had training resources in place and focus more on public awareness and outreach. Teams already implementing the program, and so already established in the community, might also have been better able to tap into existing community training resources.

As discussed earlier in this chapter, teams used funds to host a variety of training events for family child care providers. For example, the partnership team from Vermont used funds to hire Teaching Strategies to conduct a two-day event for family child care providers on the Creative

**Table IV.6. Teams' Uses of Project Funds**

| | All 22 Teams | | 8 Implementing Teams | | 14 Considering Teams | |
|---|---|---|---|---|---|---|
| Activity Type | Number of Teams that Spent Funds on Activity | Percentage of Funds Spent on Activity | Number of Teams that Spent Funds on Activity | Percentage of Funds Spent on Activity | Number of Teams that Spent Funds on Activity | Percentage of Funds Spent on Activity |
| Training | 22 | 43 | 8 | 27 | 14 | 51 |
| Materials | 18 | 18 | 7 | 25 | 11 | 14 |
| Resources | 18 | 17 | 7 | 18 | 11 | 17 |
| Public Awareness Outreach | 16 | 13 | 8 | 24 | 8 | 7 |
| Meeting or Informational Session | 14 | 5 | 5 | 2 | 9 | 7 |
| Other | 10 | 4 | 5 | 4 | 5 | 4 |
| Equipment | 2 | <1 | 1 | <1 | 1 | <1 |

Source: Early Head Start for Family Child Care project database, February through September 2011.

Note: N = 564 approved or final stipend requests reported by 22 partnership teams.

Curriculum with an emphasis on implementing the curriculum with infants and toddlers. Eighteen percent of teams used funds on materials and resources. For example, New Jersey's CFR used funds to prepare kits for training attendees. CFR held four trainings with approximately 40 providers in attendance. At each training providers received a resource kit. If providers conducted the follow-up activities after the training and submitted documentation (which nearly all attendees did), they received an additional resource. The first training was on oral health care, so CFR gave providers a dental kit with toothbrushes and other materials. The second training featured health and safety, covering topics such as safe sleep practices for infants and medication administration. At that training, CFR distributed health- and safety-related materials, such as gloves. The third training focused on child assessments, specifically the Ages & Stages Questionnaire, and each provider received a copy of the assessment. The fourth training covered emergency preparedness, and CFR distributed backpacks with emergency materials. At each training providers also received a children's book, as well as sample lessons plans, activities, and songs.

Sixteen teams used funds for public awareness outreach. In California, for example, CAPSLO used funds to develop a brochure and video. As mentioned earlier, CAPSLO distributed an Early Head Start in family child care brochure to organizations and agencies that serve low-income and migrant/seasonal infants and toddlers and their families. The brochure discussed the benefits of the program to infants and toddlers, families, the community, and providers. In addition, CAPSLO created a video depicting why family child care is a good option for infants and toddlers. The video could be shared with parents and the community.

Other teams used funds to pay for consultant reports. Specifically, the grantees in Connecticut and Virginia, both of which were implementing Early Head Start in family child care, hired consultants to research and write policy reports on issues related to the program. In Virginia, Fairfax County used funds to hire an expert consultant to research the policy and procedural barriers to a seamless service delivery system and recommend alternatives. In Connecticut, the AOK project team hired a consultant to help research models used in other states to blend and braid child care and Early Head Start funds. Based on the report findings, the team planned to facilitate meetings

with state-level stakeholders to explore strategies for aligning state child care subsidy and Early Head Start eligibility, allowing children to maintain state child care subsidy eligibility for the duration of their participation in Early Head Start, and contracting directly with family child care provider networks to provide CCDF-funded slots to infants and toddlers.

## F.  Role of Partners

The Early Head Start for Family Child Care project partnership teams reached out to local and state stakeholders for three primary reasons: (1) to build awareness of the project, Early Head Start, and family child care in the community and the state; (2) to help carry out project-related activities; and (3) to address state and local policy issues. Agencies engaged both new partners and partners with which they had an existing relationship. In this section we describe efforts made to build sustainable partnerships. First, we examine the three types of partnerships and provide examples of each. Then, we discuss efforts made by teams to maximize the potential for sustainable partnerships. Information in this section was drawn from the 22 teams' applications and project work plans. The examples in this section are drawn from the telephone interviews and from the work plans.

### 1.  Stakeholders the Teams Engaged to Share Information

Partnership teams prioritized sharing information with relevant stakeholders about the project and partnerships between Early Head Start and family child care. At least 15 teams reached out to partners for information-sharing activities. The stakeholders they engaged included state- and local-level child care administrators and practitioners, as well as professional associations, schools, and community organizations. Typical venues for information sharing included conference presentations, stakeholder meetings, and child care-related events. For example, the partnership team from Dickson, North Dakota, engaged with a local family child care provider association to hold a dinner honoring providers. The team used the dinner as a chance to inform providers and other stakeholders in attendance about project objectives and ways that they could get involved. In Yuma, Arizona, the partnership team regularly participated on Regional First Things First Councils to learn about local, regional, and statewide activities and maintain a close connection with child care providers and community members. The partnership team identified this council as an opportunity to inform the broader child care community about the project and its mission. In an effort to track changes in knowledge and attitudes, the partnership team in Denver, Colorado, partnered with the local CCR&R to conduct surveys of both CCR&R and Early Head Start staff. Specifically, this survey measured staff's attitudes and understanding of the benefits of family child care for infants and toddlers.

### 2.  Stakeholders that Actively Contributed to the Project

Some partnerships arose as teams worked to implement project activities. At least 20 teams created partnerships with organizations to implement joint training, share resources, consult with experts, and receive financial support. For example, the partnership team from Haverhill, Massachusetts, conducted joint training and shared resources with Healthy Families, a local nonprofit. The team from Santa Clara County, California, partnered with Smart Start San Jose (a local collaboration of schools, parents, early childhood development professionals, businesses, community-based organizations, and the city of San Jose) to coordinate professional development and assistance to family child care providers. Olympic Educational Service District 114 in Washington coordinated with the Washington State QRIS to provide training, coaching, and resources to providers. Multiple partnership teams worked with CCR&Rs at the local level. For example, at Peninsula Family Service in San Mateo County, California, the partnership team worked

with the local CCR&R to help address issues such as finding new providers, identifying training opportunities, and acquiring additional resources.

### 3. Stakeholders the Teams Engaged to Address Policy Issues

Some partnerships arose after teams identified state and local policy issues as possible areas of reform. At least nine engaged partners to address policy issues. As described previously, the partnership team from Fairfax County, Virginia, hired two consultants to convene meetings with state-level stakeholders and the Head Start state collaboration office, as well as focus groups with Early Head Start directors. These meetings and focus groups aimed to identify barriers to partnering with family child care providers. Based on these discussions, the consultants worked with the partnership team to produce a report on the policy and procedural barriers to seamless service delivery of Early Head Start in family child care. Similarly, the team from Northeast Kingdom, Vermont, collaborated on state quality improvement efforts through a state mini-group, which included the Head Start State Collaboration Office, the CCDF administrator (who is also the deputy commissioner for the Child Development Division), Children's Integrated Services (which is the umbrella for early intervention/Part C, early childhood and family mental health, and the state's health based family support and nursing program), and the workforce development director. This engagement led to stakeholder meetings and efforts to work through alignment issues based on identifying areas of common interest; the workforce development director took on the state-level work plan and outlined specific strategies for quality improvement and systems support and integration. AOK in New Haven, Connecticut, partnered with the state Department of Social Services. The ultimate goal of this collaboration was contracting directly with family child care networks and aligning eligibility guidelines for Early Head Start and state child care subsidy funds.

# V. LEARNING FROM THE PARTNERSHIP TEAMS' EXPERIENCES

In June 2010, Joan Lombardi, who was then serving as the deputy assistant secretary and interdepartmental liaison for Early Childhood Development within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), testified before the Subcommittee on Children and Families, Committee on Health, Education, Labor and Pensions, U.S. Senate to discuss the investments that ACF was making to promote early childhood development and support working families (Lombardi 2010). In her testimony, Dr. Lombardi outlined a set of guiding principles for ACF and its federal partners, including "focusing on the continuum of development from prenatal to age 8, adopting early learning and development standards, improving quality standards in early childhood programs, developing a comprehensive assessment system, coordinating uniform data collection, supporting the workforce so it can deliver high-quality programs, promoting the importance of families as a core element in quality programming and in their children's overall development, addressing the health needs of children, and making sure that we address the needs of the most vulnerable." Dr. Lombardi's testimony reflects recent efforts within the federal government aimed at improving the quality of early learning and development programs (including programs in the areas of early care and education; early intervention and special education; health, mental health, and nutrition; and services to strengthen and engage families in their children's development and learning) through meaningful collaboration between federal, state, and local agencies.

To kick off these efforts nationally the U.S. Departments of Health and Human Services and Education jointly hosted Early Childhood 2010: Innovations for the Next Generation (EC 2010) in August 2010 (DHHS 2011). EC 2010 brought together approximately 1,800 policymakers and experts and was designed to improve collaboration and partnership at the federal, state, and local levels in support of integrated state early learning and development systems for children from birth through age 8. In line with the goals of EC 2010, other federal initiatives have emerged, including (1) joint guidance from the Office of Head Start and the Children's Bureau, both within DHHS, regarding collaborative efforts between Head Start or Early Head Start grantees and local child welfare agencies (Children's Bureau 2011); (2) the Race to the Top-Early Learning Challenge, a competitive grant competition jointly administered by the U.S. Department of Education and DHHS, which is designed to improve the quality of early learning and development programs and services and to close the achievement gap for children with high needs (U.S. Department of Education 2011); and (3) the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which is administered by the Health Resources and Services Administration (HRSA) in collaboration with ACF, both within DHHS, is designed to improve health and development outcomes for at-risk children through evidence-based home visiting programs (HRSA 2011).

In a similar vein, the Early Head Start for Family Child Care project was a joint collaboration between the Offices of Head Start and Child Care to promote seamless service delivery for families served by Early Head Start grantees and in need of full-time child care. By encouraging Early Head Start grantees to partner with family child care providers to deliver community-based services, the federal offices highlighted the need for local agencies to leave their silos for a more integrated approach to serving vulnerable families. The project was built on the premise that for these partnerships to be effective, communities had to establish an infrastructure that supports collaboration between Head Start/Early Head Start programs funded by the Office of Head Start and services funded through the Child Care and Development Fund (CCDF) by the Office of Child Care and state funds. The experiences of the Early Head Start for Family Child Care project teams provide useful lessons learned for other agencies interested in building partnerships between Early

Head Start grantees and family child care providers, as well as other communities undergoing efforts to create more seamless early learning and development systems.

In this chapter we discuss the successes and challenges experienced by the partnership teams and draw lessons learned based on their experiences. The information in this chapter is drawn from telephone interviews with nine child care partnership coordinators (CCPCs), eight Early Head Start grantee representatives, and eight child care partner agency representatives from 13 partnership teams. The themes presented in this chapter emerged from these interviews; although they reflect only the experiences of those we interviewed, the lessons could be useful for others working on similar collaborations.

## A.  Successes and Challenges

As they planned and implemented activities designed to form partnerships that support the provision of quality, comprehensive services to low-income infants and toddlers, stakeholders experienced a number of successes. In addition to these successes, teams faced obstacles and had to develop strategies to overcome them. This section is organized into two parts. The section begins with a discussion of the successes and challenges experienced by the partnership teams as they implemented the project framework at the state and local levels. In the second part of the section, we describe the successes and challenges related to administering this type of initiative.

### 1.  Implementation of the Framework

Planning and implementing activities designed to support partnerships between Early Head Start grantees and child care stakeholders is difficult work that involves balancing multiple responsibilities, reaching out to a variety of stakeholders, and engaging in systems at multiple levels. The project required ongoing involvement of agency and program leadership (often staff who had many other competing priorities). Despite the innate difficulties presented by the project, interview participants reported high levels of engagement in and excitement about the project. They attributed this commitment to the value they saw in the project's targeted outcomes. In the words of one child care agency representative, "I did not know this project was going to take this much time and energy. The fact that we have been able to keep moving this [project] along points to the [teams'] commitment and the potential we see [in the projects' outcomes]." In discussing successes and challenges, interview participants described several main issues: (1) addressing state policies related to integrating systems, (2) forming and strengthening relationships across agencies, and (3) supporting quality in family child care. In the remainder of this section, we describe the successes and challenges related to each area.

#### a.  Addressing State Policy Issues Related to Integrating Systems

As noted earlier, many teams targeted state-level outcomes despite their original plans to target only local-level outcomes. During the telephone interviews, participants described two main reasons. The first was that as teams explored plans for implementing new or strengthening existing Early Head Start services in family child care homes, they encountered a number of policy issues. They found that overcoming these obstacles meant moving beyond their local communities and engaging state-level stakeholders. These issues included the following:

**Ratios and group size.** In some communities, barriers to identifying family child care providers interested in implementing Early Head Start in family child care included ratios and group size limitations in the Head Start Program Performance Standards (HSPPS). As described in Chapter

III, the maximum number of infants and toddlers a provider (without an assistant) can care for is four and the maximum number of children a provider (without an assistant) can care for is six (with no more than two children under age 2). In many states, child care licensing regulations allow providers to care for larger groups and/or more infants and toddlers. As a result, providers reported to grantees that implementing Early Head Start in family child care was cost prohibitive because of the lost income from additional children. Other providers expressed concerns that the group size limitations could impede their ability to care for multiple children from one family. To address this issue, a few teams engaged state-level Head Start State Collaboration Office directors and CCDF administrators to brainstorm potential solutions. One clarification that emerged from these discussions came from federal staff at the Office of Head Start, who explained that school-age children are not included in the ratios and group size standards in the HSPPS. This means that providers caring for four infants and toddlers or six children could also enroll school-age children. In one site, this clarification helped the team attract new providers to partner with Early Head Start.

**Eligibility criteria.** Early Head Start and CCDF eligibility rules differ, which might cause lapses in subsidy funding while a child is still enrolled in Early Head Start. Both Early Head Start and child care subsidies target low-income families. The HSPPS require that 90 percent of Head Start slots be reserved for children in families with incomes at or below the federal poverty level (FPL) (unless space is otherwise available). CCDF policies from all 17 states in which the partnership teams are located specify that child care subsidies target families with incomes at or below the FPL as well as families with higher incomes, because the subsidies are designed to support parents while they work or participate in education or training. Furthermore, the HSPPS stipulate that when a family is enrolled in Early Head Start the family remains eligible for services for the duration of its enrollment in the program. The federal CCDF guidelines stipulate that eligibility depends on a family working or being enrolled in school or a training program. States' define what constitutes work and education/training and set the frequency with which a family's eligibility is redetermined. In about half of the states in which the partnership teams were located, redetermination occurred every 6 months and in the other states it occurred every 12 months. For teams' using (or interested in using) child care subsidy dollars to pay for part or all of a child's care, these differences in eligibility were seen as an obstacle because families often experienced periods when they were ineligible for subsidies. In working with state and local officials, teams were able to explore ways grantees could use Early Head Start or other available funds to pay for care during periods when families were ineligible for child care subsidies. Other teams worked with state-level officials to explore possible policy changes that could eliminate or ease the gaps in funding, for example, by implementing a 12-month eligibility period or by aligning eligibility periods with other early education programs, including Early Head Start (as described in an Information Memorandum issued by ACF on September 21, 2011 [CCDF-IM-2011-06]).

**Child care licensing regulations on provider education.** As described in Chapter III, the HSPPS specify that all family child care providers implementing Early Head Start must either have a Child Development Associate (CDA) credential or above or must enroll in a CDA or higher education program within six months of beginning service provision and obtain the credential or degree within two years. Very few states in which the partnership teams operate require family child care providers to meet education requirements to maintain a license or meet quality standards for child care subsidies. However, many states encourage increased education among providers through child care quality rating and improvement systems (QRIS) and professional development systems. Nevertheless, Early Head Start grantees interested in implementing or expanding services in family child care homes often had to work with providers to help them meet the education requirements specified in the HSPPS. According to interview participants, helping providers achieve a CDA

credential or an associate's or more-advanced degree was challenging because of (1) limited resources available to assist providers financially as they pursue credentials and degrees; and (2) limited availability of coursework for providers, particularly coursework offered at a time that allows providers to attend and in providers' primary languages. To overcome these issues, interview participants described partnering with local community agencies to offer additional coursework, including classes in providers' primary languages. Teams also reached out to state-level stakeholders to encourage increased funding (using CCDF quality set-aside funds and other funds) for provider scholarships, as well as for increasing the educational opportunities available in their local communities.

The teams also reported spending more time sharing information about their local projects with state-level government agencies, policymakers, and organizations. For some teams this level of interest was unanticipated. For other teams that sought to engage state-level stakeholders, the level of interest resulted from the teams' efforts. Teams presented at a variety of state-wide conferences such as state-level National Association for the Education of Young Children (NAEYC) and National Association of Family Child Care (NAFCC) conferences to inform others in the state about the efforts in their communities to develop the infrastructure needed to support collaboration. Some teams convened meetings with state-level stakeholders, such as Head Start/Early Head Start directors and leads of state departments of health and human services and education, to describe the project and share what they were learning. Five teams met with policymakers—including mayors, governors, U.S. senators and congressmen, and state representatives—to answer questions about the project and share lessons learned.

### b.  Forming and Strengthening Relationships Across Agencies

The Early Head Start for Family Child Care project required the involvement of two entities: an Early Head Start grantee funded by the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) (ARRA) and a child care partner, most often the local CCR&R. For some agencies this relationship was brand new or the agencies might have interacted previously but on a much more limited basis. For other agencies, these relationships had a long history and six teams even represented different divisions within larger organizations. Regardless of whether the entities worked together in the past or were new partners, the project required a joint commitment from both and challenged the partners to share resources, including staff, space, funds, and information about family child care providers and families.

This level of collaboration between Early Head Start grantees and child care partner agencies resulted in a number of successes: staff at each organization better understood the programs and services offered by the other; organizational leaders better understood how the programs could work together to serve more families with scarce resources; and organizations had put infrastructure in place to share information about providers and families, jointly administer training and other supports, and support ongoing communication between staff.

With the successes came a number of challenges.

- Some teams faced feelings of competition and turf issues among staff. Staff within some organizations saw the partner agency as competition and were reluctant to provide information that could give the other agency a competitive advantage in the future. Other teams described staff as feeling protective about the family child care providers they worked with and hesitant to share information about providers with the other agency.

- As staff at the organizations worked more closely together, some issues arose related to differences in agency resources. In some cases, the partnership team had to work with staff to overcome ill feelings resulting from revelations about differences in levels of support one agency could offer providers and families compared with the other. For other teams, however, seeing these differences was eye-opening and enabled staff to better understand the partner agency's constraints and limitations, as well as its strengths.

- Occasionally teams reported that one partner was more engaged than the other, which hindered the ability of partners to implement the activities in the work plan. In some cases this limited engagement was attributed to competing demands and heavy workloads. However, teams faced more problematic issues when the limited engagement resulted from differences in the team members' vision for the project.

- Another challenge that arose was differences in partners' decision-making authority. In some cases the local partner was a community-based agency working under a state grant. As a result the agency had to seek state approval of the planned activities. In other cases, the local agency was a subcontractor to a larger organization, and although the local agency was community-based, its prime contractor operated in multiple communities throughout the state.

**c. Supporting Quality in Family Child Care**

Project partnerships also sought to support quality in family child care homes. As discussed in Chapter IV, some teams did this directly by offering training, technical assistance, or mentorship opportunities for providers. Others worked with state and local partners to increase the availability of support for providers in their communities. For example, teams worked to increase the amount and quality of training offered, to give providers access to new resources through resource libraries, and to strengthen family child care provider networks and associations. During telephone interviews, participants described four key successes related to supporting and increasing quality among family child care providers:

1. Increasing providers' professional credential by offering new or additional training opportunities and coursework directed at providers

2. Increasing providers' awareness of available resources in the community

3. Building providers' leadership skills and decreasing providers' isolation through peer mentoring

4. Enhancing care-giving environments with new supplies, materials, and other resources

Teams that hosted training events for providers reported high levels of participation. Some teams reported that participation far exceeded their expectations. During interviews, participants attributed the degree of engagement to targeted outreach efforts to providers through telephone calls and mailings and to their ability to incentivize providers' to attend by offering new resources and materials. More broadly, however, interview participants underscored that providers were enticed by training on new topics not frequently offered, such as training on conducting child assessments and developmental screenings, implementing curricula, and engaging with families.

Grantees that were already implementing Early Head Start in family child care, as well as those that aimed to expand Early Head Start services by adding the family child care option, described successes specific to the service option. Grantees reported that by offering Early Head Start in

family child care homes they were better able to meet the needs of the families they served, particularly for parents who worked or were in school. In addition, interview participants described the ability to offer care for infants and toddlers in home-based settings as a success of the model. They explained that many families were eager to enroll their children in family child care in which children could be cared for in a home-based setting, in a mixed-age group (often including siblings), in a smaller group, and, often, by a provider from their own cultural or linguistic backgrounds. Programs contracting with family child care providers that cared for both Early Head Start and non-Early Head Start children also expressed satisfaction in knowing that they were increasing the availability of quality child care for other families in the community beyond those served by the program.

As teams sought to support quality in family child care, they also experienced challenges. Teams reported planning meetings and events only to find that few providers could attend because the events were not held at times that permitted their participation. Teams found participation was highest when training and other events occurred on evenings and weekends. Other teams sought ways to use technology to enable providers to access training from home (either at a time that was convenient for them or at a specified time). Still other teams provided substitute caregivers so that providers could attend events. Teams also reported that although many providers they encountered were providing good quality care, others lacked the skills and/or resources to provide quality care. Even among providers partnering with Early Head Start, some had difficulty meeting HSPPS related to outdoor space, health and safety requirements for hand washing, and education requirements. Participants described the need to provide substantial ongoing support to help providers comply with the HSPPS.

## 2. Administration of the Early Head Start for Family Child Care Project

During telephone interviews, four main successes and three key challenges emerged about project administration. Although some of these issues might be specific to the structure and organization of this demonstration project, we highlight them here because they could provide useful insights to federal, state, and local agencies as they engage in future efforts to administer joint projects.

Interview participants described four key successes related to the administration of the project:

1. The planning cycle, including the self-assessment process, developed by ZERO TO THREE (ZTT) enabled the partnership teams to frankly assess existing infrastructure in their communities and identify areas they needed to strengthen or develop. This process helped teams come to a common understanding about the strengths and weaknesses in their communities and states and to identify the outcomes they needed to achieve. In turn, this process helped the teams to plan meaningful action steps that were tied to the outcomes they were targeting.

2. CCPCs played an important role in the project by helping teams connect to existing resources, identify and bring together local partners, and connect with state-level stakeholders. The CCPCs typically brought to the partnership teams cross-cutting experience working with both Head Start and Early Head Start grantees and child care providers, quality improvement initiatives, and other stakeholders. Most had several years of experience working in the teams' local communities and many brought to the teams a broader experience through involvement in county- and/or state-wide initiatives. The CCPCs helped the teams connect and expand the systems in which they

usually operated and served as neutral third parties that could keep the best intentions of both entities (Early Head Start and child care) at the forefront of projects.

3. The project management team (including the ZTT project leadership and cohort leaders) provided ongoing oversight of the partnership teams' activities that encouraged the teams to remain accountable for implementing the activities included in their work plans. The CCPCs served as the main points of contact with ZTT and were responsible for providing frequent updates about their teams' progress during monthly cohort calls, through monthly reports in the administrative database, and during informal discussions with cohort leaders. This oversight kept the teams on track and helped move the work forward, despite competing demands on the partnership team members' time.

4. The ZTT cohort leaders provided ongoing support to the CCPCs and helped them address emerging issues, brainstorm solutions to obstacles, and identify useful resources and tools to help advance their local projects.

In addition to the successes, interview participants identified the following three issues as challenges they encountered:

1. Some partnership team members described feeling unprepared for the January kickoff meeting. Although their organizations applied for the project, some Early Head Start and child care partner representatives described being unclear about the project's expectations and long-term goals. Although the January meeting enabled team members to gain clarity about the project, they would have liked more information and preparation before the meeting. This advance preparation would enable organizations to ensure the appropriate staff were selected to attend the meeting, allocate the time needed for high-level staff to be engaged in the project, and gather key information and connect with key stakeholders to inform the self-assessment and the work plan.

2. Related to the first challenge, teams described the time allocated for the planning process as a limitation. ZTT allocated time at the January kickoff meeting for teams to conduct the self-assessment and begin developing their work plans. Although teams were then able to continue developing and finalizing their work plans after the meeting, some interview participants reported that the planning time line did not allow for teams to engage other key staff within their organizations and other stakeholders. By providing additional time for a more inclusive planning process, the teams might have been able to obtain buy-in from stakeholders at the onset of the project, rather than trying to engage stakeholders in a project they were not involved in planning.

3. Although the structure of the framework and planning cycle was appreciated, teams also sought more room for creativity. For some interview participants, the targeted outcomes included in the framework, the self-assessment tool, and the restrictions on how the project stipend could be used were described as too structured and limiting the ability of the team to develop a work plan that built upon their own expertise and knowledge of local circumstances. Despite these concerns, interview participants appreciated the self-reflective aspects of the planning cycle and the accountability imposed by the work plan.

## B. Lessons for Future Work

The implementation experiences of the 22 partnership teams in the Early Head Start for Family Child Care project provide useful information for states and communities seeking to offer Early

Head Start in family child care as well as for communities seeking to support more seamless service delivery for low-income families with young children. In this section, we discuss lessons that emerged from the project in four areas: (1) planning complex systems-based initiatives, (2) building and sustaining partnerships, (3) engaging family child care providers, and (4) addressing policy considerations.

## 1. Planning Complex Systems-Based Initiatives

Planning a complex systems-based initiative locally, at the state level, or nationally requires that planners make certain decisions about the structure of the planning process, who will be involved, and how the work will be supported. Several lessons emerged from the Early Head Start for Family Child Care project that reflect the importance of thoughtful planning at the onset of the initiative:

- Organizing the initiative in a way that creates equal partnerships between organizations involved in the planning process can help facilitate buy-in. On the Early Head Start for Family Child Care project, the structure of the project—including the third-party consultant, funds that were not held by either agency, and the focus on increasing the availability of quality care for all low-income children—encouraged an equal partnership between the two entities involved in the team.

- Using a consultant that can help communities organize initiatives, identify new partners, and keep the group focused can help communities achieve their goals. The consultant can also serve as a neutral third party to help communities sort out complex issues, such as concerns over competition and turf. Teams described the CCPCs as particularly vital in moving the project forward. Specifically, the CCPCs played a role in holding both agencies accountable, bringing new resources to the initiative, and engaging new partners with whom the Early Head Start grantee and child care agency had limited previous experience.

- To help achieve buy-in, communities undertaking complex systems-based initiatives should engage all relevant stakeholders at the onset of the planning process. However, it is important for key organizers to do advance planning to establish a vision and parameters for the initiative. The partnership teams, with support from the CCPCs, led the planning for the Early Head Start for Family Child Care project. Teams were encouraged to complete the self-assessment and develop the work plan while in Washington, D.C., at the project kickoff meeting. This structure enabled the teams to transition from planning to implementation within weeks after their return from Washington, but some teams said the planning process would have been more beneficial if key stakeholders could have been involved from the onset.

- A structured planning process helps facilitate planning, but the process should provide room for creativity and adapting to local conditions. Partnership team members described satisfaction with the self-assessment and work plan development process; however, some teams sought a more open-ended planning process that allowed teams to generate their own outcomes that were in line with agency goals and/or local conditions.

## 2. Building and Sustaining Partnerships

The project helped move many partnership teams along the continuum of collaboration from communication and information exchange to shared resources. Moving further along the continuum

toward joint accountability for outcomes requires sustained investment and commitment (Gardner 2011). As the partnership teams moved along this continuum, five lessons emerged:

- Partners with existing relationships might be able to begin collaborating more quickly, whereas partners with a more limited history of collaboration need to invest time in relationship building and address issues related to trust, turf issues, and competition. On the Early Head Start for Family Child Care project, all partnership teams had to spend some time educating one another about the services offered by their organizations and about their agencies' cultures. However, teams that had a limited history of collaboration had to invest more time in relationship building.

- Organizations with a longer history of providing services in a community could more quickly establish relationships with relevant partners and get buy-in from stakeholders. Organizations offering a new service in a community (regardless of how long the organization had operated in the community) had to spend time educating key stakeholders about the service and overcoming concerns. On the Early Head Start for Family Child Care project, the grantees that had long histories of offering Early Head Start were better equipped to quickly establish relationships with relevant partners and get buy-in from stakeholders. Those who had offered Early Head Start for only a year or two often had to spend time educating partners, family child care providers, and the community about the program and overcoming concerns about competition.

- Memoranda of understanding (MOUs) or other contractual agreements can help solidify and formalize relationships. Even organizations with a long history of providing services in a community can face changes in leadership and other staff turnover. The organizations could also face future budget constraints or other issues that can limit collaboration efforts. By formalizing relationships with contractual agreements, teams were able to ensure that, regardless of organizational changes, avenues for collaboration would still exist.

- When engaging state and local stakeholders in an initiative, project leaders should be cognizant of contextual issues that might impede stakeholders' willingness or ability to commit. For example, on the Early Head Start for Family Child Care project, partnership teams in states with pending legislation that could affect agencies' economic situations and/or roles in the community faced some difficulties getting partners to commit resources to the project. In other cases, teams engaged with a local partner only to learn that the partner did not have ultimate decision-making power and needed buy-in from state, local, or private funders.

## 3. Engaging Family Child Care Providers

When planning and implementing initiatives that involve family child care providers, initiative organizers should be cognizant of providers' expertise and the constraints that they experience. Several lessons emerged from the project related to engaging family child care providers:

- When initiating quality improvement efforts, it is important for agencies to respect providers' expertise. Many community-based providers had served families in the community for many years and were well-connected with families and other providers in their community. The providers were resourceful and made efforts to access the resources available to them. As Early Head Start grantees began reaching out to

providers, some benefited from surveying providers to learn about their strengths and access to resources, as well as their needs.

- Time is a major constraint for family child care providers and, as a result, agencies engaging them should carefully plan events and offer support to help them attend. Family child care providers typically worked alone or with an assistant and cared for children for long hours. As a result, it was not feasible for many providers to leave their homes during the hours that children were in care. A few partnership teams planned events and had low provider turnout, only to realize after the fact that providers could not attend daytime events or did not have holidays off. To address this issue, partnership teams worked with providers to plan events at times convenient for them (often evenings and weekends), offered substitutes so providers could attend events, and explored opportunities for offering trainings via the internet so providers could participate from home. To help providers meet added demands, agencies have to offer support to providers to ease the burdens of added paperwork and to reduce the inconveniences of added monitoring visits.

- Most family child care providers operate as small businesses and many want to remain autonomous. When recruiting providers to implement Early Head Start, many agencies learned that providers sought to maintain their independence as a small business and thus preferred to contract with Early Head Start rather than become employees of the agency. In addition, agencies learned that providers preferred partnerships that allowed them to serve Early Head Start and other children from the community because this allowed them to serve siblings from a single family and families with whom they had ongoing relationships.

### 4. Addressing Policy Considerations

As teams explored plans for implementing new or strengthening existing Early Head Start services in family child care homes, several lessons emerged related to addressing local, state, and federal policy issues.

- As communities and states seek to create more seamless services for families, careful attention should to be paid to the differences and similarities among standards, benchmarks, and/or policies relevant to service providers involved. By carefully exploring alignment issues and engaging local, state, regional, and national stakeholders in these discussions, many alignment issues can be addressed. On the Early Head Start for Family Child Care project, the following lessons specific to alignment issues emerged:

  - Grantees implementing or interested in implementing Early Head Start in family child care should work closely with ACF regional staff to ensure they have a clear understanding of the HSPPS, as misinformation can limit their ability to recruit providers. For example, clear guidance is needed regarding how school-age children are accounted for in ratios and group sizes permitted under the HSPPS.

  - Under federal CCDF policy, states have some flexibility in establishing eligibility criteria and redetermination policies for child care subsidies. The policies they establish can support or impede partnerships with Early Head Start and other community-based early care and development programs.

- When planning new professional development opportunities for child care providers, states and communities should consider how they can link these opportunities into existing professional development systems.

    - Organizations should work with providers to develop professional development plans so that training and coursework contribute to higher levels of education rather than just offering standalone training events.

    - Organizations should seek to coordinate new professional development opportunities with training requirements for maintaining licensing.

    - In states with QRIS, organizations should consider how new professional development systems can help providers achieve higher ratings.

## C. Discussion

During this 10-month demonstration project, the 22 partnership teams that participated in the Early Head Start for Family Child Care project were able to make substantial progress toward the outcomes they outlined in their work plans. The teams increased the availability of training available in their communities for family child care providers; they forged relationships with local partners that can support providers in the delivery of comprehensive services for families; and they worked with local and state administrators and policymakers to tackle obstacles to coordinated service delivery. In addition, the team members strengthened the partnerships between their organizations and set in motion activities that have the potential to increase and strengthen the availability of quality supports for family child care providers in their communities in the future. Overall, the project resulted in the development of a framework that supports partnerships between Early Head Start grantees and family child care providers. The framework sets a path for developing local, state, and national partnerships that support the successful delivery of Early Head Start in family child care and establish infrastructure that can support quality among family child care providers serving low-income families with infants and toddlers. Furthermore, the lessons that emerged from the project can be useful for other Early Head Start grantees interested in implementing the family child care option and for other communities undertaking collaborative efforts designed to create more seamless early childhood care and education systems.

Although beyond the scope of this evaluation, future efforts to explore partnerships between Early Head Start and family child care providers could explore whether the framework, when implemented by communities, leads to the projects four overall goals: (1) higher-quality care for low-income children in family child care homes, (2) coordinated and comprehensive services for families, (3) support to increase the capacity of family child care providers, and (4) strong partnerships that support coordinated service delivery in communities). Preliminary findings from this evaluation suggest the potential for gains in these areas. Specifically, the teams were able to implement new and strengthen existing training, mentoring, and professional development opportunities for providers; this added support has the potential to support increased capacity for family child care providers. In addition, teams reported establishing strong partnerships and described efforts to sustain to these partnerships in the future; these partnerships have the potential to support coordinated service delivery in communities.

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**APPENDIX A**

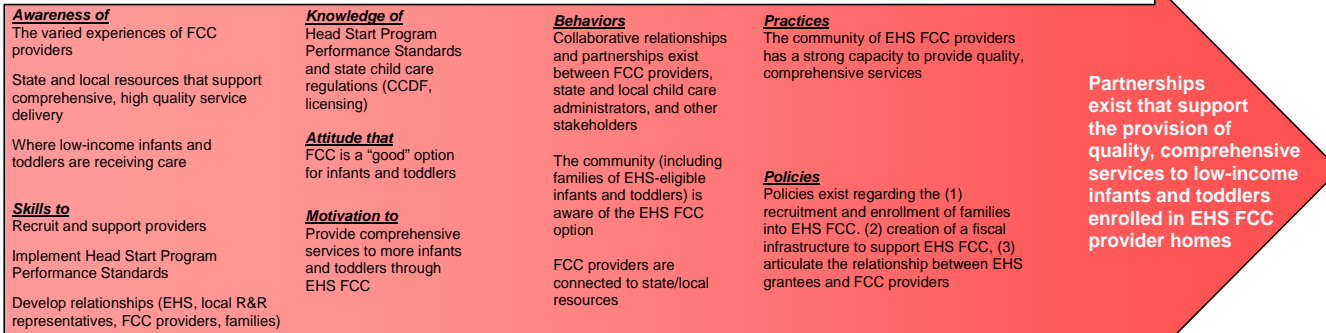**EARLY HEAD START FOR FAMILY CHILD CARE PROJECT FRAMEWORK**

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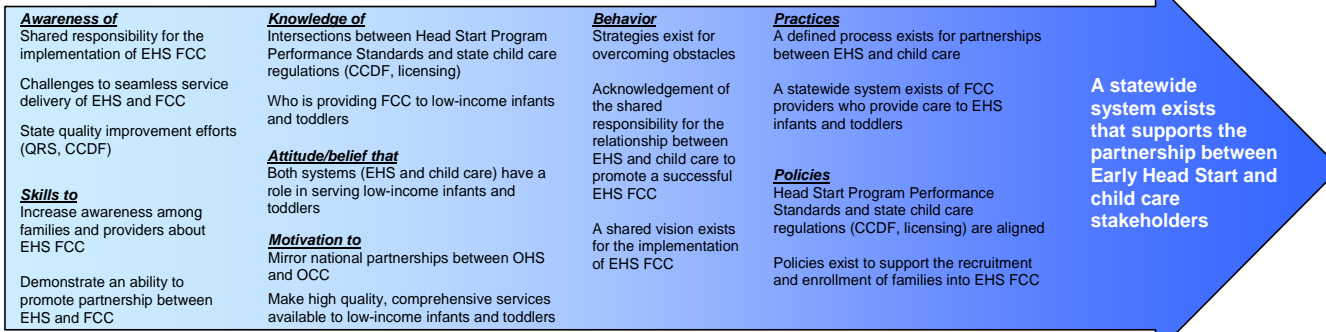
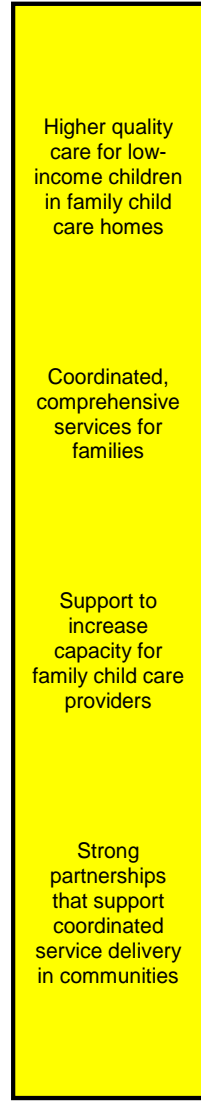# EHS FCC Outcomes and Ultimate Goal

*Short Term*  *Medium Term*  *Long Term*

## LOCAL LEVEL

*Awareness of*
The varied experiences of FCC providers

State and local resources that support comprehensive, high quality service delivery

Where low-income infants and toddlers are receiving care

*Skills to*
Recruit and support providers

Implement Head Start Program Performance Standards

Develop relationships (EHS, local R&R representatives, FCC providers, families)

*Knowledge of*
Head Start Program Performance Standards and state child care regulations (CCDF, licensing)

*Attitude that*
FCC is a "good" option for infants and toddlers

*Motivation to*
Provide comprehensive services to more infants and toddlers through EHS FCC

*Behaviors*
Collaborative relationships and partnerships exist between FCC providers, state and local child care administrators, and other stakeholders

The community (including families of EHS-eligible infants and toddlers) is aware of the EHS FCC option

FCC providers are connected to state/local resources

*Practices*
The community of EHS FCC providers has a strong capacity to provide quality, comprehensive services

*Policies*
Policies exist regarding the (1) recruitment and enrollment of families into EHS FCC. (2) creation of a fiscal infrastructure to support EHS FCC, (3) articulate the relationship between EHS grantees and FCC providers

**Partnerships exist that support the provision of quality, comprehensive services to low-income infants and toddlers enrolled in EHS FCC provider homes**

## STATE LEVEL

*Awareness of*
Shared responsibility for the implementation of EHS FCC

Challenges to seamless service delivery of EHS and FCC

State quality improvement efforts (QRS, CCDF)

*Skills to*
Increase awareness among families and providers about EHS FCC

Demonstrate an ability to promote partnership between EHS and FCC

*Knowledge of*
Intersections between Head Start Program Performance Standards and state child care regulations (CCDF, licensing)

Who is providing FCC to low-income infants and toddlers

*Attitude/belief that*
Both systems (EHS and child care) have a role in serving low-income infants and toddlers

*Motivation to*
Mirror national partnerships between OHS and OCC

Make high quality, comprehensive services available to low-income infants and toddlers

*Behavior*
Strategies exist for overcoming obstacles

Acknowledgement of the shared responsibility for the relationship between EHS and child care to promote a successful EHS FCC

A shared vision exists for the implementation of EHS FCC

*Practices*
A defined process exists for partnerships between EHS and child care

A statewide system exists of FCC providers who provide care to EHS infants and toddlers

*Policies*
Head Start Program Performance Standards and state child care regulations (CCDF, licensing) are aligned

Policies exist to support the recruitment and enrollment of families into EHS FCC

**A statewide system exists that supports the partnership between Early Head Start and child care stakeholders**

## NATIONAL LEVEL

*Awareness of*
Need for developing successful partnership

Obstacles to partnerships between EHS and child care

*Skills, including*
Communication and leadership skills to provide direction to state and local stakeholders

Skills to identify policy issues (areas where policy guidance/development is needed)

*Knowledge of*
Intersections between the Head Start Program Performance Standards and state child care regulations (CCDF, licensing)

*Attitude to*
Appreciate the role both EHS and child care have in the early care and education of infants and toddlers

EHS and child care share responsibility for implementing EHS FCC

*Motivation to*
Ensure a successful partnership between EHS and child care to leverage resources to support EHSFCC

*Behaviors*
Strategies exist for overcoming obstacles (including policies and guidance)

Acknowledgement of the shared responsibility for the relationship between EHS and child care to promote successful EHS FCC

*Practices*
EHS and child care actively collaborate to promote successful EHS FCC

EHS and child care support states/localities around the implementation of EHS FCC

*Policies*
Head Start Program Performance Standards (for FCC option) and state child care regulations (CCDF, licensing) are aligned

**A framework exists that enhances EHS FCC partnership**

## Ultimate Goal

Higher quality care for low-income children in family child care homes

Coordinated, comprehensive services for families

Support to increase capacity for family child care providers

Strong partnerships that support coordinated service delivery in communities

A.3

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**APPENDIX B**

**PROJECT STAKEHOLDERS AND CONSULTANTS**

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**Table B.1. Project Stakeholders and Consultants and Affiliations**

| Name | Affiliation |
|---|---|
| **Project Stakeholders** | |
| Florence Agyemang | Family Child Care Provider, Clifton, Virginia |
| Betty Bardidge | Vice President, A.L. Mailman Family Foundation |
| Rose Beckner | Senior Associate Director of Provider Services, National Association of Child Care Resource and Referral Agencies |
| Marco Beltran | Family and Community Partnerships, Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services |
| Candace M. E. Bird | Deputy Chief, Child & Youth Programs, HQ USA/A1SA |
| Juliet Bromer | Assistant Research Scientist, Erikson Institute |
| Maria Castro | Manager, Migrant and Seasonal Head Start Head, Family, Child Care Project, Santa Cruz Office of Education |
| Dell Ford | Director, Oregon Head Start State Collaboration Office, Oregon Department of Education |
| Suki Graves | Region 9 Child Care Tribal Program Specialist, Administration for Children and Families, U.S. Department of Health and Human Services |
| Elizabeth Hoffman | Senior Fellow, Child Care and Early Education, Center for Law and Social Policy |
| Paulette Mercurius | Assistant Director, Head Start and Early Head Start, City of Chicago Department of Family and Support Services |
| Kathy Modigliani | Director, Family Child Care Project |
| Charlene Marie Muhammad | Early Head Start Director, CentroNia |
| Audrey Neuhaus | Region 2 Child Care Program Specialist, Administration for Children and Families, U.S. Department of Health and Human Services |
| Jenna Ruther | Director, Illinois Head Start State Collaboration Office |
| Barbara Sawyer | Director of Special Projects, National Association of Family Child Care |
| Carolyn Stevens | Program Analyst, Office of Family Policy/Office of Children and Youth, Military Community and Family Policy |
| Vilma Williams | Director of Training, Council for Professional Recognition |
| **Project Consultants** | |
| Ajay Chaudry | Senior Fellow, Center on Labor, Human Services, and Population, Urban Institute |
| Calvin Moore | Director of Child Services, Jefferson County Committee for Economic Opportunity, Community Action Agency |
| Toni Porter | Director, Institute for Children's Continuum, Bank Street College of Education |

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**APPENDIX C**

**SELF- ASSESSMENT AND WORK PLAN TEMPLATES**

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# Early Head Start for Family Child Care Partnership Team Self-Assessment
## Local Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Awareness of the varied experiences of FCC providers | EHS staff are aware of the varied experiences of FCC providers in their community. | |
| | Awareness of state and local resources that support comprehensive, high-quality service delivery | EHS staff are aware of state, tribal, and local resources for training and/or technical assistance to support comprehensive, high-quality service delivery to infants, toddlers, and their families. | |
| | | Child care staff are aware of state, tribal, and local resources for training and/or technical assistance to support comprehensive, high-quality service delivery to infants, toddlers, and their families. | |
| | Awareness of where low-income infants and toddlers are receiving care | EHS staff are aware of options available for child care for infants and toddlers in the community. | |
| | | Child care staff are aware of options available for child care for infants and toddlers in the community. | |
| | Knowledge of Head Start Program Performance Standards and state child care regulations (CCDF, licensing) | EHS staff understand Head Start Program Performance Standards as they relate to family child care and family and community partnerships. | |
| | | EHS staff understand state or tribal child care regulations (CCDF, licensing). | |
| | | Providers in EHS-designated FCC homes understand Head Start Program Performance Standards. | |

C.3

C.4

| ✓ | Outcome | Indicators | Examples |
|---|---------|------------|----------|
| | Knowledge of Head Start Program Performance Standards and state child care regulations (CCDF, licensing) (continued) | Child care staff understand Head Start Program Performance Standards as they relate to the EHS FCC option. | |
| | | Providers in EHS-designated FCC homes understand state/tribal child care regulations (CCDF, licensing). | |
| | | Child care staff understand state/tribal child care regulations (CCDF, licensing). | |
| | Skills to recruit and support providers | EHS has a plan in place for recruiting FCC providers in communities within their service area. | |
| | | EHS has a method to assess FCC providers' needs for training or technical assistance. | |
| | | EHS has a plan in place to provide ongoing support to FCC providers. | |
| | Skills to implement Head Start Program Performance Standards | EHS staff are able to fully implement the HSPPS. | |
| | | Providers in EHS-designated FCC homes are able to fully implement the HSPPS. | |
| | Skills to develop relationships (EHS, local R&R representatives, FCC providers, and families) | EHS management staff have positive, mutually beneficial relationships with local R&R representatives. | |
| | | EHS management staff have positive, mutually beneficial relationships with FCC providers who provide care to EHS-enrolled children. | |

| ✔ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Skills to develop relationships (EHS, local R&R representatives, FCC providers, and families) (continued) | EHS management staff reach out to create new relationships with FCC providers, R&R representatives, families, and other agencies who support infants and toddlers in families with low incomes. | |
| | | Local R&R representatives reach out to create new relationships with EHS staff, new FCC providers, and other agencies who support infants and toddlers in families with low incomes. | |
| | | State/tribal child care administrators reach out to create partnerships with Head Start collaborators. | |
| | Attitude that FCC is a "good" option for infants and toddlers | EHS staff demonstrate an attitude and understanding of the benefits of the family child care setting for infants and toddlers. | |
| | | The community recognizes family child care as an appropriate option for caring for infants and toddlers. | |
| | | Parents demonstrate an attitude and understanding that family child care is an appropriate option for infants and toddlers. | |
| | | Local CCR&R staff endorse family child care as an appropriate option for infants and toddlers. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## Local Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Motivation to provide comprehensive services to more infants and toddlers through the EHS FCC option | EHS managers actively look for ways to provide comprehensive services to infants and toddlers through the EHS FCC option and articulate the benefits to children and families. | |
| | | CCR&R staff actively look for ways to provide comprehensive services to infants and toddlers through the EHS FCC option and articulate the benefits to children and families | |
| | | Family child care providers actively look for ways to provide comprehensive services to infants and toddlers through the EHS FCC option and articulate the benefits to children and families | |
| | Collaborative relationships and partnerships exist with FCC providers, state/tribal and local child care administrators, and other stakeholders | EHS has a collaborative relationship and well-articulated, documented partnership with FCC providers in their service area. | |
| | | EHS has a collaborative, ongoing relationship and well-articulated, documented partnership with state/ tribal and local child care administrators. | |
| | | EHS and child care administrators meet regularly to address issues collaboratively. | |

C.6

| ✓ | Outcome | Indicators | Examples |
|---|---------|------------|----------|
| | Community (including families of EHS-eligible infants and toddlers) is aware of the EHS FCC option | Marketing materials for EHS and child care include information about the EHS FCC option. | |
| | | Families request information about the EHS FCC option. | |
| | FCC providers are connected to state/tribal and local resources | EHS provides information to FCC providers on state/tribal and local resources for professional development and other resources. | |
| | | CCR&R provides information to FCC providers on state/tribal and local resources for professional development and other resources. | |
| | | FCC providers are supported to connect to state, tribal, and local resources via technology, attendance of meetings and trainings, and information/resource sharing. | |
| | The community of EHS-designated FCC providers is strengthened by stronger capacity to provide quality comprehensive services. | EHS-designated FCC providers, in collaboration with EHS, provide more comprehensive services than existed prior to the partnership. | |
| | | Family child care providers participate in quality improvement surveys. | |
| | | The EHS program supports the EHS-designated FCC providers to continue to improve the quality of the services for children and families. | |

C.7

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## Local Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | The community of EHS-designated FCC providers is strengthened by stronger capacity to provide quality comprehensive services. (continued) | EHS-designated FCC providers can articulate the continuous improvement of services provided to children and families through the EHS FCC option. | |
| | Policies are in place regarding the 1) recruitment and enrollment of families into the EHS FCC option 2) creation of a fiscal infrastructure to support the EHS FCC option 3) articulation of the relationship between EHS grantees and FCC providers | The EHS program has policies in place for recruitment of families into the EHS FCC option. | |
| | | CCR&R has policies in place for recruitment of families into the EHS FCC option. | |
| | | The EHS program has policies in place for enrollment of families into the EHS FCC option. | |
| | | CCR&R has policies in place for enrollment of families into the EHS FCC option. | |
| | | EHS and CCR&R have an approved fiscal plan to support the EHS FCC option. | |
| | | EHS has a policy for the development and review of clearly defined, documented plan for the relationship between EHS and FCC providers. | |
| | | CCR&R has a policy for the development and review of clearly defined, documented plan for the relationship between EHS and FCC providers. | |

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Partnerships support the provision of quality, comprehensive services to low-income infants and toddlers enrolled in EHS-designated FCC provider homes | EHS and CCR&R have a clearly defined partnership which supports the provision of quality, comprehensive services to infants and toddlers. | |
| | | EHS-designated FCC provider homes provide high-quality, comprehensive services to infants, toddlers, and their families. | |

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# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✔ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Awareness of shared responsibility for the implementation of the EHS FCC option | State and Tribal CCDF Administrators are aware of their roles and responsibilities to support successful implementation of the EHS FCC option. | |
| | | Head Start State/Tribal/Migrant Collaborator is aware of their role and responsibility to support successful implementation of the EHS FCC option | |
| | | State and Tribal CCR&R staff are aware of their roles and responsibilities to support successful implementation of the EHS FCC option. | |
| | | The state Infant/Toddler Child Care Specialist Network is aware of their roles and responsibilities to support successful implementation of the EHS FCC option. | |
| | | The state HS ECE TA Specialists are aware of their roles and responsibilities to support successful implementation of the EHS FCC option. | |
| | Awareness of the challenges to seamless service delivery of EHS and FCC | Head Start State/Tribal/Migrant Collaborator is aware of the challenges to seamless service delivery of EHS and FCC. | |
| | | State and Tribal CCDF Administrators are aware of the challenges to seamless service delivery of EHS and FCC. | |
| | | State Advisory Council on Early Childhood Education and Care is aware of the challenges to seamless service delivery of EHS and FCC. | |
| | Awareness of state quality improvement efforts (QRS, CCDF) | Head Start State/Tribal/Migrant Collaborator is aware of the state's plan for ongoing quality improvement in early childhood education and care and what it involves (QRIS, CCDF, etc.). | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Awareness of state quality improvement efforts (QRS, CCDF) (continued) | State Advisory Council on Early Childhood Education and Care is aware of the state's plan for ongoing quality improvement in early childhood education and care and what it involves (QRIS, CCDF, etc.). | |
| | | The State/Tribal/Migrant Head Start Association is aware of the state's plan for ongoing quality improvement in early childhood education and care and what it involves (QRIS, CCDF, etc.). | |
| | | The state FCC association is aware of the state's plan for ongoing quality improvement in early childhood education and care and what it involves (QRIS, CCDF, etc.). | |
| | | The state Infant/Toddler Child Care Specialist Network is aware of the state's plan for ongoing quality improvement in early childhood education and care and what it involves (QRIS, CCDF, etc.). | |
| | | The state Head Start ECE TA Specialist is aware of the state's plan for ongoing quality improvement in early childhood education and care and what it involves (QRIS, CCDF, etc.). | |
| | Knowledge of intersections between Head Start Program Performance Standards and state child care regulations (CCDF, licensing) | State/Tribal CCDF Administrators know the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | Head Start State/Tribal/Migrant Collaborator knows the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Knowledge of intersections between Head Start Program Performance Standards and state child care regulations (CCDF, licensing) (continued) | Family Child Care Licensing Administrators know the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | The state Infant/Toddler Child Care Specialists know the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | The state Head Start ECE TA Specialists know the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | The Head Start State/Tribal/ Migrant Collaborator knows the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | The State Advisory Council on Early Childhood Education and Care knows the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | The State/Tribal/Migrant Head Start Association knows the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |
| | | The state FCC association knows the alignments and conflicts between Head Start Program Performance Standards and state child care regulations. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|------------|----------|
| | Knowledge of who is providing family child care to low-income infants and toddlers | Social Service administrators, including CCDF, CCR&R and licensing administrators know who is providing FCC to low-income infants and toddlers. | |
| | | The Head Start State/Tribal/ Migrant Collaborator knows who is providing FCC to EHS eligible infants and toddlers | |
| | | The State/Tribal/Migrant Head Start Association knows who is providing FCC to low-income infants and toddlers. | |
| | | The state Family Child Care Association knows who is providing FCC to low-income infants and toddlers | |
| | Skills to increase awareness among families and providers about the EHS FCC option | Head Start State/Tribal/Migrant Collaborator has the skills and information to increase awareness among families and providers about the EHS FCC option | |
| | | Head Start State/Tribal/Migrant Collaborator provides information or activities to increase awareness among families and providers about the EHS FCC option | |
| | | State/Tribal CCDF Administrators have the skills and information to increase awareness among families and providers about the EHS FCC option | |
| | | State/Tribal CCDF Administrators provide information or activities to increase awareness among families and providers about the EHS FCC option | |
| | | The state Infant/Toddler Child Care Specialists have the skills and information to increase awareness among families and providers about the EHS FCC option | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✔ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Skills to increase awareness among families and providers about the EHS FCC option (continued) | The state Infant/Toddler Child Care Specialists provide information or activities to increase awareness among families and providers about the EHS FCC option. | |
| | | The state Head Start ECE TA Specialists have the skills and information to increase awareness among families and providers about the EHS FCC option. | |
| | | The state Head Start ECE TA Specialists provide information or activities to increase awareness among families and providers about the EHS FCC option. | |
| | | The State/Tribal/Migrant Head Start Association has the skills and information to increase awareness among families and providers about the EHS FCC option. | |
| | | The State/Tribal/Migrant Head Start Association provides information or activities to increase awareness among families and providers about the EHS FCC option. | |
| | | The state FCC association has the skills and information to increase awareness among families and providers about the EHS FCC option. | |
| | | The state FCC association provides information or activities to increase awareness among families and providers about the EHS FCC option. | |
| | Skills demonstrate an ability to promote partnership between EHS and FCC | State/Tribal CCDF Administrators actively promote partnership between EHS and FCC. | |
| | | Head Start State/Tribal/Migrant Collaborator actively promotes a partnership between EHS and FCC. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✔ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Skills demonstrate an ability to promote partnership between EHS and FCC (continued) | FCC licensing administrators actively promote partnership between EHS and FCC. | |
| | | CCR&R staff actively promote partnership between EHS and FCC. | |
| | | The state Infant/Toddler Child Care Specialists actively promote partnership between EHS and FCC. | |
| | | The state Head Start ECE TA Specialists actively promote partnership between EHS and FCC. | |
| | | The State/Tribal/Migrant Head Start Association actively promote partnership between EHS and FCC. | |
| | | The state FCC association actively promotes partnership between EHS and FCC. | |
| | Attitude/belief that both systems (EHS and child care) have a role in serving low-income infants and toddlers | State/Tribal CCDF Administrators demonstrate and articulate an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | FCC licensing administrators demonstrate and articulate an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | CCR&R staff demonstrate and articulate an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | The state Infant/Toddler Child Care Specialists demonstrate and promote an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | The state Head Start ECE TA Specialists demonstrate and promotes an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✔ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Attitude/belief that both systems (EHS and child care) have a role in serving low-income infants and toddlers (continued) | Head Start State/Tribal/Migrant Collaborator demonstrates and promotes an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | The State Advisory Council on Early Childhood Education and Care demonstrates and promotes an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | The State/Tribal/Migrant Head Start Association demonstrates and promotes an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | | The state FCC Association demonstrates and promotes an attitude/belief that both EHS and child care have a role in serving low-income infants and toddlers. | |
| | Motivation to mirror national partnerships between OHS and OCC | State/Tribal CCDF Administrators strive to mirror the national partnerships demonstrated by OHS and OCC. | |
| | | FCC licensing administrators strive to mirror the national partnerships demonstrated by OHS and OCC. | |
| | | CCR&R agencies strive to mirror the national partnerships demonstrated by OHS and OCC. | |
| | | Head Start State/Tribal/Migrant Collaborator strives to mirror the national partnerships demonstrated by OHS and OCC. | |
| | | The State Advisory Council on Early Childhood Education and Care strives to mirror the national partnerships demonstrated by OHS and OCC. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Motivation to mirror national partnerships between OHS and OCC (continued) | The state Infant/Toddler Child Care Specialists strive to mirror the national partnerships demonstrated by OHS and OCC. | |
| | | The state Head Start ECE TA Specialists strive to mirror the national partnerships demonstrated by OHS and OCC. | |
| | Motivation to make high-quality, comprehensive services available to low-income infants and toddlers | State/Tribal CCDF Administrators actively support EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | FCC licensing administrators actively support EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | CCR&R agencies and staff actively support EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | Social Service administrators actively support EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | The state Infant/Toddler Child Care Specialists actively support EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | The state Head Start ECE TA Specialists actively support EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|------------|----------|
| | Motivation to make high-quality, comprehensive services available to low-income infants and toddlers (continued) | Head Start State/Tribal/Migrant Collaborator actively supports EHS-FCC partnerships and can articulate the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | The State Advisory Council on Early Childhood Education and Care actively supports EHS-FCC partnerships and works to increase public awareness of the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | The State/Tribal/Migrant Head Start Association actively supports EHS-FCC partnerships and works to increase public awareness of the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | | The state FCC association actively supports EHS-FCC partnerships and works to increase public awareness of the benefits of high-quality comprehensive services available to low-income infants and toddlers. | |
| | Strategies exist for overcoming obstacles | State agencies and administrators have established or identified strategies for overcoming obstacles to EHS and FCC partnerships. | |
| | | State/Tribal CCDF Administrators know and provide strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | | FCC licensing administrators know and provide strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | | CCR&R agencies know and provide strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|------------|----------|
| | Strategies exist for overcoming obstacles (continued) | Social Service administrators know and provide strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | | The state Infant/Toddler Child Care Specialists know and provide strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | | The state Head Start ECE TA Specialists know and provide strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | | The State/Tribal/Migrant Head Start Association knows and provides strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | | The state FCC association knows and provides strategies to EHS and FCC providers for overcoming obstacles to partnerships. | |
| | Acknowledgement of the shared responsibility for the relationship between EHS and child care to promote a successful EHS FCC option | State/Tribal CCDF Administrators acknowledge their own roles and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | State/Tribal CCDF Administrators utilize opportunities to support a positive relationship between EHS and child care. | |
| | | FCC licensing administrators acknowledge their own roles and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | FCC licensing administrators utilize opportunities to support a positive relationship between EHS and child care. | |
| | | CCR&R agencies acknowledge their own roles and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | Acknowledgement of the shared responsibility for the relationship between EHS and child care to promote a successful EHS FCC option (continued) | CCR&R agencies utilize opportunities to support a positive relationship between EHS and child care. | |
| | | The state Infant/Toddler Child Care Specialists acknowledge their own roles and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | The state Infant/Toddler Child Care Specialists utilize opportunities to support a positive relationship between EHS and child care. | |
| | | The state Head Start ECE TA Specialists acknowledge their own roles and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | The state Head Start ECE TA Specialists utilize opportunities to support a positive relationship between EHS and child care. | |
| | | Head Start State/Tribal/Migrant Collaborator acknowledges his/her own role and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | The Head Start State/Tribal/ Migrant Collaboration Specialist utilizes opportunities to support a positive relationship between EHS and child care. | |
| | | The State Advisory Council on Early Childhood Education and Care acknowledges its role and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | | The State Advisory Council on Early Childhood Education and Care utilizes opportunities to support a positive relationship between EHS and child care. | |
| | | The State/Tribal/Migrant Head Start Association acknowledges its role and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | The State/Tribal/Migrant Head Start Association utilizes opportunities to support a positive relationship between EHS and child care. | |
| | | The state FCC association acknowledges its role and responsibilities for supporting a positive relationship between EHS and child care to promote a successful EHS FCC option. | |
| | | The state FCC association utilizes opportunities to support a positive relationship between EHS and child care. | |
| | A shared vision exists for the implementation of the EHS FCC option | The state/tribe has an established vision for the implementation of the EHS FCC option, defined by stakeholders from both EHS and child care. | |
| | | State/Tribal CCDF Administrators understand and endorse the state's established vision for the implementation of the EHS FCC option. | |
| | | FCC licensing administrators understand and endorse the state's established vision for the implementation of the EHS FCC option. | |
| | | CCR&R agencies and staff understand and endorse the state's established vision for the implementation of the EHS FCC option. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✔ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | A shared vision exists for the implementation of the EHS FCC option (continued) | Social Service administrators understand and endorse the state's established vision for the implementation of the EHS FCC option. | |
| | | The state Infant/Toddler Child Care Specialists understand and endorse the state's established vision for the implementation of the EHS FCC option. | |
| | | The state Head Start ECE TA Specialists understand and endorse the state's established vision for the implementation of the EHS FCC option. | |
| | | Head Start State/Tribal/Migrant Collaborator understands and endorses the state's established vision for the implementation of the EHS FCC option. | |
| | | The State Advisory Council on Early Childhood Education and Care understands and endorses the state's established vision for the implementation of the EHS FCC option. | |
| | | The State/Tribal/Migrant Head Start Association understands and endorses the state's established vision for the implementation of the EHS FCC option. | |
| | | The state FCC association understands and endorses the state's established vision for the implementation of the EHS FCC option. | |
| | A defined process exists for partnerships between EHS and child care | The state/tribe has defined a process for partnerships between EHS and family child care, developed and endorsed by stakeholders from EHS and child care. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
| | A statewide system exists of FCC providers who provide care to EHS infants and toddlers | The state/tribe has a network of FCC providers who partner with EHS for comprehensive services to infants and toddlers. | |
| | Head Start Program Performance Standards and state/tribal child care regulations (CCDF, licensing) are aligned | State/Tribal stakeholders have examined and aligned the Head Start Program Performance Standards and state/tribal child care regulations. | |
| | | State/Tribal alignment of HSPPS and child care regulations have been disseminated to the EHS and child care community (administrators, associations, technical assistance providers, EHS grantees, family child care providers, etc.) | |
| | | The state Infant/Toddler Child Care Specialists provide training and technical assistance on the state's alignment of HSPPS and child care regulations. | |
| | | The state Head Start ECE TA Specialists provide training and technical assistance on the state's alignment of HSPPS and child care regulations. | |
| | | CCR&R staff receive training on the state's alignment of HSPPS and child care regulations. | |
| | | The state FCC association provides information and training on the state's alignment of HSPPS and child care regulations. | |
| | | The State/Tribal/Migrant Head Start Association provides information and training on the state's alignment of HSPPS and child care regulations. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|------------|----------|
| | Policies exist to support the recruitment and enrollment of families into the EHS FCC option | CCDF has policies in place to support the recruitment and enrollment of families into the EHS FCC option. | |
| | | CCR&R has policies in place to support the recruitment and enrollment of families into the EHS FCC option. | |
| | | Social Service agencies have policies in place to support the recruitment and enrollment of families into the EHS FCC option. | |
| | A statewide system exists to support the partnership between EHS and child care stakeholders through the implementation of an EHS FCC option. | A statewide system exists to support partnership between EHS and child care stakeholders to support the implementation of an EHS FCC option. | |
| | | The statewide system to support partnership between EHS and child care stakeholders to support the implementation of an EHS FCC option meets regularly and revises policies and recommendations as needed to fully support comprehensive services to low-income infants and toddlers and their families. | |
| | | The statewide system to support partnership between EHS and child care stakeholders to support the implementation of an EHS FCC option is nationally recognized and held as a model of collaboration for other states. | |
| | | State/Tribal CCDF Administrators participate in the partnership to support implementation of an EHS FCC option. | |
| | | FCC licensing administrators participate in the partnership to support implementation of an EHS FCC option. | |
| | | CCR&R representatives participate in the partnership to support implementation of an EHS FCC option. | |

# Early Head Start for Family Child Care Partnership Team Self-Assessment
## State Level

| ✓ | Outcome | Indicators | Examples |
|---|---------|-----------|----------|
|   | A statewide system exists to support the partnership between EHS and child care stakeholders through the implementation of an EHS FCC option. (continued) | Social Service agency representatives participate in the partnership to support implementation of an EHS FCC option. | |
|   | | The state Infant/Toddler Child Care Specialists participate in the partnership to support implementation of an EHS FCC option. | |
|   | | The state Head Start ECE TA Specialists participate in the partnership to support implementation of an EHS FCC option. | |
|   | | Head Start State/Tribal/Migrant Collaborator participates in the partnership to support implementation of an EHS FCC option. | |
|   | | Representatives from the State/Tribal/Migrant Head Start Association participates in the partnership to support implementation of an EHS FCC option. | |
|   | | Representatives from the state FCC association participate in the partnership to support implementation of an EHS FCC option. | |

C.27

| FRAMEWORK OUTCOME | WHAT IT WILL LOOK LIKE IN OUR PROGRAM/ COMMUNITY | ACTION STEPS | PERSON(S) RESPONSIBLE | PROJECTED DATE OF COMPLETION |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |

| FRAMEWORK OUTCOME | WHAT IT WILL LOOK LIKE IN OUR PROGRAM/ COMMUNITY | ACTION STEPS | PERSON(S) RESPONSIBLE | PROJECTED DATE OF COMPLETION |
|---|---|---|---|---|
| | | | | |

**APPENDIX D**

**TECHNICAL APPENDIX**

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This appendix provides additional technical details about the data sources used for the evaluation and about the evaluation team's methodology for analyzing the administrative data, telephone interview data, descriptive quality indicators, and Head Start Program Information Report (PIR) data.

**Data Sources**

The study relied on four data sources: (1) eight months of administrative data from the project web-based system; (2) telephone interviews with a purposively selected group of 13 partnership teams, including interviews with eight Early Head Start representatives, eight child care partner agency representatives, and nine child care partnership coordinators (CCPCs); (3) descriptive quality indicators and Head Start PIR data about family child care providers implementing Early Head Start in family child care; and (4) project documents, including the teams' applications and work plans.

**Administrative data.** ZERO TO THREE (ZTT), with input from Mathematica, designed a web-based administrative database that ZTT used to monitor the teams' progress and by Mathematica as a consistent source of information about the teams' activities. The CCPCs entered reports in the project database on a monthly basis. The reports included the activities the teams carried out during each month, the participants they engaged, and the outcomes they were working toward. CCPCs were also asked to make an assessment of how much progress the teams had made on each of the outcomes they worked toward in a given month. In addition, the CCPCs entered stipend requests into the database. ZTT then reviewed these requests for approval. The CCPCs began entering data in February 2011. This report includes information from the database covering the period February 1, 2011, through September 30, 2011. Table D.1 lists data fields for the database.

**Telephone interviews.** Mathematica conducted interviews with a purposively selected group 13 partnerships teams, including interviews with eight Early Head Start representatives, eight child care partner agency representatives, and nine CCPCs, in June 2011.[5] Due to limitations to the number of interviews we could conduct, Mathematica applied the following two criteria to select teams to participate:

3. Include all teams in which the Early Head Start grantee is already implementing the family child care option to enable the evaluation team to collect information about the models grantees use to support quality in family child care homes and about the quality and needs of the providers these grantees work with to offer the family child care option.

4. Include all teams targeting state-level outcomes to enable the evaluation team to gather information about partnerships formed at both the state and local levels.

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[5] Mathematica originally planned to interview nine Early Head Start agency representatives, but was unable to conduct an interview with one participant due to turnover at the agency. Two interviews originally scheduled for June were rescheduled due to changes in the participants' schedules. One interview was conducted in July 2011 and the other in August 2011.

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**Table D.1. Fields in the Administrative Database**

| Field | Options |
|---|---|
| Activity Type | Activities directed toward partnership teams<br>Activities directed toward family child care staff<br>Activities directed toward leveraging state resources<br>Activities directed toward leveraging local resources<br>Administrative tasks |
| Percentage of Time During the Past Month Spent on the Activity Type | 0-100 percent |
| Activity | **Activities Directed Toward Partnership Teams**<br>Develop/identify training and technical assistance materials for child development specialist or other Early Head Start staff member working with family child care providers<br>Identify intersections between HSPPS, CCDF policies, and state child care licensing standards<br>Develop and implement policies to support the implementation of the Early Head Start Family Child Care option<br>Develop and implement a sustainability plan<br>Develop and implement a plan for disseminating information about the Early Head Start Family Child Care option and advertising the option to families<br>Other (describe)<br>**Activities Directed Toward Family Child Care Staff**<br>Conduct orientation sessions for family child care providers about the Early Head Start Family Child Care option<br>Identify family child care providers in the community interested in partnering with Early Head Start<br>Assess quality improvement needs of family child care providers<br>Develop and implement professional development plans for family child care providers (that leverage local resources)<br>Other (describe)<br>**Activities Directed Toward Leveraging State Resources**<br>Reach out to new state partners for support<br>Conduct an inventory of current funding streams and available quality improvement resources<br>Identify opportunities for braiding Early Head Start funding and child care subsidies<br>Identify opportunities for accessing CCDF quality improvement initiatives/supports/funds<br>Identify opportunities for accessing other state quality improvement initiatives/supports/funds<br>Conduct orientation sessions for partners and referral agencies (including CCR&Rs) about the Early Head Start Family Child Care option<br>Offer policy assistance to state-level stakeholders<br>Other (describe)<br>**Activities Directed Toward Leveraging Local Resources**<br>Identify intersections between HSPPS, CCDF policies, and state child care licensing standards<br>Reach out to new local partners for support<br>Conduct an inventory of current funding streams and available quality improvement resources<br>Identify opportunities for braiding Early Head Start funding and child care subsidies<br>Identify opportunities for accessing CCDF quality improvement initiatives/supports/funds<br>Identify opportunities for accessing other local quality improvement initiatives/supports/funds<br>Give presentations at community meetings, forums, and trainings to market the family child care option<br>Conduct orientation sessions for partners and referral agencies (including CCR&Rs) about the Early Head Start family child care option<br>Other (describe) |

| Field | Options |
|---|---|
| Activity Description | Open Text |
| Activity Lead | CCPC<br>Child care agency<br>Early Head Start grantee<br>Other |
| Activity Participants | American Indian and Alaska Native Head Start Collaboration Office staff<br>Grantee<br>Family child care providers<br>Family child care associations<br>Parents<br>Training and technical assistance providers<br>Local child care administrators<br>CCR&R agency staff<br>State child care administrators<br>Head Start State Collaboration Office<br>Migrant and Seasonal Head Start Collaboration Office staff<br>None<br>State Advisory Councils on Early Childhood Education and Care<br>Early intervention coordinators<br>Health and social services agencies<br>Media<br>Other community partners<br>Other (describe) |
| Outcomes | **Local- Level, Short- Term Outcomes**<br>Attitude that family child care is a good option for infants and toddlers<br>Awareness of the varied experiences of family child care providers<br>Awareness of state and local resources that support comprehensive, high-quality service delivery<br>Awareness of where low-income infants and toddlers are receiving care<br>Knowledge of HSPPS and state child care regulations (CCDF, licensing)<br>Motivation to provide comprehensive services to more infants and toddlers through the Early Head Start family child care option<br>Skills to recruit and support providers<br>Skills to implement HSPPS<br>Skills to develop relationships (Early Head Start, local resource and referral representatives, family child care providers, and families)<br>**Local-Level, Medium-Term Outcomes**<br>Develop collaborative relationships and work in partnership with family child care providers, state and local child care administrators, and other stakeholders<br>Make community (including families of Early Head Start-eligible infants and toddlers) aware of the Early Head Start family child care option<br>Connect family child care providers to state/local resources<br>Strengthen the community of Early Head Start-designated family child care providers by building their capacity to provide quality, comprehensive services<br>Develop policies regarding the recruitment and enrollment and transition of children and their families into the Early Head Start family child care option<br>Develop policies regarding the creation of a fiscal infrastructure to support the Early Head Start family child care option<br>Develop policies regarding the articulation of the relationship between Early Head Start grantees and family child care providers<br>**Local-Level, Long-Term Outcome**<br>Partnerships exist that support the provision of quality, comprehensive services to low-income infants and toddlers enrolled in Early Head Start Family Child |

| Field | Options |
|---|---|
| | Care provider homes |
| | **State-Level, Short-Term Outcomes** |
| | Attitude that both systems (Early Head Start and child care) have a role in serving low-income infants and toddlers |
| | Awareness of the shared responsibility for the implementation of Early Head Start in family child care awareness of the challenges to seamless service delivery of Early Head Start and family child care |
| | Awareness of the state quality improvement efforts (QRIS, CCDF) |
| | Knowledge of the intersection between HSPPS and state child care regulations (CCDF, licensing) |
| | Knowledge of who is providing family child care to low-income infants and toddlers |
| | Motivation to mirror national partnerships between the Office of Head Start and the Office of Child Care |
| | Motivation to make high-quality, comprehensive services available to low-income infants and toddlers |
| | Skills to increase awareness among families and providers about Early Head Start Family Child Care |
| | Skills to demonstrate an ability to promote the partnership between Early Head Start and family child care |
| | **State-Level, Medium-Term Outcomes** |
| | Acknowledgement of the shared responsibility for the relationship between Early Head Start and child care to promote successful Early Head Start in family child care |
| | A shared vision exists for the implementation of Early Head Start in family child care |
| | A defined process exists for partnerships between Early Head Start and child care |
| | A statewide system exists of family child care providers that provide care to Early Head Start infants and toddlers |
| | HSPPS and state child care regulations (CCDF, licensing) are aligned |
| | Policies exist to support the recruitment and enrollment of families into Early Head Start in family child care |
| | Strategies exist for overcoming obstacles |
| | A statewide system exists that supports the partnership between Early Head Start and child care stakeholders |
| Progress Toward Outcomes | No progress<br>1–25%<br>26–50%<br>51–75%<br>76–99%<br>Accomplished |

CCDF = Child Care and Development Fund; CCR&R = child care resource and referral agency; HSPPS = Head Start Program Performance Standards; QRIS = quality rating and improvement system.

To determine who to interview from each team we applied the following criteria:

- We interviewed the Early Head Start representative from the teams already implementing Early Head Start in family child care because we were interested in learning about the implementation of Early Head Start in family child care.

- We interviewed the child care partner from the seven teams targeting both local- and state-level outcomes.

- This resulted in three teams in which we interviewed both team members (Early Head Start and child care) because they met criteria 1 and 2.

- We interviewed the CCPC as the second participant from the remaining teams.

Trained and experienced interviewers conducted the interviews. The interviewers used semistructured protocols to guide the interviews. (Table D.2 includes a list of topics discussed during the interviews by participant type.) To prepare for the interviews, the evaluation team reviewed the teams' applications and work plans. All interviews were tape recorded to aide in note-taking.

**Descriptive quality indicators and Head Start PIR data.** To collect consistent information about the family child care providers with which the eight agencies already implementing Early Head Start in family child care partner, Mathematica requested information about typical ratios in family child care provider homes and information about providers' involvement in relevant coursework, accreditation, quality rating improvement systems (QRISs), and professional development systems. Table D.3 includes a list of the questions asked. In addition, ZTT provided to Mathematica 2010–2011 Head Start PIR data for the eight teams already implementing Early Head Start in family child care. Table D.4 includes a list of the PIR data elements included in our analysis.

**Project documents.** To gather information about Early Head Start and child care partner agencies, characteristics of the communities where they operate, and qualifications and past experiences of CCPCs, Mathematica reviewed the applications submitted to ZTT by the teams selected to participate in the Early Head Start for Family Child Care project. Mathematica also conducted reviews of the work plans submitted by the partnership teams to ZTT in February 2011. Although some teams updated their work plans as the project progressed, Mathematica reviewed only the original work plans, which served as a baseline indicator of what the teams originally planned to do.

## Analytic Methods

This section describes the methodologies used to analyze the administrative data, telephone interview data, and descriptive quality indicators and Head Start PIR data.

**Administrative data.** To examine the types of activities the teams engaged in; the participants included in those activities; the teams' self-reported progress toward targeted outcomes; and the teams' use of the project stipend during the period from February 1, 2011, through September 30, 2011, the evaluation team computed descriptive statistics—such as frequencies, means, and distributions—of variable characteristics. The team then computed means across all teams and for subgroups of teams (including teams implementing Early Head Start in family child care and teams considering Early Head Start in family child care).

**Table D.2. Interview Topics, by Participant Type**

| | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|:---:|:---:|:---:|
| **Introduction** | | | |
| CONFIRM BACKGROUND INFORMATION FOR EACH RESPONDENT: | | | |
|   - Official job title | | | |
|   - Primary responsibilities | | | |
|   - Project-related responsibilities | | | |
|   - How long they have been partnering with the Early Head Start/child care representative on their team | x | x | |
| CONFIRM INFORMATION ABOUT ORGANIZATION (Early Head Start Grantee): | | | |
|   - Agency type | | | |
|   - Types of services offered | | | |
|   - Years providing Early Head Start | | | |
|   - Early Head Start enrollment | | | |
|   - Experiences working with family child care | x | | |
| CONFIRM INFORMATION ABOUT ORGANIZATION (child care partner): | | | |
|   - Agency type | | | |
|   - Types of services offered | | | |
|   - Previous experience working with family child care providers | | | |
|   - Previous experiences partnering with Early Head Start | | x | |
| CONFIRM INFORMATION ABOUT CONSULTANTS: | | | |
|   - Length of time as a consultant | | | |
|   - Previous experiences as a consultant | | | |
|   - Education | | | |
|   - Project-related responsibilities | | | x |
| **State and Community Characteristics** | | | |
| What local-level quality improvement opportunities are available to family child care providers? How are these opportunities funded? | | | x |
| What state-level quality improvement opportunities are available to family child care providers? How are these opportunities funded? | | | x |
| In what ways are the partnership teams building on local and state quality improvement efforts to advance their targeted outcomes for the Early Head Start for Family Child Care project? How successful have the teams been? What challenges have they faced? | | | x |
| What state- and local-level policies, standards, regulations, or conditions have hindered the ability of the teams to reach their targeted outcomes? What are the teams doing to overcome these challenges? How likely do you think it is that they will be able to overcome these challenges by the end of the project? | | | x |

| | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|---|---|---|
| **Experiences Implementing the Family Child Care Option in Early Head Start** | | | |
| Describe the model your agency uses for the family child care option. Are providers contractors, employees, or partners (formal or informal)? Do providers care for children enrolled in Early Head Start only or children either enrolled or not enrolled in Early Head Start? Why did your agency choose the model you currently implement? What are the advantages and disadvantages of this model? Are you planning to make any changes to the model? | x | | |
| How do you recruit family child care providers to offer Early Head Start services? What strategies work best? | x | | |
| What characteristics are you looking for when you partner with family child care providers? What are some reasons providers give for not wanting to partner with Early Head Start? What are some reasons your agency decides not to partner with interested providers? | x | | |
| Because your agency already has the family child care option, how is this project enhancing the family child care option? What are your targeted outcomes? What activities are you carrying out to reach these outcomes? In your opinion, how much progress have you made? What challenges have you experienced? | x | | |
| What activities, if any, is your team implementing to increase the number of providers available to offer the family child care option? In your opinion, how much progress have you made? What challenges have you experienced? | x | | |
| What activities, if any, is your team implementing to increase quality among the family child care providers you currently partner with to offer the family child care option? How about other family child care providers in the community that you do not currently partner with to offer the family child care option? In your opinion, how much progress have you made? What challenges have you experienced? | x | | |
| What are the greatest challenges your agency faces implementing the family child care option? How is your work on this project addressing these challenges? | x | | |
| What advice do you have for other Early Head Start grantees considering the family child care option? | x | | |
| **Planning to Implement the Family Child Care Option in Early Head Start** | | | |
| According to our records, your team is targeting the following outcomes: [xxx]. How did your team identify the outcomes you planned to target? Did the self-assessment assist in this process? If so, how? If not, how could it be improved? | | x | |
| How did your team identify the action steps you planned to carry out in an effort to reach your targeted outcomes? | | x | |
| Are planning activities still occurring? If so, what is occurring and why? | | x | |
| Do your partners agree on the targeted outcomes? What is the level of consensus on the targeted outcomes between the partners (Early Head Start and child care) and your child care partnership coordinator (CCPC)? Why do you assess the level of consensus in this way? | | x | |

|  | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|---|---|---|
| What were three challenges with the process used to develop the work plan? Why were these challenges? What strategies were used to address these challenges? |  | x |  |
| What were three successes with the process used to develop the work plan? Why were these successes? |  | x |  |
| Have your expectations about your anticipated outcomes changed since approval of your team's work plan? If so, how and why? |  | x |  |
| What are the main successes to date that suggest your team is achieving your targeted outcomes? How and when will you assess your success in achieving targeted outcomes? |  | x |  |
| What are the main challenges to date that have hindered or will potentially hinder achieving your team's targeted outcomes? |  | x |  |
| For each of your intended outcomes, how successful has your team been so far in achieving or staying on path to achieve this outcome? How successful do you expect to be by the end of the Early Head Start for Family Child Care project? |  | x |  |
| Were there unintended or unexpected consequences of your work on this project that led or will lead to these successes? If so, what are these consequences and why were they unintended or unexpected? |  | x |  |
| What advice do you have for another community that is just beginning to undertake similar work? |  | x |  |
| Describe the successes and challenges of the planning process. In what ways did the self-assessment and work plan facilitate planning? How could these be improved? | x |  | x |
| From your perspective, what activities are most likely to lead to the outcomes the team is targeting? Why? Are there other activities or steps you think the team should consider to help it achieve its goals? If so, describe these activities or steps. Why do you think the team should consider these activities or steps? Have you suggested these to the team? Is the team planning to implement them? If not, why not? |  |  | x |
| What are the main successes to date that suggest that the partnership team is achieving its targeted outcomes? What has your role been in supporting this work? |  |  | x |
| What are the main challenges to date that have hindered or will potentially hinder achieving the partnership team's targeted outcomes? What strategies is the team implementing to overcome these challenges? What is your role in supporting this work? |  |  | x |

## Supporting Quality in Family Child Care

|  | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|---|---|---|
| Of the family child care providers that enrolled Early Head Start children and families in 2010, how many are no longer enrolling Early Head Start children and families in 2011? Why are these providers no longer enrolling Early Head Start children? Is this level of turnover among providers typical? |  | x |  |
| How do you assess of the quality of the family child care homes with which you work? Who conducts the assessments? How often do you conduct assessments? |  | x |  |

| | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|---|---|---|
| How do you use the information from the assessments? How is information about the results of the assessments shared with the providers? What training, if any, do providers receive to help them interpret the findings? | x | | |
| What quality improvements are most commonly needed among providers? | x | | |
| What types of professional development do providers most often need? | x | | |
| What steps did you take to address the needed improvements? Do you offer trainings, workshops, on-site technical assistance, or on-site coaching? | x | | |
| If child assessments are conducted with children receiving care in family child care, who conducts the assessments? If the assessments are not conducted by the family child care providers, how is information about the results of the assessments shared with the providers? If providers conduct the assessments, describe the training providers received to prepare them to conduct child assessments. Across all providers, how are the results of the child assessments used? | x | | |
| What state and local resources are available to support providers? How, if at all, does your agency help link providers to these resources? Through the Early Head Start for Family Child Care project have you been able to identify new state and local resources? How are you accessing (or planning to access) these resources? How are your partners supporting these efforts? In your opinion, how likely is it that you will be able to continue to access these resources after the Early Head Start for Family Child Care project is complete? Explain. | x | | |
| What role does the child care agency on your partnership team play in supporting the family child care providers your agency partners with to deliver the family child care option? What will their role be moving forward? In your opinion, how likely is it that this relationship will be sustained over time? Explain. | X | | |
| What obstacles or challenges do you and the providers face making the needed quality improvements? Obtaining the needed professional development? What strategies have you identified to help providers overcome these challenges? How if at all have the activities your team is carrying out as part of the Early Head Start for Family Child Care project helped you address some of these challenges? | X | | |

**Forming and Supporting Partnerships**

| | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|---|---|---|
| In what capacity have you partnered with the Early Head Start grantee/child care agency before the Early Head Start for Family Child Care project? How has your partnership on this project been going so far? What has it been like working with the Early Head Start agency/child care agency? From your perspective what have been the most challenging aspects of your partnership? What have been the most successful aspects of the partnership? Do you anticipate the partnership being sustained over time? Why or why not? | x | x | |
| According to our records, your team is partnering with [xxxx]. When did your team develop relationships with these partners? How did the relationships form? How do partners contribute to project activities? | | x | |

| | Early Head Start | Child Care | Child Care Partnership Coordinator |
|---|---|---|---|
| According to your work plan you intended to build support in your local community for your work on the Early Head Start Family Child Care project by [xxxx]. What are your objectives in pursuing these activities? How is your team monitoring whether you reach the intended objectives? How are these activities progressing and how are they being received by intended community members? | | x | |
| According to your work plan you intended to build support in your state for your work on the Early Head Start for Family Child Care project by [xxxx]. What are your objectives in pursuing these activities? How is your team monitoring whether you reach the intended objectives? How are these activities progressing and how are they being received by intended community members? | | x | |
| In your opinion, how likely is it that these partnerships will be sustained over time? What strategies have you implemented to foster sustainability? | | x | |
| Describe the partnership between the Early Head Start grantee and the child care agency. What has been particularly successful about this partnership? What challenges has the team faced? How has it overcome these challenges? In your opinion, how likely is it that this partnership will continue after the project ends? What strategies have the teams put in place to facilitate sustainability of the partnerships? | | | x |
| Describe the partnerships the team has formed with other agencies through the Early Head Start for Family Child Care project. Which partnerships have been particularly successful? What has made these partnerships successful? Which partnerships have been more challenging? What has made these partnerships challenging? In your opinion, how likely is it that the partnerships the team formed through this project will continue after the project ends? What strategies have the teams put in place to facilitate sustainability of the partnerships? | | | x |
| **Role of CCPCs** | | | |
| Describe what you originally set out to do as a CCPC. What were your priorities? What role did you expect to play? In what ways has your role changed? Why has your role changed? | | | X |
| What are the greatest successes you have experienced in your role as a CCPC? | | | X |
| What were the greatest challenges you have experienced in your role as a CCPC? | | | X |
| What additional support would help you in your work as a CCPC? | | | X |
| What advice you have for another consultant beginning work as a CCPC? How about for another consultant beginning work on a project similar to this? | | | X |

**Table D.3. List of Descriptive Quality Indicators Collected from Early Head Start Grantees**

What is the usual ratio of children per provider in family child care homes, by age group?

How many family child care providers have entered a child development associate (CDA) credential program since January 2011(including the infant/toddler credential and/or the family child care setting credential)?

How many family child care providers have taken a course for credit since January 2011?

How many family child care providers have joined a professional association since January 2011?

How many providers have received a curriculum-focused training since January 2011?

How many family child care providers are accredited?

How many family child care providers have begun the process to become accredited since January 2011?

If your state has a quality rating improvement system (QRIS), how many family child care providers participate in the QRIS?

If your state has a professional development system for child care professionals, how many family child care providers participate in the system?

**Table D.4. 2010- 2011 Head Start PIR Data Items Analyzed for the Early Head Start for Family Child Care Project Evaluation**

| PIR Item Number | Item Description | Response Type |
|---|---|---|
| A.2 | Funded Head Start or Early Head Start enrollment: | # of children/pregnant women |
| A.2 (a) | ACF-funded enrollment | # of children/pregnant women |
| A.2 (b) | Non-ACF-funded enrollment | # of children/pregnant women |
| A.7 | Funded enrollment for the family child care option | # of children |
| A.7 (a) | Of these, the number available as full-working-day enrollment | # of children |
| A.7 (a)(1) | Of these, the number available for the full calendar year | # of children |
| B.8 | Total number of infant and toddler child development staff, by position | # of family child care providers |
| B.8 (a)(1) | An advanced degree in early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (a)(2) | An advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers | # of family child care providers |
| B.8 (b)(1) | A baccalaureate degree in early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (b)(2) | A baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers | # of family child care providers |
| B.8 (b)(3) | Of those with a baccalaureate degree, those enrolled in an advanced degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (c)(1) | An associate degree in early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (c)(2) | An associate's degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and toddlers | # of family child care providers |
| B.8 (c)(3) | Of those with any associate's, those enrolled in a baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (d) | A child development associate (CDA) credential or state-awarded preschool, infant/toddler, family child care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements | # of family child care providers |

| PIR Item Number | Item Description | Response Type |
|---|---|---|
| B.8 (d)(1) | Of those, a CDA credential or state-awarded preschool, infant/toddler, family child care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working | # of family child care providers |
| B.8 (d)(2) | Of those, a baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (d)(3) | Of those, an associate's degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development<br>(4) # of family child care providers | # of family child care providers |
| B.8 (e) | The number who do not have the qualifications listed in B.8.a through B.8.d | # of family child care providers |
| B.8 (e)(1) | Of those, number enrolled in a baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (e)(2) | Of those, number enrolled in an associate's degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development | # of family child care providers |
| B.8 (e)(3) | Of those, number enrolled in any type of CDA credential or state-awarded preschool, infant/toddler, family child care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working | # of family child care providers |
| C.29 | The instrument(s) used by the program for developmental screening: | Name/title (primary tool followed by up to two additional tools) |
| C.30 | Approach or tool(s) used by the program to support ongoing child assessment: | (1) Name/title<br>(2) Locally designed (yes/no)<br><br>(primary assessment follow by two additional assessments) |
| C.31 | Curriculum used by the program:<br>b. For family child care services: | (1) Name/title<br><br>(2) Locally designed (yes/no)<br>(can list up to three curricula) |

Source: 2010–2011 Head Start Information Report. Available at http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/pir/2010-2011_PIR_Survey_Form.pdf. Accessed on October 26.

PIR = Program Information Report.

**Telephone interviews.** Analysis of the telephone interview data involved a three-step process. First, interviewers wrote up notes from the interviews using a standardized format. Second, the team organized and synthesized the interview data by theme. To facilitate this analysis, we developed a coding scheme for the study, organized according to key research questions (Table D.5). Within each question, we defined codes for key themes and subtopics we covered in the interviews. To facilitate coding across interviews, we used a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997). Third, we analyzed these data across teams to identify common themes and patterns of service delivery, progress on indicators, and other program dimensions. We also looked for common themes among subsets of teams, including those that were already implementing the family child care option and teams that were considering the family child care option.

**Descriptive quality indicators and Head Start PIR data.** To calculate the portion of total funded enrollment served in the family child care option, Mathematica compiled information on the funded enrollment for the family child care option and the overall Early Head Start funded enrollment. To describe providers' alignment with the Head Start Program Performance Standards (HSPPS), Mathematica calculated the average percentage of providers, across grantees, that had completed or were enrolled in a Child Development Associate (CDA) certification program or relevant associate's, bachelor's, or advanced degree program. Using PIR and data collected by the evaluation team, the report also includes counts of the types of curricula implemented by grantees, the developmental screening instruments and child assessment tools used by the grantees, and information on the number of providers that were accredited or enrolled to become accredited and those participating in a QRIS.

**Table D.5. Coding Scheme Used to Analyze Data from Telephone Interviews**

| Code Name | Code Description |
|---|---|
| **Characteristics of Partnership Teams** | |
| Characteristics: Early Head Start with Family Child Care | Early Head Start grantees with Family Child Care option |
| Characteristics: Early Head Start with Family Child Care | Early Head Start grantees considering Family Child Care option |
| Supporting Quality in Family Child Care | |
| Quality: Local QI | Local quality improvement efforts |
| Quality: State QI | State quality improvement efforts |
| Quality: Local Collaboration | Local collaboration efforts, agency roles |
| Quality: State Collaboration | State collaboration efforts, agency roles |
| Quality: Plans | Early Head Start for Family Child Care project plans for leveraging existing support |
| Quality: HSPPS | Process for monitoring adherence to the HSPPS |
| Quality: Assessments | Child assessments, quality of care assessments, other assessments |
| Quality: PD Available | Quality supports and professional development available |
| Quality: PD Needed | Quality supports and professional development still needed |
| Quality: Turnover | Turnover and retention rates among family child care providers |
| Quality: Resources | Available resources, connecting providers to resources, new resources |
| Quality: Access | Increasing access to high-quality family child care |
| **Increasing Access to High- Quality Family Child Care** | |
| Access: Background | Why Early Head Start implemented the family child care option, model use |
| Access: Model | Characteristics of the model used for the Early Head Start family child care option |
| Access: Funding | Description of funding structure |
| Access: Recruitment | Recruitment strategies (providers) |
| **Forming, Supporting, and Sustaining Partnerships** | |
| Partnering: Successes | Successes implementing partnerships |
| Partnering: Challenges | Challenges implementing partnerships |
| Partnering: Previous | Previous experience implementing partnerships |
| Partnering: Other | Other partnerships formed through the Early Head Start for Family Child Care project |
| Partnering: Roles | What role does the child care partner play? Future role? Sustained role? |
| **Progress, Challenges, and Lessons for Future Work** | |
| Planning: Outcomes | Identifying outcomes |
| Planning: Changes | Changes made to projected outcomes |
| Planning: Successes | Successes of the planning process |
| Planning: Challenges | Challenges of the planning process |

| Code Name | Code Description |
|---|---|
| Implementation: Progress | CCPC efforts to monitor progress, update work plan |
| Implementation: Local Activities | Local-level activities to increase quality and quantity of providers |
| Implementation: State Activities | State-level activities to increase quality and quantity of providers |
| Implementation: CCPC Support | Ways the CCPC is supporting implementation of the work plan |
| Implementation: Successes | Successes during implementation of work plan, outcomes achieved |
| Implementation: Challenges | Challenges during implementation, outcomes missed |
| Lessons: Early Head Start Successes | Advice to agencies considering the family child care option |
| Lessons: Early Head Start Challenges | Cautions to agencies considering the family child care option |
| Lessons: CCPC Role | Description of role and change in role over time |
| Lessons: CCPC Successes | Advice to CCPCs and communities |
| Lessons: CCPC Challenges | Cautions to CCPCs and communities |

CCPC = child care partnership coordinator; HSPPS = Head Start Program Performance Standards; PD = professional development; QI = quality improvement.

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