Building Supply, Enhancing Quality, and Advancing Equity:

The Early Head Start-Child Care Partnership Series

A STATE ROADMAP

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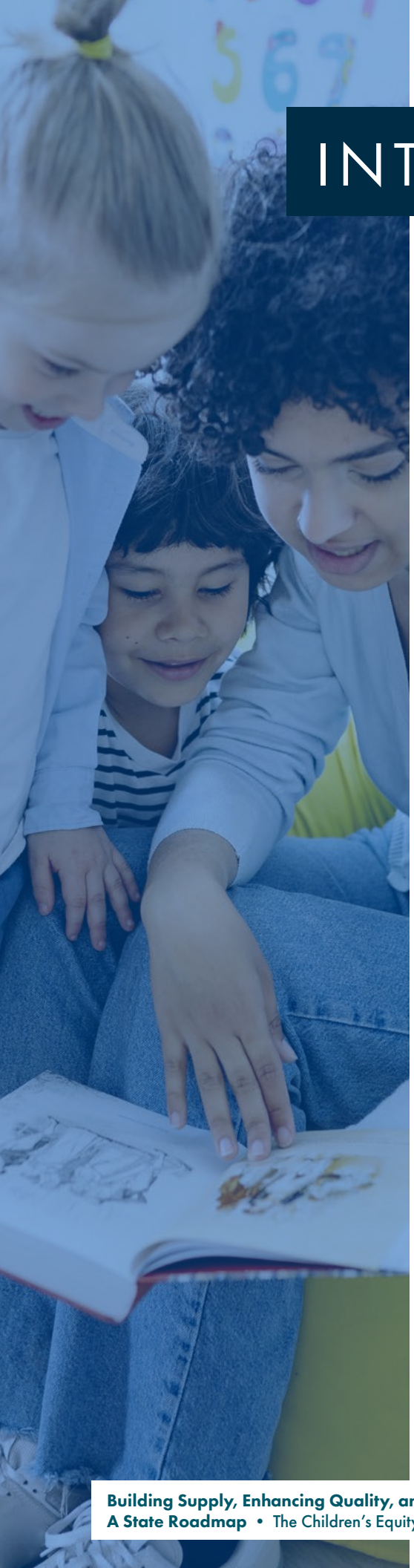

INTRODUCTION

High quality infant and toddler care is accessible to very few families, and it is particularly challenging to attain in under-resourced and historically marginalized communities. Quality is variable, and costs are simply unaffordable for most families. State licensing standards which regulate the baseline standard of infant and toddler child care operations vary substantially from state to state. For example, in Texas, licensing rules require one adult for every eleven toddlers. Whereas in Oregon, it is one adult for every five toddlers. Health and safety and facility requirements, professional development and credentialing, and programmatic operation requirements also differ across state lines, creating an uneven landscape and making it so that babies in some states have greater access to quality care than those in other states.

This is particularly concerning given the rapid and consequential brain development unfolding in the earliest years of life and the strong impact warm, responsive, and enriching relationships have on children's development, health, and wellness. Without common quality standards in place and resources to meet those standards, quality environments and experiences are less consistent and more difficult to implement. It is simply impossible, for example, for a single person to provide warm, responsive, and enriching interactions with 8 or 10 babies at a time. Policies and funding set the conditions under which providers can do their jobs well and under which children are well taken care of and supported in their development.

The Early Head Start (EHS) model, by comparison, has a common set of standards aligned with research that support holistic development and early learning and are implemented in settings in nearly every zip code in the United States. The Head Start model, including EHS, has an established track record pointing to positive outcomes for children and families who participate, across health, education, parent engagement, and employment. Compared to child care licensing and rules in every state in the nation, Head Start Program Performance Standards are robust and supportive of child and family health, wellness, and learning. The EHS standards are implemented consistently among diverse programs and contexts across the United States, helping even out the shared expectations for quality above and beyond state licensing regulations. That said, it is important to note that the Head Start model and implementation of the model are two different things, and there is substantial room to grow in ensuring consistent, quality implementation of the Head Start model.

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Unfortunately, fewer than 10% of eligible babies have access to EHS. In 2014, the Early Head Start- Child Care Partnerships (EHS-CCP) program was launched to help bring the holistic Early Head Start model into more center- and home-based child care settings supported through federal child care assistance subsidies.

EHS-CCP serves as a mechanism to increase access to high quality care for infants and toddlers, and their families. To date, funding for EHS-CCP has been federal and limited in scope, supporting only a fraction of providers who could benefit and the children they serve. Congress can and should authorize and expand funding for the EHS-CCP program as a stable stream of funding to boost access to high quality infant and toddler care. In the meantime, states can begin establishing EHS-CCP now, using American Rescue Plan Act (ARPA) funds, and in the longer term using other sources of funding, such as regular Child Care and Development Fund (CCDF) quality funding, Preschool Development Grant Birth to Five funding, and other sources of flexible state or federal funding.

This brief provides states with a roadmap to invest in and implement EHS-CCP for the purposes of expanding access to holistic, high quality infant and toddler care for more children.

We identify first order considerations for states — such as identifying the institutional home for the program, providing funding for administration and operation of the partnerships, forging collaboration with Head Start, and creating the conditions necessary for successful implementation (e.g., creating pathways through institutions of higher education for child care providers to seek further education and training). While it is not comprehensive and is not intended to present an exhaustive accounting of factors states should consider in launching EHS-CCP, we hope that it helps states interested in advancing high-quality care and services for infants and toddlers through the EHS model.

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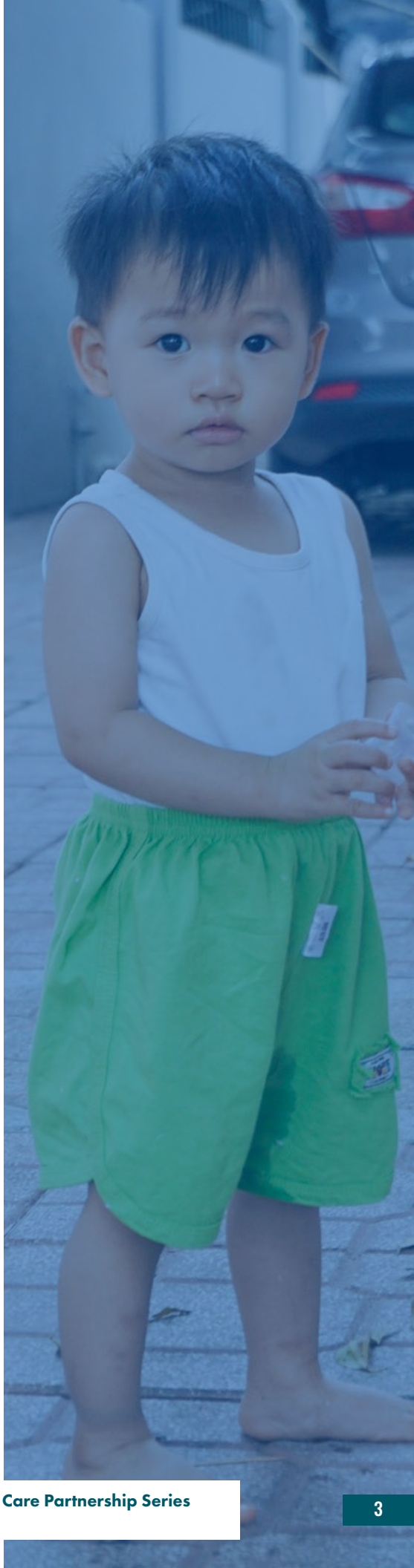


STATE CONSIDERATIONS

to Create & Sustain Early Head Start Child Care Partnerships

States are uniquely positioned to drive improvements in the delivery of high-quality care and services for infants, toddlers, and their families. Federal law provides states with significant authority around the administration of the federal child care assistance program. States can leverage this authority to align policies so that more families can access high-quality infant and toddler care. They can do this by expanding contracted slots and overall increasing the use of grants and contracts to child care providers, modifying income eligibility thresholds, qualifying activities for participation in subsidy, and extending the periods of time for redetermination of eligibility. They can also provide incentives to providers to improve the quality of services to children and families, alongside making critical improvements for the workforce.

Of course, resources are an essential part of all of this. Through new partnerships, providers would be resourced to make facilities improvements, purchase new equipment and materials, like playground equipment, books, toys, and curriculum; support teachers in receiving their Child Development Associate (CDA), associate degree, or bachelor degree; provide training, coaching and consultation to support teacher professional development, like health and safety trainings, early childhood mental health consultation, or instructional coaching; build infrastructure to support parent advocacy and partnerships; and improve access to comprehensive services, such as health screenings, access to healthy food, mental health supports, and parent and family supports, like connections to job training, housing vouchers, or transportation. These are all essential in the provision of high-quality services for young children and their families.

Key Considerations & Steps to Establish EHS-CCP

1. IDENTIFY FUNDING SOURCES, FUNDING NEEDS, AND FUNDING MECHANISMS.

The EHS-CCP are a funding model to ensure that infant toddler child care programs have the resources they need to implement holistic, high quality care in line with the EHS model. States should identify potential funding mechanisms to serve as "startup funds" to stand up EHS-CCP, beginning with unallocated or unused ARPA dollars. These startup funds can be used for providers to gear-up to meet EHS standards, including by making needed facilities repairs. States should also identify sustainable funding streams, including CCDF quality funding, to establish, maintain, and grow EHS-CCP. The EHS standards all support quality services, aligned with many of the allowable uses of funds currently in CCDBG.

States also have to understand the funding landscape and differences between the costs of operating EHS in the state, as compared to the subsidy amount in the state. The gap between those two costs is what needs to be filled by additional funds.

To begin, the state should work to set a cost per child for EHS-CCP slots. This should involve working with Head Start grantees to understand the cost per child for full-day/full-year EHS, accounting for differences by service areas and settings (center vs. family child care).

Once funding sources are identified and funding gaps are understood, states should decide on the best mechanism for funding programs to establish EHS-CCP. Existing State EHS-CCP grantees have used a variety of mechanisms to get funding to programs, including:

- **Direct grants and contracts to child care programs.** The state can award providers grants or contracts that cover the full operating cost to provide services to EHS eligible children, aligned with EHS standards. This approach would be the least burdensome for providers and children. Another approach could be to provide grants or contracts to providers to make the gap in costs between the average subsidy and what it costs to operate an EHS slot, while requiring families to participate in the state's subsidy program. For example, if the average cost of providing EHS center-based care annually is about $15,000 per child and the average subsidy for an infant is $7,500, the state would commit to covering the difference through a direct contract or grant. In a provider setting with six subsidy eligible children, for instance, states would provide a lump sum payment to the provider with an additional $45,000 to the provider supplementary to the average amount that provider would receive for each child through subsidy.
- **Funding through enhanced voucher rate.** The state commits to providing an enhanced subsidy rate per eligible child sufficient to pay for the additional services and higher standards of EHS. For example, states could layer on top of the subsidy with quality improvement activity funding that is statutorily set-aside. These quality funds could be used to pay for the additional services and programming necessary to meet EHS standards. This could be forward-funded by the state based on partnership enrollment. To ensure providers are incentivized to participate, the provider should be serving a high percentage of subsidy-eligible children to receive enough additional funds to deliver higher standards and services. It would be critical for states to align eligibility policies to EHS standards.
- **Direct grants and contracts to Head Start.** The state can award Head Start agencies who are tasked with the recruitment of partners, technical assistance delivery, provision of comprehensive services and passing on funds to child care partners so they have the resources and support necessary to implement EHS standards. The contracting process for the Head Start agency could be the same as it would have been for a child care provider.

2. DEVELOP A ROADMAP TOWARD FULL ALIGNMENT WITH THE EHS MODEL.

The EHS model is associated with a host of benefits for children and families, but it will likely take time and resources for child care programs to align with the full suite of standards that are part of the EHS model. To address this issue, states could establish a roadmap, staggering the implementation of standards, prioritizing child health, safety, and wellness, and the time it takes to meet those standards. States should prioritize using EHS-CCP funds to implement the following activities right away:

- **Work closely with and rely upon the Head Start Collaboration office.** It is the role of Head Start Collaboration offices to facilitate partnerships between Head Start agencies and other governmental entities that operate programs that benefit young children. States should strengthen their relationships with these offices as they seek to establish or expand EHS-CCP. The collaboration offices should welcome working with the state administrative agency, as the coordination and collaboration between Head Start and the CCDF is strongly encouraged by sections 640(g)(1)(D) and (E), 640(h), 641(d)(2)(H)(v), and 642(e)(3) of the Head Start Act.
- **Establish partnerships with existing EHS grantees** to understand and build capacity on implementing the EHS model, including individualized family support plans, the provision of comprehensive services, community engagement and partnerships, establishing parent advocacy and policy councils, fully including children with disabilities, understanding behavior and discipline policies, and providing bilingual learning to dual language learners, among others.
- **Align ratios and group sizes with EHS model.** To the extent current programs are setting ratios and group sizes based on the maximum ratio for state licensure, and these ratios exceed those in the EHS standards, providers will need to work to come into conformity with EHS standards through supplemental staffing. Indeed, the workforce shortage in early care and education settings[1] makes this challenging, but states can commit funds, described further below, to address the root of these challenges and invest in communities to grow the number of providers, as other states and communities have done. Ultimately, group sizes and ratios, particularly in the youngest children, are critical for ensuring adequate supervision, health and safety, and critically — secure, warm, and responsive relationships between adults and children.

[1] Center for the Study of Child Care Employment. (2022). Child Care Sector Jobs: Bureau of Labor Statistics Analysis. https://cscce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/.

- **Host provider training, establish professional development plans, and fund educator training and credentials.** Much of the investment necessary for EHS partnerships lies with the individuals who carry out the work of providing high-quality services to young children. States must invest in the workforce, in manners beyond compensation, to ensure that these partnerships not only take hold, but are sustained over time.
- **Ensure conditions for healthy growth and development,** including completing environmental health checks, initiating developmental and behavioral screening, and ensuring access to infant and early childhood mental health consultation.
- **Stand-up family policy councils.** Family voice has long played a central role in the Head Start model. Having families represented in decision-making around the care and services their children receive is crucial and states should ensure any incipient partnerships replicate this aspect of Head Start.

3. BUILD INFRASTRUCTURE TO ALIGN AND ENHANCE PROFESSIONAL CAPACITY AND ENSURE FAIR COMPENSATION.

States must devise a plan for how they will ensure child care providers will have the financial support necessary to pursue the CDA, or an associate or bachelor degree. In addition, states will need to ensure there are programs at their institutions of higher education, or other organizations, sufficient to meet the educational needs of those providers involved in partnerships. States will need to set higher compensation rates for child care providers commensurate with education and experience.

- **Invest in professional learning and growth.** States will need to create the conditions for child care providers to achieve higher levels of education and training. States should consider entering into direct partnerships with institutions of higher education to ensure these pathways exist. This can be done by contracting with community colleges for a certain number of CDAs based on those providers involved in the partnership who lack those credentials. States could also provide scholarships directly to child care providers involved in the partnerships to attain a CDA or associate degree, alongside mentoring and support to achieve the credential.
- **Create new systems of compensation.** States should begin to re-evaluate their current compensation and create compensation scales for early educators, including infant and toddler teachers and teacher assistance with a CDA, that reflect parity with an elementary school teacher employed within the state with the equivalent role, credentials, and experience. States can review and consider living wage data as the floor for flexible compensation scales which may increase from year to year to address increased costs of living. As K-12 staff salaries are often set by school districts, states will need to understand and account for regional variation in performing this calculation.
- **Address the costs of compensation in setting per child rates.** States should expect that increased salaries from their new compensation rates will increase the cost for full-day, full year EHS in their state, as the current EHS cost per child likely doesn't account for paying salaries that reflect parity. Using this estimate, states should set rates for providers participating in the partnerships at levels that match the estimated cost for providers to deliver high-quality care while paying salaries that reflect parity. While we believe these reforms should be extended to all providers and early educators in the state, they are essential for the formation and sustainability of partnerships.

4. FUND BACKBONE AGENCY TO IMPLEMENT COMPREHENSIVE SERVICES AND QUALITY SUPPORTS.

States will need to create an administrative infrastructure to provide comprehensive and family services for children in center- and family-based child care settings involved in partnerships. States should consider the designation of an entity, or entities, that can coordinate and deliver comprehensive services, shared services, and professional development to the educators, children, and families involved in the partnerships.

- **Stand-up hubs that can serve as the backbone organizations for the delivery of high-quality, comprehensive services.** Hubs can be run by: Head Start grantees who open their doors to child care providers; institutions of higher education, including community colleges; statewide health departments or other state agencies; or community-based organizations, such as child care resources and referral agencies or others who are deeply involved in the delivery of early care and education services, such as public schools or regional education entities.
- **Identify the services that partner organization(s) will take on.** One or more hubs, which may be done through shared service alliances, should be tasked with supporting child care partners with: (1) Human resources issues, such as payroll, business management, and the creation of policy handbooks; (2) Comprehensive services, including: screenings and referrals; health supports, including for health, mental, and dental health; (3) Family services; (4) Nutrition services; (5) Professional development, coaching, and ongoing technical assistance; and (6) Funding distribution and management, including the establishment of pay scales sensitive to the different factors that may impact compensation (e.g., credentials, experience, geography, etc.)

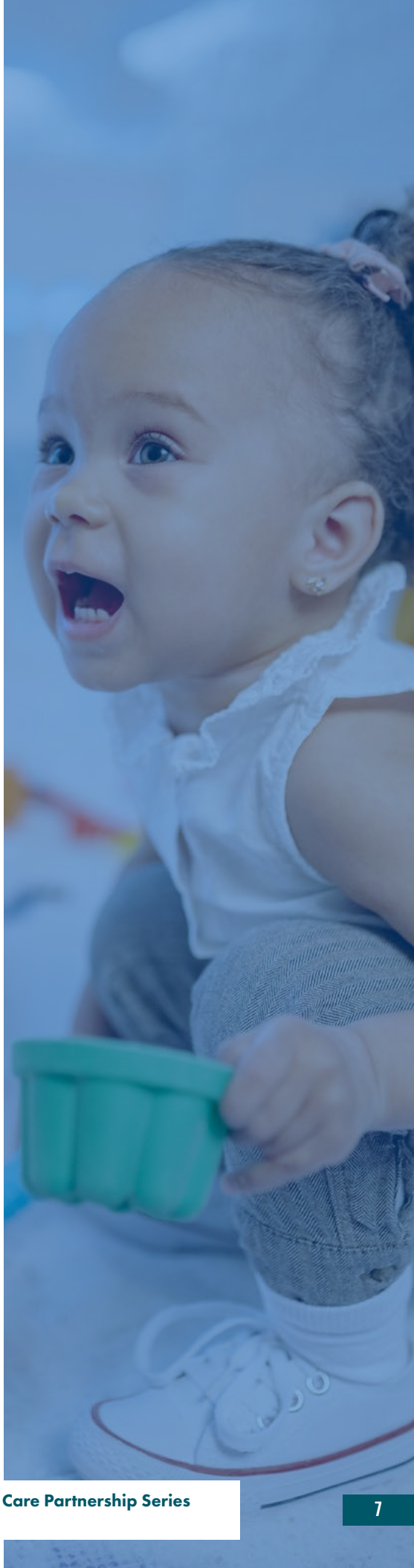
5. IDENTIFY THE ADMINISTRATIVE HOME FOR THE PARTNERSHIPS.

States will need to select the administrative agency, or partnership of agencies, who will be responsible for administering, monitoring, overseeing, and supporting entities involved in EHS-CCP. States will need to have the administrative infrastructure in place to conduct certain tasks and activities essential to successful grant implementation. These tasks and activities include: (1) A process for grant application generation and review; (2) Methods for delivering funding quickly to those involved in partnerships; (3) Case management; (4) Data reporting and tracking; (5) Oversight and monitoring, including site visits to assess further needs and the potential need for greater resources; and (6) Contract management, for partners as well as those who operate hubs of services.

6. ALIGN POLICIES, AS APPROPRIATE, TO FACILITATE PROGRAM COORDINATION TO ENABLE THE PARTNERSHIPS.

States should review their programs that benefit young children and identify any misalignment between eligibility criteria, service delivery, or administrative responsibilities, and identify ways to address any such misalignment. This should include a review of its Child and Adult Food Care Program (CACFP), the CCDF, its programming to support infants and toddlers with disabilities or delays under Part C of the Individuals with Disabilities Education Act (IDEA).

- **States should review their CCDF program requirements.** States should review their policies relating to CCDF administration to determine what can be modified to facilitate partners' involvement in EHS-CCP and to ensure continuity of service for children and families involved in EHS-CCP. This review should include an examination of, at minimum: (1) Income eligibility; (2) Processes for initial eligibility determination; (3) Frequency of eligibility redetermination; and (4) State parameters around qualifying work, education, and training activities.
- **States should leverage existing programming and funds.** States should draw upon federally-funded programming in the delivery of comprehensive services, like developmental and behavioral screening, early intervention and preschool special education evaluations and services, connection to health insurance and a medical home, and supports for families, such as connections to job training, housing or food support, higher education, and employment opportunities.
- **States should develop durable partnerships between administrative agencies as well as the Head Start Collaboration Office.** The lead agency involved in administering EHS-CCP should form interagency partnerships through memoranda of understanding, or other means, around how the varying agencies will work in coordination to optimize service delivery for providers, children and families. States should also work closely with the Head Start Collaboration Office Federal programs involved in the partnerships should include, at minimum: (1) Head Start programs; (2) The CACFP and WIC; (3) IDEA, Part C, (4) health and mental health systems.



CONCLUSION

States are uniquely positioned to advance models that provide high-quality services for infants and toddlers. While flexible relief funds provide a ready stream of resources to help establish or expand EHS-CCP, states may also rely on other funding streams that are controlled at the state level to sustain these partnerships into the future. A core challenge in advancing these models is determining where to begin, and what key considerations must be addressed before implementing EHS-CCP. This brief provides concrete steps states can consider as they seek to leverage available and seek new funding to expand access to high-quality services to infants and toddlers.