



## STATE INITIATIVES TO PROMOTE EARLY LEARNING: NEXT STEPS IN COORDINATING SUBSIDIZED CHILD CARE, HEAD START, AND STATE PREKINDERGARTEN



Center for Law and Social Policy

*By Rachel Schumacher, Mark Greenberg, and Joan Lombardi*

April 2001

# THE COMMUNITY PARTNERSHIP MODEL:

*MASSACHUSETTS' EXPERIENCE*

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*For the full report: State Initiatives to Promote Early Learning: Next Steps in Coordinating Subsidized Child Care, Head Start, and State Prekindergarten, or individual descriptions of the studied initiatives in Georgia or Ohio, please see our website at [www.clasp.org](http://www.clasp.org), or call (202) 328-5140.*

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## Introduction

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One model of early childhood service delivery that is emerging across the country is that of the community partnership. Rather than delivering a specific program, such as a defined preschool curriculum or Head Start program to a specific group of children, the philosophy of the community partnership model is to improve and extend early childhood services in a way that meets the needs of the community, within a broad set of objectives set at the state level. Variations on the community partnership model are developing in a number of states including California (Proposition 10, the California Children’s Initiative), Florida (Partnership for School Readiness), Massachusetts (Community Partnerships for Children), North Carolina (Smart Start), and South Carolina (First Steps to School Readiness). In each case, funds are provided from the state to local jurisdictions to fund a set menu of activities. However, states may implement this model in different ways. For example:

- **State level administration:** Some states administer the program out of a state agency (Massachusetts and South Carolina) while other states have established a non-governmental non-profit lead agency at the state level (California and North Carolina).
- **Geographic boundaries:** Each state must decide what geographic area would allow for a workable council, using such boundaries as regions based on social service areas, counties, cities or towns.
- **Composition of councils:** Each state sets guidelines for which agencies and constituencies are represented on councils, but these requirements may vary according to the geographic regions covered by local councils (county vs. city/town), which agencies or entities are included in the scope of the planning (e.g. schools, Head Start, private child care, health, licensing, welfare), and whether other private involvement is a priority (e.g. parents, business, other community leaders).
- **Existing and/or new funds included:** Some states empower councils to develop and implement plans to reorganize existing funding (Florida), while others appropriate or make available new funding streams for councils to access (California, Massachusetts, North Carolina, South Carolina).
- **Program objectives and allowable uses of funding:** In each of the states councils are charged with the task of assessing existing local services and developing a plan for addressing what gaps may exist, however each state has a somewhat different statement of goals and objectives of the initiative.

This chapter describes the experience of Massachusetts in creating and implementing one variation of the community partnership model. The program in Massachusetts is called Community Partnerships for Children

(CPC). CPC is a discretionary state-to-local grant program administered by the Department of Education (DOE), Early Learning Services (ELS). Funds are provided to local communities to meet five priorities:

1. Increase the affordability and accessibility of programs for preschool-aged children through the use of the state sliding fee scale. Participating programs should include children with disabilities, and of diverse cultural, linguistic and economic backgrounds. Priorities for recipients of tuition assistance are:
  - Preschool-aged children on the state's waiting list for subsidized income-eligible child care. Parents who are in training or education programs as well as those who are working are eligible for tuition assistance under this priority.
  - All children of working families earning up to 100% of the State Median Income (SMI) (although some families earning up to 125% of SMI may be served).
2. Provide early childhood programs and services that are of high quality and that enhance children's learning. Participating programs must seek accreditation. Scholarships and professional development programs that increase teacher qualifications are also a priority.
3. Provide comprehensive programs and services, such as social, health and nutrition services, family education, and family literacy.
4. Conduct community outreach to ensure that children of families who may be difficult to reach by traditional methods are located and offered an opportunity to participate in a program that meets their needs.
5. Enhance collaboration among families, businesses, community programs and other organizations concerned with children and families to develop a system of early care and education, reduce duplication of services and promote equitable services across public and private domains.<sup>1</sup>

Interested communities must form a planning and policy-making council to select a lead agency, conduct a community needs assessment, and submit a plan to ELS to meet these priorities based on that assessment. Upon approval, the local CPC council receives a grant to carry out the proposal. Educational services may be delivered in public schools, Head Start agencies, child care centers and family child care settings. Of the total number of participating children in the state, not less than a third must be in full-day, full-year programs. The program has grown to operate in 332 of the state's 351 cities and towns, serving around 20,780 children directly in FY00. The state FY2001 budget included \$104.2 million for the initiative.

The Massachusetts experience provides a useful example of the policy choices and implications involved in the community partnership model. This chapter includes:

- A brief description of the context of the state's early childhood system, including child care, Head Start, and other DOE early childhood initiatives;
- Historical background on the creation and development of CPC;
- Chart of key dimensions and choices in CPC policy; and
- Details on how CPC works and what activities are funded.

All data were verified as of December 2000.

## I. Massachusetts' Early Childhood Systems: Some Context

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**B**efore describing the details of the development and operation of CPC, this section provides brief descriptions of the child care, Head Start, and DOE early childhood initiatives that are the context within which CPC's operate.

### A. Child Care

The state consolidated all child care subsidy and licensing functions (except for DOE programs) into one state agency in 1997. This new Office of Child Care Services (OCCS) is housed within the Executive Office of Health and Human Services, along with the key departments administering welfare, health, and social service programs in Massachusetts. OCCS administers the state's program under the federal Child Care and Development Fund (CCDF), as well as a significant amount of additional dollars from other federal sources and state general revenues. The total OCCS FY2001 budget was \$401.5 million including \$79.5 million from CCDF, \$92 million in funds transferred from the Temporary Assistance to Needy Families (TANF) block grant, and \$139 million in TANF funds spent directly on child care. The principal components of the OCCS budget are as follows:

- \$91.7 million related to families receiving or transitioning from the state's cash assistance program;
- \$13.1 million informal care for that same category of families;
- \$170.2 for income eligible families;
- \$47.9 million for children in protective services;
- \$10.1 million for teen child care;
- \$1.9 million for trial court child care;
- \$25 million for child care provider reimbursement rate increases; and
- \$41.5 million for such accounts as child care resource and referral, licensing, the children's trust fund, administration and quality initiatives.<sup>2</sup>

According to an analysis by Massachusetts' ELS staff, OCCS funding constituted over half (approximately 56%) of the total early care and education budget (federal and state) in Massachusetts in FY99.<sup>3</sup>

The bulk of OCCS subsidies serve families receiving Temporary Assistance for Needy Families (TANF) cash assistance and transitioning off of cash assistance, and other low-income working families. To be eligible for OCCS subsidized child care, Massachusetts families must initially have income no higher than 50% of SMI, but may remain in the system until gross income exceeds 85% of SMI. However, if a family has a child with a disability then they may enter the system with an income up to and including 85% of SMI. Families must have a parent who is working or in training or education, or they may otherwise qualify due to child disability or involvement with protective services.<sup>4</sup> In addition, the state provides funding for child care subsidy to certain teen parents and to families involved with the trial courts. Children up to and including age 12 are eligible, with some extensions for special categories of older children. Families already receiving subsidy are prioritized over other eligible families seeking to enter the system.<sup>5</sup> As of November 2000, there were 16,398 children on the state's waiting list for income eligible subsidies.

Parents receiving a subsidy must pay a copayment to the provider according to a sliding fee scale. In FY2000, OCCS redesigned the scale to include more incremental steps (from 14 to 25) along the income spectrum and to address federal recommendations that families pay no more than 10% of gross income for child care.<sup>6</sup> In 2001, the state plans to eliminate the copayment for families with income under the federal poverty level.

Families who qualify for child care assistance due to TANF receipt or who are transitioning from TANF must establish eligibility for subsidy through a local Department of Transitional Assistance (DTA) office. Other qualifying families may access the subsidy system through OCCS contractors, including both child care resource and referral agencies and contracted providers. OCCS contracts with the child care resource and referral agencies to provide voucher management and assistance to eligible parents in search of subsidized child care. To access a subsidy, families eligible for care due to participation in the TANF program are referred to the resource and referral agencies after being authorized by the local Department of Transitional Assistance.<sup>7</sup>

Massachusetts uses both vouchers and contracts to provide child care assistance to qualifying families. The majority of OCCS child care slots (37,600<sup>8</sup>) are provided through vouchers given to parents who are on or transitioning off of TANF, or who are low-income. Through the voucher system, parents bring the voucher to the provider of their choice. The state then reimburses the provider for child care services rendered, according to the state rates of reimbursement. In addition to formal licensed center and family child care providers, parents may also choose an informal (kith or kin) care provider using OCCS subsidies (4,000 children<sup>9</sup>). Some families may also access the child care subsidy system through slots that OCCS contracts directly with 300 providers to hold for qualifying children. Through its contracts, OCCS can further monitor the programs and ensure quality of services. Approximately 13,000 children receive child care subsidy through such income eligible contracted slots, including some TANF/post-TANF families (subject to availability), and families with parents meeting income guidelines and who are working or in education/training.<sup>10</sup> OCCS contracts with family child care systems to provide child care to qualifying families, with systems required to provide participating family child care homes with support services, including assistance on paperwork and finances, trainings, technical assistance, and home visits.

Reimbursement rates are determined according to several factors. Rates for contracted and voucher providers vary regionally, from a floor of the 45th percentile of the market in some areas, to a high of the 75th percentile in others. For vouchers and contracts, OCCS is implementing new payment rates based on a market rate survey conducted in 2000. The legislature appropriated \$25 million to increase child care provider reimbursement rates beginning in state FY01. Informal care providers are paid through state dollars at a rate of \$15 per full-day of care, and \$8 per half day.<sup>11</sup>

According to Census data projections reported by DOE, there were approximately 163,495 three- and four-year-old children in Massachusetts, and around 23,319 OCCS subsidies (vouchers, contracts, and informal care) were available for this age group of children in FY99. These figures allow a rough calculation that around 14% of three- and four-year-old children in Massachusetts were receiving an OCCS subsidy. In comparison, the same calculations of the available data for infants and toddlers (birth up to age three) indicate that only 4% were receiving an OCCS subsidy.<sup>12</sup>

OCCS is in the process of developing an online single computer system for determining eligibility of families and availability of slots, while maintaining multiple points of entry into the subsidized child care system. The new computer system will be used by all resource and referral agencies and providers that accept vouchers or have state contracts, and there are plans to link CPC's as well. An "eligibility wizard" aspect of the system will be accessible to help parents determine whether they qualify for subsidies over the Internet.<sup>13</sup>

OCCS oversees licensing of child care centers, family child care providers, Head Start programs, and all privately operated preschools that are located in the public schools. Child care programs that are managed by school departments and located in schools are exempt from licensing. A center subject to OCCS licensing must renew its license every two years and is routinely visited once a year and upon renewal. A family child care home provider must have a pre-licensing visit and must renew the license every three years. OCCS must visit the home again prior to renewal, and may also conduct unannounced visits on an as needed basis.<sup>14</sup> In FY99, OCCS had a state caseload of 14,110 child care facilities, 69 full time equivalent (FTE) employees, and an estimated caseload of facilities per FTE of 204. The state licensing earmark was \$7 million in 1999.<sup>15</sup> Informal in-home/relative providers are not licensed, but must submit to criminal background checks in order to receive subsidized children. Both relative and non-relative informal providers must attend an orientation and complete a basic safety checklist and meet basic home safety precautions.

As the lead CCDF agency, OCCS has initiated a number of projects with the 4% quality set aside of the CCDF block grant. According to the state's CCDF plan for FY2000-2001, some of the activities include: consumer education (e.g. OCCS' website, brochures, statewide toll-free referral phone number); grants or loans to providers to meet State and local standards (e.g. involvement in the Child Care Capital Investment Fund, start-up funding to providers with OCCS contracts to increase slot capacity, CDA scholarships for teachers); OCCS licensing and monitoring activities, training and technical assistance (e.g. OCCS contracts with Resource and Referral agencies to develop training and education opportunities and provides assistance to family child care and mentoring associations); compensation for child care providers (market rate survey update); and other activities that are intended to increase quality

and parental choice (e.g. “Invest in Children” license plates with proceeds targeted for a child care quality fund, in-home provider support program, non-traditional hours supply development).<sup>16</sup> OCCS is also leading an effort to investigate options in increasing recruitment and retention of child care staff.

OCCS contracts with a network of agencies that provide child care resource and referral services for an array of services. These agencies are integral to the OCCS effort to collect data regarding licensed and exempt child care programs, and other child care issues. Under the terms of their contracts with OCCS, resource and referral agencies are required to collaborate with CPC boards, and to assist CPC’s with training initiatives, data collection, and other technical assistance. The network also conducts special data projects for OCCS; for example, the network is currently conducting a statewide survey on salaries and benefits in licensed child care programs.<sup>17</sup>

## B. Head Start

Massachusetts currently has 31 Head Start grantees that are funded and administered through the U.S. Department of Health and Human Services, Region I.<sup>18</sup> Each of these federal grantees is also eligible for supplemental state funding provided by the state legislature and administered through the DOE to improve salaries and expand slots. All federal and state funds go directly to grantees through a continuation grant process. The vast majority of the grantees are Community Action Agencies and other non-profit agencies.

In FY00, federal Head Start funding was \$85.3 million and served 530 three- and four-year-old children and 705 infants and toddlers (\$78.8 million was for Head Start and \$6.5 million for Early Head Start).<sup>19</sup> According to an analysis by ELS staff, this funding level constituted approximately 14% of Massachusetts’ total budget, including federal and state funds, for early care and education that year.<sup>20</sup> State Head Start funding was \$7 million, which included \$5.1 in supplemental funds for salaries and \$2 million to serve an additional 450 children.<sup>21</sup> The average cost per child for federally-funded Head Start in Massachusetts is \$6,834.<sup>22</sup>

Head Start programs are also eligible for state CPC and child care subsidy dollars. In FY00, Head Start programs received \$18 million or 19% of the total state funding available through CPC grants to local providers of services. This figure was almost twice the funding that Massachusetts Head Start grantees receive from the state through the separate state Head Start line-item.<sup>23</sup> OCCS vouchers and contracts with Head Start programs may provide extended-day care to children eligible for OCCS subsidies. Negotiations in 1998 resulted in a new “Head Start Partnership Rate” for vouchers that closely matches the cost per child Head Start grantees are accustomed to receiving from federal funds. FY98-99 Program Information Report (PIR) of the actual enrollment, the majority of the children (56%) were four years old and about a third (36%) were three years old. Approximately 38% the families were receiving TANF benefits (dropping from 51% in the previous year), 68% of the families had heads of household who were working full time, part-time or seasonal, and 13% were in training or in school. About 59% of the families were single parent households.<sup>24</sup> Federal and state supplemental Head Start funds pay for comprehensive services for children including education, health, parent involvement and disability services. About half of Massachusetts Head Start programs continue to be funded as part-day programs.

A Massachusetts Head Start State Collaboration project was established in 1996 through federal funding, and is currently housed in the Executive Office of Health and Human Services. The director serves on the OCCS advisory board. Since initial funding, the project has received supplemental grants to promote professional development, recruitment and retention efforts across the early childhood field and to study and plan for infant/toddler services through the establishment of a statewide collaborative called the Infant Toddler Services Summit. In addition, the collaboration project has been involved in interagency data issues, efforts to develop uniform quality standards, and the promotion of Max Care, a project of the state Department of Health to promote child health.

## C. DOE Early Childhood Initiatives (non-CPC)

For the purposes of understanding how other DOE programs may interrelate with CPC, this section describes: 1) other public preschool policy and programs; 2) the Parent-Child Home Program; and 3) the Massachusetts Family Network.

As mentioned in the introduction, Early Learning Services (ELS) is the division within the Massachusetts Department of Education which administers the CPC program, but it also is responsible for a set of other early childhood initiatives. These include CPC (\$104.2 million in FY01) and the above mentioned state funding for enhanced Head Start salaries and expansion (\$6.8 million in FY01).<sup>25</sup> The Department is overseen by the Board of Education, which has an Early Childhood Advisory Council to advise on policies and programs. In 2000, the state legislature also created an Office of School Readiness within the Department, and placed ELS within this new Office. Other key programs include new state dollars for full-day kindergarten (\$28 million in FY01) and expanded dollars for after-school programs (\$4.8 million in FY01). According to FY99 figures, DOE is responsible for approximately 24% of the state's early care and education budget.<sup>26</sup>

Most Massachusetts public schools house “preschool” classrooms that may receive state CPC dollars, or may be funded through the local school system and/or federal funding sources such as Title I (this is especially true for the few areas of the state without CPC councils and grants).<sup>27</sup>

The Parent-Child Home Program is a state to local competitive grant program that may be awarded to school districts, Head Start agencies, or OCCS licensed child care programs that are also CPC lead agencies. This is a national home-visiting model for families with children beginning in their 18th month and extending until they enter preschool. The program objectives are:

- ✓ To provide specific skills and strategies to mothers, fathers, and other primary caregivers to support their roles as children's first teachers, and
- ✓ To enhance and support positive parent-child relationships through both direct service and referrals to appropriate family support resources in the community.<sup>28</sup>

The Massachusetts Family Network is also a state to local competitive grant program that may be awarded to school districts, Head Start agencies, or OCCS licensed child care programs that are also CPC lead agencies. It was created as a pilot program under the 1993 Education Reform Act. The

purpose of the program is to promote parent outreach, education and support for families with children birth to age three through better local coordination of available family services as well as the funding and development of new approaches. The four objectives of the Family Network in each community are to:

- ✓ Plan and conduct outreach to families with children birth to age three, including those families that may be hard to reach;
- ✓ Coordinate a system of community family education and support resources and services for such families;
- ✓ Structure opportunities for such families to increase parenting skills, enhance their child's development, take leadership in the community, and develop community and inter-family relationships; and,
- ✓ Evaluate the Family Network and adapt and improve the community's approach.<sup>29</sup>

## II. Historical Background on the Development of Community Partnerships for Children

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The Massachusetts state legislature established the Community Partnerships for Children (CPC) in 1993, building on pre-existing collaborative preschool and special education initiatives housed in the state's Department of Education. The state's School Improvement Act of 1985 (Chapter 188) provided public schools with funds to provide preschool programs for "at risk"<sup>30</sup> children. The development of these programs was influenced by research such as the High Scope/Perry Preschool Project, in which comprehensive, two-year interventions were found to be effective in affecting child outcomes. The state's public schools also had a pre-existing state mandate to provide preschool to children with disabilities. The Department became concerned about the need to coordinate early childhood special education with the Chapter 188 programs in order to be inclusive of children with disabilities. In response, the ELS division was created by merging Department staff focused on special education with those focused on early childhood education. Chapter 188 required local councils (including representation from child care resource and referral agencies, Head Start, and public schools) to address early childhood issues. These changes resulted in significant progress in developing more inclusive classrooms for preschool age children across the state, and convinced ELS staff that merging programs could improve quality.

In the early 90's, the state's leaders became focused on reforming the state's public school system. Issues related to preschool and early childhood education were not central to this reform debate, in some part due to the fragmented nature of the early childhood education system and lack of agreement in the advocacy community as to a solution. At the same time, however, the state Board of Education's Early Childhood Advisory Council was growing more interested in the potential of collaborative local efforts to address unmet needs in early childhood education. Council members had come to believe that lack of early childhood education was a factor in the difficulties some school age children were having on both social and cognitive measures, and therefore very related to the ongoing education reform discussions. In 1992, the Advisory Council conducted a study of policy-making capacity of the existing Chapter 188 Councils and reported positive findings. Along with DOE, this interagency Advisory Council developed plans to restructure the state preschool program to further encourage collaboration and to expand access to quality preschool for children of low-income parents. Following up on the results of their research, representatives of the State Early Childhood Advisory Council began to circulate a proposal to the key players working on education reform to rename and revise the public preschool program into the Community Partnerships for Children initiative. Their efforts were successful, and in 1993 the final version of Massachusetts' education reform legislation (which was passed as part of the state's budget) included an additional \$6 million for the early childhood program under the Department of Education.

The early version of CPC differed from the current program in some aspects. Building on the Chapter 188 program, the target population was “at risk” three and four year old children and gave existing councils advantage in applying for funding. Budget language stated that only public schools or Head Start grantees could act as lead fiscal agents. In preparation for the FY96 budget, Senate Ways and Means staff examined CPC data and rewrote the enabling legislation so that it targeted working families more specifically (one-third of slots must be full-day, full-year) and required programs to seek accreditation in order to receive funding. In determining income eligibility for CPC, the legislature was particularly interested in assuring access for those families often left out of subsidized child care systems: families with income between 50 and 100% of SMI. In addition, legislators wished to assure that CPC funds did not supplant other funding sources for child care subsidy, such as TANF. Families eligible for child care vouchers due to TANF status should not receive CPC slots, although they may receive CPC-funded comprehensive services or other types of assistance.<sup>31</sup> Private licensed child care providers were given the opportunity to act as lead fiscal agents in 1996, although the legislature also stipulated that existing CPC’s could not change lead agencies without the lead agency’s agreement. Also, while pre-1993 public school preschool programs have been folded into CPC, they have also been allowed to continue to serve some non-working “at risk” families with the \$13 million that had funded these programs in the early phases. Finally, all CPC’s were required to follow OCCS’ sliding fee scale for copayments.

Since 1996, the initiative has been further defined and has grown dramatically. The Senate’s vote of confidence seems to have allowed not only more funding, but for CPC to be seen as a major preschool initiative for the state.<sup>32</sup> There are currently 168 CPC Councils covering 332 of Massachusetts’ 351 cities and towns. (The state has almost no county government system.)The FY2001 CPC budget was \$104.2 million out of a total early childhood budget (OCCS and DOE) of \$545.7 million, including \$391.6 million to OCCS and three other DOE line-items: \$6.8 million in state funds to Head Start, \$28 million for full day kindergarten, and \$4.8 million for after-school. CPC funds flow through DOE, separate from the state’s funding streams for child care subsidies and the federal Head Start program.

At this point, CPC funding had been entirely state dollars, allowing more flexibility in design than may have been possible under CCDF (e.g., CCDF funds may not be used for children over 85% of SMI, or for construction and capital improvements except for minor remodeling). Starting in FY2000, however, \$20 million of CPC funds were claimed as state Maintenance of Effort dollars for the purposes of the TANF program. Those CPC funds are being used for children that meet the state’s definition of needy families (defined as under 100% of SMI), not for families receiving or transitioning from TANF. In FY2001, the legislature replaced approximately 45% of the state dollars used for CPC with federal TANF funds.

The decisions about how CPC funds are allocated are made by each local council. Of the total funds allocated to CPC in FY00, 35% went to private child care providers, 23% to public schools, 19% to Head Start agencies, 11% to family child care providers, 7% to other agencies (social services, mental health, transportation, training and classroom consultants, renovations), and 5% to child care resource and referral agencies.<sup>33</sup>

### III. Key Dimensions and Choices in CPC Policy

Key Dimension/Choice	Massachusetts CPC Policy
Which specific age group is included?	2.9 to 5 years old (or kindergarten eligible)
Intent to reach all or some of this group?	Broader access for families up to 125% of SMI, using same sliding fee scale as the subsidized child care system
What is the balance between goals of school readiness for children and work supports for parents?	Both goals are included in CPC objectives
Principal focus on educational competence and/or comprehensive services?	Both educational competence and comprehensive services
How is educational competence enhanced?	Center-based programs must work toward NAEYC accreditation standards and relevant licensing standards; family child care providers must work toward relevant licensing standards and NAFCC accreditation standards or have a CDA or associate's degree. Funds may be used for quality enhancement, professional development, and capital improvement activities.
What are the state and local roles?	Community partnership model. State determines eligibility, copayments, quality standards, and 5 key objectives and requests local grant proposals allowing a menu of activities. Community councils assess local needs and develop plans to meet objectives.
Relationship to pre-existing Head Start, child care, and public school programs?	Councils may direct funding to each type of program to pay for slots, extend the day/year, enhance quality or provide comprehensive services. Local representatives of each constituency must sit on Councils and sign-off on plans. Local collaboration is a key objective.
How does the initiative impact other parts of the early care and education system?	Quality enhancement and comprehensive services can spillover to other classrooms in a program and other families in the community. School age care often not affected. State level operations are effectively separate from the state child care subsidy system. In some cases, interested local providers may be left out.
How is the initiative funded?	Initially CPC was funded with all state general funds. In FY00 a proportion counted toward state TANF MOE, and in FY01 about 45% of the total allocation is from the state's TANF block grant.

## IV. Community Partnerships for Children: How They Work

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### A. Process for Selection of Communities

This initiative started with \$6 million and grew to \$104.2 million in funding over a short period of years, necessitating that ELS develop and continually adapt a competitive process for selecting community plans. Currently, communities access CPC dollars through a discretionary state to local grant process administered by ELS. Each year, once the state budget allocation for CPC has been determined, ELS issues a Request for Proposals (RFP) for both new and continuation/expansion grants. Existing programs are informed as to how much expansion funding they may apply to receive, and they must submit a revised application and plan describing how those funds could be used in order to receive a higher grant. Grant applications are scored and ranked by interagency teams for a total of as many as 80 reviewers, including but not limited to staff from ELS, OCCS, and the U.S. Administration for Children and Families, and parents of preschool age children. Recommendations are sent to the Board of Education for final approval.

- ✓ In order to establish a new local CPC, an interested community must:
- ✓ Form a CPC Council;
- ✓ Assess needs and resources in the community;
- ✓ Select a lead agency;
- ✓ Develop a proposal/community plan; and,
- ✓ Begin to report required monthly data.<sup>34</sup>

Council membership guidelines are clearly defined. Councils must have participation from the local school principal, the area child care resource and referral agency, Head Start, three providers of early care and education, a representative of private providers of early care and education, a representative of early intervention, and two parents of young children. If the community addressed in the proposal also has one of the state's organized family child care systems, a Massachusetts Family Network grant, or a Parent-Child Home Program grant, then the Council must have a representative from those groups as well. In addition, Council requirements for the FY2000 grant cycle mandate representation meeting two of the following four categories: a member of the medical community, a member of the business community, a member of the religious community, or a representative of senior citizens in the community. Finally, Councils are encouraged to include an additional representative of each of the following: parents of

children with disabilities, an assistant superintendent and/or public school special education director, a children's librarian, a member of higher education, a kindergarten teacher, a social service agency, and a city or town official.<sup>35</sup>

Once a Council has been established, it must conduct a needs assessment in the community to be addressed. The definition of community may include more than one city or town, but only one proposal may be submitted per locality. ELS has developed a standardized assessment process, called Community Profiles, which is being phased in across all CPC communities. An assessment must include:

- ✓ What is known about the early care and education needs of families in the community; and,
- ✓ What is known about the needs of early care and education providers and the capacity in the community to provide high quality early care and education programs in the community (considering supply, demand, physical space, training and other information).<sup>36</sup>

The Community Profiles project will be fielded in each community every three years. While the local CPC must collect the data, ELS will enter and analyze the information.<sup>37</sup>

A new Council is also responsible for selecting a lead fiscal agency for the project. A lead agency may be a public school, a Head Start agency, or private center-based child care provider. The lead agency is responsible for financial planning and oversight, including management of subcontractors.

Next, the Council and lead agency must develop a proposal. According to the FY2000 Request for Proposals, applications must include:

- A. An overview of community's vision/mission for early care and education in their locality;
- B. Information from a community needs assessment;
- C. An implementation plan, including:
  - ✓ Plans to meet the five objectives, specifically addressing the planned activities, participating programs responsible for activities, number of children to be served, and how to manage the prioritization of children on the OCCS waiting list;
  - ✓ A proposed time-line;
  - ✓ An outline of the role, makeup, and responsibilities of the Council both in implementing CPC and in relating to other local early childhood initiatives; and,
  - ✓ Details on how the project will be managed, including intake, eligibility determination, subcontracts, copayments, reimbursement rates, etc.;
- D. An evaluation plan that addresses each of the five objectives; and
- E. A sign-off sheet bearing the signatures of each of the required Council members.<sup>38</sup>

Applications must also include an attached proposed budget and certain information, such as the accreditation status of the participating programs.

## B. Characteristics of CPC Initiatives

Since CPC is a flexible funding source subject to community planning, and not a specific program, the details of how each community seeks to meet the five CPC objectives differ according to Council priorities and local needs. CPC's may create more slots for children in extended day programs attached to existing half-day preschool and Head Start classrooms, as well as through purchasing slots in full-day child care programs. They may set the rate at which they reimburse programs for these services above the OCCS rate. They may address local needs for comprehensive services, such as nutrition, social and health services, and family involvement, education and literacy. CPC dollars may also be used for renovations and improvements to participating programs if the community needs assessment supports the need for capacity development and other eligibility conditions are met. (There are limitations to using CCDF funds for such purposes.) Some allowable expenditures include: renovation of existing or new space; building new space; purchase of new building; land purchase; playground improvements; modifications necessary to comply with the American with Disabilities Act, code, and licensing; and other necessary modifications such as de-leading or addition of sinks.<sup>39</sup>

A technical assistance guide was first developed in 1995 and has been updated each year to reflect new issues and learning about best practices in operating CPC's, including: roles and responsibilities of lead agencies and Council members; how to involve family child care providers; how to subcontract; quality requirements for participating agencies; how to determine eligibility; and bookkeeping guidelines.

Despite the flexible nature of the initiative, there are some key guidelines that are applicable to all participating communities and shape the services provided:

- ✓ **Collaboration:** Through the strict requirements for representation on the policy-making and planning body of the Council and sign-off of the community proposal, ELS seeks to enforce the CPC philosophy of shared leadership. To that end, ELS staff also provide ongoing hands-on technical assistance to Councils and lead agencies. It is difficult to know for certain if CPC's are promoting a level playing field among the different types of programs involved across the state, but an evaluation conducted by Tufts University in 1996 found that surveyed CPC participants credited the initiative with an increase in collaborative behavior locally.<sup>40</sup> In terms of lead agencies, ELS data find that among the 168 Councils, 119 are led by the public school district, 36 are led by a Head Start agency (this number reflects involvement of 19 grantees, with some leading more than one CPC), and 13 by private child care providers.
- ✓ **Eligibility:** For the majority of funds, CPC's must give priority for educational services to three- and four-year-old children who are in families with income up to 100% of SMI, which is \$68,958 a year for a family of four in 2001. In state FY00, CPC Councils were allowed to extend eligibility up to 125% of SMI according to local need. Families on the state's income eligible child care subsidy waiting list, who must be working or in education/training, are prioritized for new slots. Working families are defined as two-parent families with both parents working full- or part-time, or single-parent families with the parent working full- or part-time. Program guidelines allow a child whose parent loses employment during the course of the preschool year to remain in

the program until the end of the year. According to ELS data for FY00, 61% of the CPC families had income under 50% of SMI, 24% between 50 and 75% of SMI, 10% between 75 and 100% of SMI, 3% between 101 and 125% of SMI, and 2% above 125% of SMI (“at risk” eligible).<sup>41</sup>

- ✓ **Copayments:** Since 1996, CPC programs have been required to collect copayment fees according to the OCCS sliding scale. In FY00, that translated into \$10.99 million in parent fees.<sup>42</sup>
- ✓ **Basic Standards:** Participating programs must meet certain existing basic standards depending on provider type: child care providers must meet OCCS state licensing standards, Head Start agencies must meet OCCS state licensing and federal Head Start standards, and public school programs must meet DOE standards for public school programs. All programs must meet legally applicable standards.
- ✓ **Staffing:** Programs must meet legally applicable staff:child ratio standards according to the existing basic standards required per classroom setting. Participating child care centers observe a 1:10 ratio with a maximum group size of 20 children. Head Start settings use a 1:9 ratio, with maximum group size of 18 children. Public school classrooms allow a 2:15 ratio, with maximum group size of 15. Family child care providers use a 1:6 ratio with maximum group size of 6 children.<sup>43</sup>
- ✓ **Accreditation:** In order to serve children subsidized by CPC, a center-based program must be accredited by the National Association for the Education of Young Children (NAEYC) or must agree to work toward achieving accreditation within three years. Family child care providers must be or agree to become accredited by the National Association of Family Child Care (NAFCC) or to achieve Child Development Associate (CDA) certification or have at least an Associate’s degree in early childhood education. In order to support accreditation, a local council may use CPC resources to provide staff development and training, purchase materials for programs to become more developmentally, culturally, and linguistically appropriate, and to provide more opportunities for family involvement and support.<sup>44</sup> In a February 1998 report to the state legislature, ELS found that 323 of the 963 center-based programs participating in CPC were accredited, and 494 were in the self-study phase of the process.<sup>45</sup> According to NAEYC, the total number of Massachusetts accredited center-based programs has expanded rapidly, with 724 accredited and 752 in the self-study process.<sup>46</sup> While it is unclear how many of these programs initiated the process due to CPC requirements, this is a striking increase, and Massachusetts has the largest number of NAEYC-accredited programs in the country. ELS has estimated that the impact of CPC’s accreditation activities accrues to many children not directly funded by the program - around 76,000 children across the state by FY00.<sup>47</sup>

It is difficult to paint a statewide picture of how local Councils are putting together plans to creatively link services to provide full-day, full-year opportunities for children, and how they may be building a comprehensive early care system. However, some aggregated ELS data are available get a sense of local activities, and review of Council proposals reveals some details regarding local approaches.

How children are placed among child care, Head Start, and public preschool providers varies across communities. While one would assume that communities seek to maximize the good fit between provider and needs of children and families, no statewide policy or specific data are available to confirm this assumption. Some of the Councils have chosen to contract with the pre-existing Resource and Referral agency to manage the intake and education of families about their choices among participating CPC providers, while others have contracted directly with an assortment of local providers for certain numbers of slots and try to maximize parent choice.

Another key issue has been maintaining stability of subsidy for children who have participated in CPC-funded services. Many families were having difficulty accessing subsidized after school and summer child care for their children once they entered kindergarten, because they had removed their names from the state child care subsidy waiting list while receiving CPC-funded services during the preschool years. The budget language for CPC now mandates that ELS and OCCS collaborate with CPC lead agencies to ensure that children who are eligible for OCCS subsidy are prioritized for CPC dollars, and that those children retain priority status for OCCS subsidies once they age out of CPC services.<sup>48</sup>

Councils have developed a wide array of activities to meet the objective of providing comprehensive child and family support services. Aggregate data are available to describe how many CPC’s had certain types of comprehensive services in FY99, and an estimated number of participants (see table).<sup>49</sup> These activities usually reach beyond the number of children counted in CPC educational services slots to all children in the CPC community.

CPC Activity	Number of Participants	Number of CPC’s
Parent resource centers/libraries	21,375	153
Guidance materials	48,750	144
Parent/child activities	7,193	131
Book lending library	42,615	126
Adult education	10,539	116
Parent/child literacy activities	18,460	114
Family literacy seminars or workshops	5,332	101
Parent support groups	4,539	95
Home visits	4,355	88
Play groups	4,018	66

Other examples of comprehensive services data may be found in the monthly statewide reporting data ELS collects. From November 1999 data, this is an estimate of the numbers of children provided with a variety of comprehensive services in that month:<sup>50</sup>

CPC Comprehensive Services	Number of Children Served
Information and referral	12,518
Literacy development	12,014
Family support/education	7,464
Nutrition	2,959
Mental health	2,434
Transportation	2,480
Social services	2,104
Home visits	1,366
Health/dental screenings	1,323

### C. Evaluations and Data Collection

CPC evaluation and data collection efforts have been implemented and adapted as the initiative has grown. In the early stages of the project, a process evaluation regarding Council functioning was conducted. More recently, ELS has commissioned an intensive study of the cost and quality of early care and education programs in the state, cutting across program types and funding sources. Several data collection initiatives strive to describe CPC activities and the state of early education in Massachusetts, including: audits of the fiscal and program health of CPC efforts; a study of accreditation among CPCs; an ongoing series of reports in which state data on all early education efforts are presented in order to influence policymaking in the state; and standardized data collection across CPC communities.

**Process Evaluation** - The first evaluation of CPC was conducted in 1996 by Tufts University. It was focused on Phase II of the initiative after the conversion of the program in 1993, but before the program was expanded in 1996, and was intended to inform legislators considering further investments in the program. Tufts designed the study according to a “continuous improvement” or “quality enhancement” methodology, meaning that key players in the implementation of CPC were involved in assessing the progress and outcomes at that point. Each CPC Council designated a “Q-Team” representative of the collaborative to answer the Tufts survey. The researchers found that respondents believed : CPC had increased local collaboration, affordability, availability, quality and comprehensiveness of early care and

education in their communities. Respondents credited the CPC collaboratives with leveraging additional community resources for early childhood education. The study suggested that communities contributed 45 cents for every state CPC dollar, including in-kind donations and more efficient sharing of resources across partner agencies. However, respondents also identified “turf issues,” limited resources, and time constraints as challenges to further necessary improvements.<sup>51</sup>

**Cost and Quality of Early Education in Massachusetts** - In this study, it is not the intent of ELS to evaluate CPC per se, but to better understand what it costs to provide a quality program in Massachusetts. The national Cost, Quality and Outcomes Study measured the cost and quality of the preschool care and education children received and then tracked their cognitive and social outcomes as they entered and continued through elementary school. A Massachusetts specific version of this study is being conducted using both state and federal research funding in partnership with Wellesley College, Abt Associates, and Rutgers University researchers. The main questions to be addressed by the study are:

- ✓ What is the quality of early care and education programs in Massachusetts?
- ✓ What are the real costs (as opposed to market rate prices) of early child care and education programs?
- ✓ How does quality relate to cost? How much more do high quality programs cost?
- ✓ Is there a relationship between funding source (government subsidy or parent fee) and quality? Are low-income parents accessing higher quality care?

To answer these questions, the evaluators will first select a representative sample of center-based preschool programs in community based organizations (Year One - 2000), public school preschool programs and family child care programs (Year Two - 2001), and center-based infant/toddler programs provided in community based organizations (Year Three - 2002). Only full-day, full-year programs will be included in the child care sample, although part-day public school preschool will be included. Quality will be measured using the Early Child Environment Rating Scale (ECERS), the Infant Toddler Environment Rating Scale (ITERS), and an equivalent family child care tool (FDRCS). Trained observers will also examine teacher involvement, staff qualifications, structural features of programs. Costs will be assessed through interviews with providers and reviews of program budgets, including consideration of in kind donations and other resources which may reduce the published rate charged to the public. In the future, the Department of Education hopes to link the collected data to the public school system’s database to track children’s progress after they leave their early childhood environments and enter school.<sup>52</sup>

**Auditing** - Private auditing firms are contracted by ELS to implement fiscal and programmatic review of randomly selected CPC’s on an annual basis. ELS uses the results of these reviews to structure the content of regional fiscal trainings held each year to inform CPC’s about good fiscal management policies.

**Accreditation** - In 1998, ELS conducted a study of accreditation among CPC’s for the state legislature. At that time, ELS found that 34% of participating center-based programs were accredited, and an additional 51% were in the self-study process leading to accreditation.<sup>53</sup>

**Data Analysis to Inform Policy** - In 1999, ELS staff gathered data on the supply of services under the state's early education system, including CPC, Head Start, and subsidized child care, and estimated potential demand for such services. The resulting document, *Setting a Course for Early Education and Care in Massachusetts*, was distributed to policymakers in order to aid decision-making in this area, and provide a picture of the full range of services available in the state. Staff are working to update this document for publication in 2001.

**Community Profiles Project** - Efforts to collect data through the CPC Councils have also been adapted and improved as the initiative has expanded and matured. Although CPC Councils were always required to collect local data through the needs assessment requirement, ELS has developed more systematic means of collection in recent years, including monthly reporting of certain statistics and the Community Profiles project. The Community Profiles project builds on the capacity of the local planning Councils by asking them to collect data on the quantity and quality of early childhood education in a systematic manner through out the state. Once collected, the data will be processed in a manner accessible to both the pre-existing systems in OCCS and DOE.

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