Challenges, Lessons Learned, and Advice for Implementing Early Head Start-Child Care Partnerships

Dinner Plenary Handout

Partnership Program Summaries from:

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- Amy Fain, Community Action Project Tulsa, Oklahoma Early Childhood Program
- Tracey Campanini, Pennsylvania Office of Child Development and Early Learning, Pennsylvania Early Head Start Initiative
The Illinois State Board of Education (ISBE) funds the Prevention Initiative Center Based programs in the State of Illinois. Chicago Public Schools (CPS) receives a portion of those funds to serve over 2,700 infants and toddlers in partnership with 89 community-based organizations (CBO’s) in a total of 315 classrooms to operate Prevention Initiative Center Based programs.

**Overview**

The Illinois State Board of Education’s (ISBE) Early Childhood Education Block Grant funds a continuum of services for children from birth through age five and their families. A portion of the Block Grant funds are set aside exclusively for programs to families with children from birth to age three. Block Grant programs set the stage early, preparing children from birth for academic and social success in school and preparing parents to navigate and actively participate in the formal education system as their children progress into kindergarten and elementary school. The Block Grant allows school districts and a broad range of other entities (e.g., Early/Head Start programs, child care providers, family support and parenting programs) to apply for funds to implement voluntary, intensive, comprehensive research-based program models such as Parents as Teachers, Healthy Families America or center-based services that are modeled on Early Head Start program standards. The initiative to expand access to high-quality center-based services was established by the Illinois State Board of Education in 2007, as recommended by the Illinois Early Learning Council.

The goals for center-based services are to:

- Increase the capacity of existing EHS programs to serve additional children and expectant mothers in both home-based and center-based settings.
- Develop partnerships between EHS and community-based child care providers to provide EHS services to additional children in child care settings.
- Provide resources to child care providers to help deliver services meeting EHS Standards.
How It Works
The Illinois State Board of Education (ISBE) releases an Early Childhood Block Grant Request for Proposals (RFP) in the Spring when it is anticipated that new funds that may be available in the upcoming fiscal year, which begins July 1, to support programs serving children from birth to age 3. The Birth to 3 RFP describes program specifications for services to pregnant women and to infants, toddlers and their families, as well as the required proposal format. The average grant award for individual programs serving at-risk children is $160,000 (as of FY 12) but varies based on the program model being implemented and the number of children being served.

For center-based services, the ISBE Model cost per participant is approximately $9,000 per child in addition to Child Care Assistance funding. Full time licensed child care assistance rates per year for eligible children in Illinois counties range from approximately $8,400 to $11,600 for under age 2; $7,100 to $9,200 for age 2; and $5,900 to $6,900 for age 3.

For center-based services, the CPS Model (Chicago Public Schools) is approximately $8,000 per child in addition to Child Care Assistance funding. Full time licensed child care assistance rates per year for eligible children in Chicago are approximately $11,600 for under age 2, $9,800 for age 2, and $8,200 for age 3. Thus, total funding for Chicago children under age 2 is about $19,600; $17,800 for age 2; and $16,200 for age 3.

Applicants proposing services for children and families residing within the City of Chicago limits must apply for Block Grant funds through the Chicago Public Schools, which uses an RFP process similar to that used by the Illinois State Board of Education. The Illinois State Board of Education and Chicago Public Schools both contract with the Ounce of Prevention Fund (an Early Head Start Grantee) to provide ongoing training and technical assistance to help grantees work toward aligning their projects with state and federal standards. Additionally, when the center-based initiative was first introduced private funding was obtained to help educate existing infant toddler child care centers about Early Head Start program standards and provide technical assistance to centers to identify needed programmatic changes and apply for funding.

Observations & Lessons Learned
• Moving to the intensity of the Early Head Start model is a substantial undertaking for all child care programs. Illinois specifically targeted child care programs with demonstrated experience providing care and services for at-risk infants and toddlers for this initiative; however, most of the centers felt ill prepared to implement an Early Head Start program. Programs need intensive technical assistance in planning for and implementing an EHS program as well as funding to make necessary changes in facilities and hiring qualified staff. Starting these new federal partnerships with programs with child care partners with demonstrated experience working with infants and toddlers is key to a successful initiative.

• Federal Head Start Program Performance Standards are required for Head Start/ EHS grantees that serve additional children, even when partnering with child care centers to provide EHS services. Child care centers that receive Illinois Prevention Initiative grants are not explicitly required to meet the federal Head Start Program Performance Standards, although programs must meet relevant state licensing and additional requirements promulgated by the State Board of Education including: group size and ratios; staff qualifications; curriculum;
screening; assessment; parent education and support; and coordination of care. Illinois programs implementing this model are not required to implement every Early Head Start Standard but focused on the programmatic elements of the model. Not all governance and human resources standards are required as prescribed by EHS Standards. Additionally, for those agencies that only receive state funding and not federal funding they are not subject to the federal monitoring process they are regularly monitored by the Illinois State Board of Education.

- Some specific modifications to the model were implemented to address state need and realities. Illinois state child care licensing policy allows for a group size of 16 two-years with 2 staff. Cutting that in half to meet EHS standards proved especially challenging for providers and meant far fewer available openings for very young children. As a result, programs may use NAEYC ratios and group sizes.

- Over time Illinois is phasing in higher education and training requirements for classroom staff for this model than are required by the federal Early Head Start program. This is based on the research that continues to demonstrate the importance of specific education and training related to infant toddler development and working with families with young children in order to provide high quality services. *State and federal policies must focus on building a well-trained and well-compensated workforce of infant toddler specific professionals so that we have an adequate workforce to meet new demands.* It is also imperative that professionals experience satisfaction and see a future career path and stay in this field so that ultimately the children can experience continuity of relationships with teachers that are at the heart of successful infant toddler initiatives.

**Additional Information & Resources**

For complete descriptions of requirements for the Center-Based Models for Chicago Public Schools (CPS) and the Illinois State Board of Education (ISBE) please see the Resource Toolkit for Programs Serving Infants, Toddlers and Their Families: Implementing a Research-Based Program Model on the Illinois State Board of Education website (Center-based descriptions are on pages 32-58):  
[http://www.isbe.state.il.us/earlychi/pdf/ec_0-3_resource_toolkit.pdf](http://www.isbe.state.il.us/earlychi/pdf/ec_0-3_resource_toolkit.pdf)  
FY2012 Prevention Initiative Request for Proposals:  
Kennebec Valley Community Action Program
Early/Head Start Grantee
Partnerships with Family Child Care Providers

Purpose: To provide comprehensive, full day, full year Early/Head Start service in partnership with Family Child Care Providers.
### Roles and Responsibilities

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<td>- Supervise HomeStart Coordinators</td>
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<td>- Coordinate and facilitate communities of practice</td>
<td>- Community Resources</td>
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### HomeStart Provider

- Deliver quality services that meet the E/HS Performance Standards as outlined in contract, including full day, full year (48 weeks) services to low income children
- Credentials – CDA at minimum
- Partner with Grantee staff
- Participate in monthly meetings
- Develop professional development plan and attend associated opportunities, including annual meeting
- Participate in annual self-assessment processes
- Enroll in Quality Rating System
- Comply with E/HS Family Child Care Regulations
- National Family Child Care Accreditation
- Attend mandated trainings
- Visits by mental health consultant
- Participate in comprehensive annual health and safety assessment
- Required record keeping – annual license, quality rating system, training logs, immunization, attendance records, incident/accident reports, health and safety checklist, Ages and Stages Questionnaire, child observations, daily report forms, CACFP records, child records, inventory lists, etc.
- Insurance verification
- USDA sponsored meals

### Provider Access to Systems and Resources

- Orientation
- Substitutes
- Financial support for professional development, plus involvement in E/HS T&TA sessions
- Recruitment and enrollment to ensure full enrollment
- Communities of practice
- CDA training with college credits
- Access to Support Service Specialists – disabilities, education, health (inc. mental and dental), nutrition (registered dietician), environments, etc.
- Parent involvement and activity funds
- Menu review and support
- First aid kits, and rotating educational supplies
- Start-up funding for program improvements
- Annual educational budgets for equipment
- E/HS financial stipends beyond child care subsidies
- Back office support with consistent payments weekly
HomeStart, a partnership between Grantee and family child care providers (hereinafter Providers), provided comprehensive Early Head Start (EHS) and Head Start (HS) services in community Provider settings from 1998 until 2011. Service delivery was comprehensive and met the Head Start Performance Standards (HSPS). Grantee staff provided coaching relative to environments, nutrition, curriculum, child assessments, safety, the home-caregiving connection, parent communication, etc. Grantee partnered with parents in family goal setting to ensure access to needed services, assist parents in understanding child health and development, as well as support parent engagement opportunities. HomeStart was a very successful E/HS service option that supported Provider quality – impacting not only children from low-income families, but children from more well-resourced families. HomeStart was discontinued in 2011 despite its success.

Reasons for Discontinuing the Program:
The primary reason for discontinuing HomeStart was the elimination of CCDF contracts which supported a shared services approach to administrative functions, as well as the ability to locally recruit and enroll CCDF eligible families. Administrative supports included management of all eligibility, enrollment and attendance documentation, collection of parent fees (CCDF families), and consistent, enhanced payments for EHS, HS, CCDF enrolled families from Grantee to Provider. The payment amount was a combination of Maine’s CCDF market rate and a Head Start stipend.

Another contributing factor to the demise of HomeStart was the additional risk posed by the Head Start redesignation system. Although HomeStart had no deficiencies during its tenure, there was considerably greater risk working in a contractual relationship rather than being the direct service provider. However, this factor alone would not have resulted in discontinuing the service option.

Observations and Lessons Learned:
- One of the most important aspects of partnering with Providers rests in human relationships; ranging from the emotional climate in the caregiving environment to quality relations among the children, their families and Grantee staff. In order to achieve the expectations embedded in the HSPS, thoughtful and varied approaches to orientation and professional development opportunities are necessary. Our experiences revealed that the quality of service was most significantly impacted by individualized coaching based upon mutually agreed upon goals, Provider involvement in Grantee and community sponsored trainings, and professional learning communities supported by Grantee staff. This level of support maximized caseloads at 10-12 Providers per Grantee Staff (coach).
- CCDF contracts with a set aside to support administrative functions for a child care network are necessary to adequately support Providers.
• Reimbursement rates must adequately support quality care. CCDF rates set at the 50th or 75th percentiles do not adequately fund quality care for infants and toddlers. The instability of the market will be exacerbated by fewer preschool aged children in family and center based child care due to the push toward universal preschool.

• Children and families that present the most need for support are engaged in public assistance programs (TANF/ASPIRE). Most often these families are excluded from quality care because the subsidized reimbursement rate does not cover additional supports needed by Providers to successfully care for the child. This often results in expulsion. TANF families need to be included in the new partnership initiative.

• Continuity of service is important not only for maximizing child development, but also to the viability of the Provider partnerships. When a family loses a child care subsidy, EHS services must continue. Providers depend upon (and require) full time enrollment to remain financially solvent. EHS funds are most often not structured to solely support the cost of full-time care and a full-time enrollment opportunity cannot be shared as EHS primary caregiving standards require no more than four infants/toddlers per caregiver. This resulted in families being offered a different EHS enrollment option by the Grantee (when available) and the Provider discontinuing service to the family unless Grantee continued to pay the full-time enhanced rate.

• Providers in states that have a quality improvement and rating system should be required to participate in it to be eligible for these new funds. Building trusting, supportive relationships with Providers takes time and a commitment to improving service quality is necessary for success.

• In order to achieve economies of scale, there should be a minimum number of EHS enrolled children per Provider. While a mixed socio-economic (and age) group of children is desired, enrolling only one EHS child per Provider taxes human and financial resources.

• Provider environments (indoor and outdoor) often require material or structural supports to meet the HSPS. Start-up funds to support improvements are necessary to ensure safety.
Oklahoma Early Childhood Program
Formerly State Pilot Program
established 2007

Community Action Project of Tulsa County (CAP Tulsa) contracts with the Oklahoma State Department of Education to operate the Oklahoma Early Childhood Program (OECP). CAP Tulsa operates OECP funded services and also oversees the operations and funding of the 10 Community Partners as they relate to OECP services. Initially, CAP Tulsa recruited EHS and HS agencies as Community Partners. Over time, private childcare centers were also recruited as Community Partners.

Purpose: To provide comprehensive, full-day, full-year services for at-risk children ages birth through 3 years.

Program Description: The OECP is a public/private partnership to improve the quality of early education services and to expand capacity to serve additional low-income children from birth through age three throughout the state of Oklahoma. The program emphasizes recruitment and retention of highly trained, well-educated teachers. Public funding flows through the Oklahoma State Department of Education and is matched with private funds.
Program Requirements

- Maintain Oklahoma State Department of Human Services licensure,
- Offer care and education services 46 weeks of the year, operating at least eight hours per day,
- Meet specified Program requirements (which are based on selected Early Head Start Performance Standards),
- Be NAEYC accredited, or begin the accreditation process,
- Staff Bachelor (BA) degree teacher for every 2 classrooms,
- Staff each classroom with two staff members at all times, one having a minimum of an Child Development Associate (CDA) credential,
- Ensure additional classroom staff have, at a minimum, Child Development Associate credentials (CDA),
- Provide services of a BA degree Family Support Specialist,
- Use Teaching Strategies GOLD to gather and track child data and to report assessments,
- Participate in management and supervisory training for supervisors,
- Providers’ first year teaching staff will attend WestEd-based training, comprised of Program for Infant/Toddler Care (PITC) Modules I, II, III, and IV,
- Teaching staff that completed the four modules of WestEd-based PITC training are required to complete continuation training.

Children Eligible for the Program

Children ages birth through three years (i.e. children that have not reached their fourth birthday by September 1st of the enrollment year) that meet any of the following criteria at time of enrollment are eligible for the pilot program:

- The family income is at or below 185% of the current Federal Poverty Level guidelines as published in the Federal Register each January,
- The family can demonstrate income eligibility for OKDHS childcare or tribal childcare assistance; or
- The child is in foster care.
Observations and Lessons Learned:

OECP has succeeded by implementing the following policies and procedures:

- Keeping compliance monitoring and technical assistance functions separate
- Developing a common understanding of expectations with a signed agreement
- Starting with 25 of the most critical Early Head Start standards (screenings, health assessments and community resources for high risk families)
- Beginning training for child care partners as a large group to create a common language and then tailoring training to individual programs
- Infusing the PITC philosophy and best 0-3 practices through training
- Creating an online reporting system that requires monthly reporting
- Recruiting and retaining highly qualified staff
- Offering OECP training for the whole site, not just for staff in funded classrooms, in order to increase quality across the site with the result that differences across classrooms have leveled out
This is the model from our original application. The direct service providers spanned counties up to 360 miles apart from each other. They were also funded by many small enrollment awards. Depending on the direct service partner they could have 8, 11, 22 or 24 slots funded by the grant.

The Office of Child Development and Early Learning (OCDEL) as the grantee maintained governance of the grant as well as contact with the Regional Office.

The PA Key is an existing private partner managing several state initiatives. In this model, day to day management, content expertise, monitoring, and internal technical assistance was held at this level.

Eight community-based partners offered either home-based or center-based services. The direct services to children and families were offered at this level. In this model there was insufficient funding to support administration or content at the local level.
This is the current version of the grant. As time progresses, each partner is becoming more sophisticated regarding EHS service delivery and they are collaborating on cross-training based on their expertise. The two direct service partners are about 300 miles apart on different sides of the commonwealth.

OCDEL as the grantee holds Governance and communication with the Regional Office.

The PA Key is an existing private partner managing several state initiatives. In this model, only monitoring and internal technical assistance is held at this level. Two community-based providers offer home-based. By creating a better economy of scale by awarding each partner 64 enrollments and associated funding, they now assume day to day management and content expertise. The direct services to children and families are offered at this level.
Overview

The Office of Child Development and Early Learning (OCDEL) became an Early Head Start Grantee as a state office through the American Recovery and Reinvestment Act in 2009. OCDEL envisioned an Early Head Start grant that would have the flexibility to address unmet needs within the commonwealth. By analyzing information about the availability of services to children birth through age five, OCDEL sought to apply for approximately 400 slots to disperse across Pennsylvania. In the initial proposal, OCDEL consulted with local Head Start/Early Head Start grantees to insure that the service area OCDEL was proposing would not be in conflict with currently operating Early Head Start programs.

Submitting the original application for 400 pregnant women, infants and toddlers afforded OCDEL economy of scale to propose a structure wherein OCDEL would serve as the fiduciary agent and be responsible for policy, monitoring, technical assistance, and working with local early learning programs to deliver the direct services. The precedent for this model was based on the success of the state funded Head Start Supplemental Assistance Program (HSSAP) and the Pennsylvania Pre-K Counts Program (PKC). HSSAP currently serves close to 4,900 eligible children and PKC serves over 12,000 children.

In October 2009, OCDEL was awarded 128 slots. Following commonwealth procurement guidelines and attempting to cultivate a variety of partnerships, OCDEL developed partnership agreements with 8 direct service providers in 5 counties. These 5 counties were located across the state, with programs operating of each other. In order to accomplish this initial goal, OCDEL sub-grant awards were to serve 96 home-based children in 5 partners and 32 center-based children in 2 partners. In order to implement, provide technical assistance and ongoing monitoring, OCDEL also developed a sub-grant award with the PA Key, the private entity responsible for PA Pre-K Counts, Head Start Supplemental Funding and the MIECHV grant.

OCDEL experienced many challenges with this model, primarily due to the small number of enrollments awarded to each partner. In September 2011, OCDEL resubmitted a continuation application to equally divide partnership slots between the two strongest partners, continue to use PA Key staff for monitoring and technical assistance, and redefine the roles of all participating entities. While OCDEL continues to identify implementation challenges, these are primarily due to the newness of this version of the grant.

Observations and Lessons Learned from the Perspective of a State Agency Implementing an EHS Grant

- One of the most important aspects of partnering with community-based providers is allowing for adequate planning and the initial implementation activities. In the original PA model, 7 of 8 direct service partners had no familiarity with Head Start philosophy; comprehensive services; the program regulations and requirements; or the high level of accountability the program requires.
• **Establishing an identity is important.** When working with community-based providers such as child care or state-funded home visitation programs, there is a general lack of understanding about the scope and breadth of the Head Start Performance Standards and Head Start Act. Implementation with partners takes more time for startup due to the fact that they assimilate information through the lens of the program regulations under which they operated. Partnerships had to establish a common language and delineate expectations. It was initially a challenge to engage partner staff in training opportunities because they felt they had the content knowledge and skills already. In all cases, EHS is only a part of their agency programming. It is critical for individual partner staff to understand their relation to the grant, but to have a broader picture across all partners participating in the grant.

• **There is a need to develop a process and timeline to end partner relationships and begin new ones when a partner is identified as underperforming.** Under many state contracts, which are funded for one year with continuation options, the commonwealth can exercise its authority to not renew. This has implications for the future EHS-Child Care Partnerships given the concern regarding EHS compliance. Grantees need guidance about their responsibility to support their child care partners, while having an exit strategy, if through ongoing monitoring and technical assistance a provider cannot attain the expected level of performance. The guidance should provide direction to the enrollment status of families being served at the terminated partner as it is unlikely that a new partner would have capacity to enroll children that attended an underperforming partner’s program.

• Communication is one of the keys to the success of this endeavor. PA would suggest for any state receiving EHS-CC Partnership funding that there is opportunity for face-to-face discussion and review with their Office of Head Start Program Specialist. The PA model constantly challenged/challenges the conventional thinking around EHS. Through constant conversation and referencing of the Head Start Act/Performance Standards, PA has reached a mutual understanding and agreement on our model of service delivery. Our assigned Program Specialist was and remains willing to consider our program model, goals, and program activities as compliant with the Head Start Act. This is not always an easy or expeditious conversation when considering this non-traditional model! Initially we experienced pushback from the Head Start Technical Assistance system regarding the various strategies we were employing to implement the grant. Often we found ourselves in debates as to the allowability of our methods because they were unconventional. Truly using the wealth of Head Start resources (Standards, Act, Early Childhood Learning and Knowledge Center (ECLKC), IM/PIs and best practices), we found ourselves often defending decisions as to how we believed we met the requirements.

• As the Pennsylvania state office with responsibility for implementing the Child Development Fund, Maternal Infant Early Childhood Home Visiting grant as well at the Race to the Top-Early Learning Challenge grant, we recommend significant guidance about technical assistance and professional development. We have a very robust technical assistance and professional development system within the commonwealth. When considering how states may implement the EHS CC Partnerships, PA recommends and requests that there be required coordination between state and federal technical assistance systems.