



EARLY HEAD START-CHILD CARE PARTNERSHIPS:

Growing the Supply of
Early Learning Opportunities for
More Infants and Toddlers

Year One Report, January 2015 – January 2016



ADMINISTRATION FOR
CHILDREN & FAMILIES



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EXECUTIVE SUMMARY



The first few years of a child’s life are critical for building the early foundation needed for success later in school and in life. Research shows that 85% of the brain is fully developed by a child’s third birthday.¹ Early environments matter, and nurturing relationships are essential. Leading economists agree that high-quality early learning programs can help level the playing field for children from lower-income families on vocabulary and on social and emotional development, while helping students to stay on track and stay engaged in the early elementary grades. High-quality early childhood programs bring significant returns on investment to the public.² All infants and toddlers deserve high-quality, nurturing care that supports their healthy development. Most of these young children are served in a variety of child care settings while their parents have to work.

The Early Head Start-Child Care Partnerships (EHS-CCP) are a new approach to expand access to high-quality care for infants and toddlers and their families. In FY 2014, Congress appropriated a historic \$500 million for EHS-CCP. For FY2016, Congress appropriated \$635 million, an increase of \$135 million to support these efforts. Prior to these investments, about 115,000 low-income infants and toddlers were participating in Early Head Start (EHS). About one third of the 1.5 million children who received assistance under the Child Care and Development Block Grant (CCDBG) were infants and toddlers. Research has demonstrated that EHS programs that fully implement Head Start regulations improve school-readiness outcomes for children. While EHS has high-quality child development standards, infants and toddlers who received assistance through CCDBG were in settings of varying quality—too often in care that was not high quality. In addition, although EHS offers comprehensive health, developmental and family support services for children and families, children of the same income level in child care lacked access to these services.

The concept behind EHS-CCP was for communities to collaborate to identify settings that served CCDBG-funded children and to partner with those programs to meet EHS standards. The new partnerships were created to increase the supply of high-quality early learning opportunities and better align the continuum of care and development leading to preschool for infants and toddlers living in low-income working families.

These investments are now supporting 275 new EHS-CCP and Expansion grantees.

- EHS-CCP grantees are partnering with more than 1,200 local child care centers and 600 family child care programs, with additional partners coming online each month.
- Grantees will be serving 32,000 infants and toddlers when they reach full enrollment over the next few months.
- Additional grants will be awarded in the next year with the \$135M increase in FY2016 funding.

¹ See From Neurons to Neighborhoods, National Research Council & Institute of Medicine (2000), J. P. Shonkoff & D. A. Phillips, (Eds), Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education, Washington, DC: National Academy Press, and Kuhl, P. K., (2011), Early language learning and literacy: Neuroscience implications for education; *Mind, Brain, and Education*, 5, 128–142.

² For more information, see: <http://heckmanequation.org/content/resource/case-investing-disadvantaged-young-children> and <http://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/>

EHS-CCP combines the strengths of child care and EHS programs through layering of funding to provide comprehensive services and high-quality early learning opportunities for infants, toddlers and parents in low-income working families. Child care centers and family child care providers respond to the needs of families by offering flexible and convenient full-day and full-year services. In addition, child care providers have experience providing care that is strongly grounded in the cultural, linguistic and social needs of the families and their local communities. Without EHS-CCP funding, many child care centers and family child care providers lack the resources to provide the comprehensive services

DUE TO THIS HIGHLY VALUED PARTNERSHIP, WE WERE ABLE TO OPEN A STATE OF THE ART CLASSROOM WITH HIGHLY QUALIFIED TEACHERS AND OFFER THEM A HIGHER LIVABLE WAGE. BECAUSE OUR TEACHERS ARE PAID WELL AND HAVE GREAT BENEFITS, THEY ARE ABLE TO DEDICATE THEMSELVES TO THE CHILDREN IN THEIR CARE AND OUR CENTER AS A WHOLE. THE CHILDREN IN OUR INFANT/TODDLER ROOM, ALSO KNOWN AS THE CATERPILLARS, HAVE A ROOM THAT IS SAFE, BEAUTIFUL AND HIGHLY EDUCATIONAL...IT IS A GREAT OPPORTUNITY FOR ANY DIRECTOR TO BE ABLE TO OFFER HIGH-QUALITY INFANT CARE WITHOUT IT BEING A FINANCIAL DRAIN ON THE CENTER AND HELP THEIR FAMILIES AT THE SAME TIME.

CHILD CARE PARTNER

- More than 21,000 infants and toddlers received comprehensive services, health and developmental screenings and the enhanced curriculum offered through EHS. At full enrollment, 32,000 children will be served.
- Parents and families received family engagement, family support, referrals and linkages to other social and health services through EHS comprehensive services now available at partner sites.

needed to support better outcomes for the nation's most vulnerable children. They lack the resources to attract and retain more educated staff. Integrating EHS comprehensive services and resources into the array of traditional child care and family child care settings creates new opportunities to improve outcomes for infants, toddlers and their families. There is also an exciting synergy as states are in the process of implementing changes contained in the CCDBG Act of 2014. Many of the changes in the law complement EHS-CCP by promoting continuity of care and quality in state subsidy programs.³ The EHS-CCP grants are serving as a learning laboratory to leverage federal-, state-, program- and community-level change for the future of high-quality infant and toddler care.

The first year of implementation was marked with tremendous growth and learning across grantees, partners, state and local stakeholders and the federal government.

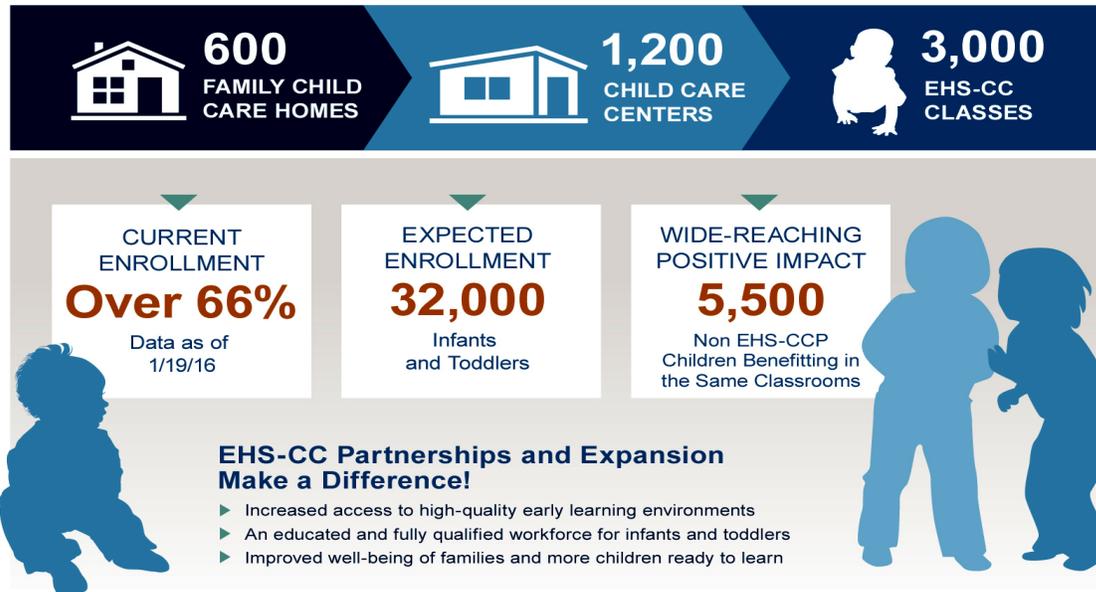
EARLY SUCCESSSES

- More than 1,200 child care and 600 family child care partner sites benefitted from the infusion of resources provided to improve facilities and enhance learning environments.
- At least 3,600 classrooms at partner sites received new materials and supplies such as board books, toys, enhanced curriculum and other instructional materials.
- More than 6,600 teachers and staff in child care and family child care received professional development, coaching and enhanced training to meet EHS requirements. The number of qualified infant-toddler teachers continues to increase.

³ For more about the provisions in the CCDBG Act of 2014, visit: www.acf.hhs.gov/programs/occ/ccdf-reauthorization

EARLY HEAD START—CHILD CARE PARTNERSHIPS

275 EHS-CC PARTNERSHIPS AND EXPANSION GRANTS



- At least 5,500 additional children enrolled in the same classrooms with EHS-CCP children have benefitted from smaller class sizes, specialized curriculum and better educated and trained infant-toddler teachers. Thousands of other children served at partner sites are benefitting from the overall quality improvements at the centers.
- Of the 275 grantees, 237 (86%) had prior experience with EHS and Head Start. And 38 grantees (14%) were completely new to EHS and Head Start.
- More than two thirds (67.8%) of the grantees intended to enroll children who receive child care subsidies into at least 40% of their slots. Almost one third (30.5%) reported that they planned to enroll children who receive subsidies into 25–40% of their slots.
- Grantees had specific plans to serve children from special populations. More than one quarter (28.7%) planned to serve homeless children and their families. One fifth (20%) planned to serve children in foster care and two fifths (42.7%) planned to serve children referred by the child welfare agency. More than one half (57.5%) planned to serve children who were dual-language learners. All grantees are required to reserve at least 10% of their slots for children with disabilities.
- 240 grantees and a sample of their partners received Environmental Health and Safety, Eligibility, Recruitment, Selection, Enrollment, Attendance and Fiscal baseline assessments from July to September 2015.

INNOVATIVE STATE CHILD CARE AND DEVELOPMENT FUND (CCDF) POLICIES THAT SUPPORT THE EHS-CCP⁴

A few states have begun to implement more flexible CCDF eligibility policies.

- Connecticut enacted a policy that allowed children enrolled in an EHS-CCP program to be determined eligible for a subsidy for the length of enrollment in EHS-CCP (i.e., up to 3 years for child care centers and up to 4 years for family child care).
- Other states are reviewing their policies and offering greater flexibility in reporting changes in family circumstances for EHS-CCP enrolled children (e.g., Arizona).

FIRST WE SAID—WE CAN'T DO THAT. WE HAVE NEVER DONE THAT. BUT AFTER A FEW MEETINGS WITH GRANTEES, NOW WE ARE SAYING, “HOW CAN WE MAKE THIS HAPPEN?”

CCDF ADMINISTRATOR

- Washington and Oregon have passed legislation to enact 12-month eligibility for CCDF earlier than required in the CCDBG Act of 2014 to support the pilot efforts of the EHS-CCP grants in their states.

States are also piloting a number of more flexible and generous payment policies for children and families enrolled in the EHS-CCP to allow layering of funds to pay for full-day, full-year, high-quality comprehensive services.

- Some states have agreed to pay at the full-time/full-day rate for children participating in EHS-CCP (e.g., Louisiana, Minnesota, Oklahoma).
- A few other states have decided to offer contracted slots to meet the subsidy percentage in each grant and to allow the grantee to take the application for service from the parents (e.g., Delaware, Georgia, Maryland, Washington).
- Some states have waived co-payments for families who are at or below poverty for children enrolled in EHS-CCP (e.g., New York, Oklahoma).

LESSONS LEARNED

- This was a pioneering effort to bring together EHS and child care programs on a large scale. Mutually beneficial partnerships took much longer than initially anticipated to establish and maintain. With time and commitment, we learned that these partnerships were attainable. Strong partnership agreements that clearly outlined roles and responsibilities with reasonable budgets to support child care partners were an important element.
- The 18-month start-up period was critical. This was particularly true for grantees that did not have experience with operating an EHS program. The gap between child care and EHS is large, and the 18-month period helped grantees and programs gear up to meet requirements in a phase-in manner. Many partner facilities were in need of repairs or renovations or both before children could be enrolled.

⁴ Office of Child Care staff gathered these policy examples in the fall of 2015. Some policies may have changed by the time this report is released. For the most up-to-date state policies around CCDF, please contact the CCDF Administrator. A list of state and territory contacts is available at: www.acf.hhs.gov/programs/occ/resource/ccdf-grantee-state-and-territory-contacts

- Grantees had to engage in more organizational and capacity-building activities with partners than originally anticipated. Family child care providers in particular benefitted from support to improve overall management and support of business practices.
- A few states have used EHS-CCP to pilot test subsidy policies that promote continuity of care for infants and toddlers. Some state subsidy and provider payment policies created challenges for EHS-CCP implementation. However, as states meet new subsidy requirements under the CCDBG Act of 2014, many of these challenges should be alleviated.
- Technical assistance and support around fiscal issues, budgeting and layering of funds continues to be a high need.
- The long-term vision for EHS-CCP as a lever for change and capacity building must be communicated on an ongoing basis. More work is needed to leverage and maximize learning opportunities for building state and local systems to scale-up and increase access to high-quality infant and toddler early care and education.



Looking forward to 2016, the Administration for Children and Families (ACF) will continue to share lessons learned from these grants. The data collection for the National Study on the EHS-CCP is under way. The next round of 11 in-person Regional Consultation Sessions is being held from February to May 2016. One session will be held in each of the 10 ACF Regions and also in Washington, DC, for the American Indian Alaska Native (AIAN) and Migrant and Seasonal Head Start (MSHS) programs. These Regional Consultations provide tailored training and technical assistance to support the next phase of grantee implementation activities. We will continue to work with our national, state and local partners to provide ongoing support, technical assistance and peer learning opportunities to ensure the success and sustainability of these partnerships.

We began with an innovative concept of combining EHS and child care program efforts to increase access to high-quality early learning opportunities. We now know that this concept is possible. Throughout communities across the country, EHS-CCP are under way to serve more infants and toddlers and give them the foundation they need to grow, thrive and learn.



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I. OVERVIEW OF THE GRANTEES

In January 2014, Congress appropriated \$500 million to expand the number and quality of early learning opportunities for infants and toddlers through Early Head Start-Child Care Partnerships (EHS-CCP) grants or new Early Head Start (EHS) Expansion grants. Later in 2014, the Administration for Children and Families (ACF) issued three funding opportunity announcements:

- *Early Head Start-Child Care Partnerships (EHS-CCP) and Expansion Grants*⁵

Funding was allocated to every state based on the number of children younger than 5 years old living in poverty in the state. There was a priority for applicants proposing to serve all of the children through partnership slots, those serving areas of concentrated poverty, including federally designated Promise Zones, and those who could blend funding by serving at least 40% of children with a child care subsidy.

- *American Indian Alaska Native (AIAN) EHS Expansion and EHS-CCP*⁶
- *EHS Expansion and Migrant and Seasonal (MSHS) EHS-CCP*⁷

There was an overwhelming response from the field, and almost 600 applications were received for the three announcements. ACF conducted independent peer reviews during the fall of 2014, and funding decisions were made from January through March 2015. ACF awarded \$490 million to new and existing EHS and Head Start grantees who planned to partner with licensed center-based or family child care providers who agreed to meet the Head Start Program Performance Standards, or for EHS expansion. The remainder of the funding supported grant reviews, federal staff administration, monitoring, oversight, and technical assistance contracts.

LOCATION AND TYPE OF GRANTS AWARDED

ACF funded 275 grants including at least one in every state and in all 10 ACF Regions.⁸ Of the 275, there were 14 AIAN grants and 7 MSHS grants awarded.⁹ (See Appendix A for a complete list of all the grantees by state). The median number of grants in each state was 4. Approximately 86% of the grants were awarded to existing EHS or Head Start grantees or delegates,¹⁰ and about 14% of these grants (38) were completely new to Head Start at the time of the award.

⁵ The full announcement is available at: www.acf.hhs.gov/grants/open/foa/index.cfm?switch=foa&fon=HHS-2015-ACF-OHS-HP-0814

⁶ The full announcement is available at: www.acf.hhs.gov/grants/open/foa/index.cfm?switch=foa&fon=HHS-2015-ACF-OHS-HI-R11-0825

⁷ The full announcement is available at: www.acf.hhs.gov/grants/open/foa/index.cfm?switch=foa&fon=HHS-2015-ACF-OHS-HM-R12-0826

⁸ The 10 ACF Regions are listed here: www.acf.hhs.gov/programs/oro

⁹ The Office of Head Start also includes Region XI (AIAN) and Region XII (MSHS).

¹⁰ The term delegate agency means a public, private nonprofit (including a community-based organization, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 20 U.S.C. 7801, or for-profit organization or agency to which a grantee has delegated all or part of the responsibility of the grantee for operating a Head Start program.

The 275 grants will serve approximately 32,000 infants and toddlers and their families at full enrollment. Of those, approximately 28,000 children will be served through EHS-CCP and about 4,000 children will be served through EHS Expansion.

Table 1 identifies the type of grantee for the state allocations, AIAN and MSHS programs.

TABLE 1. NUMBER OF GRANTEES BY TYPE OF PROGRAM*

GRANTEE TYPE	NUMBER OF GRANTEES FROM STATE ALLOCATION	AIAN	MSHS
EHS-CCP Only	155	8	3
Mixed EHS-CCP and Expansion	84	3	3
EHS Expansion Only	15	3	1
EHS-CCP and Expansion Grantees Total	254	14	7

Note: AIAN = American Indian Alaska Native; MSHS = Migrant and Seasonal Head Start; EHS-CCP = Early Head Start-Child Care Partnerships. *The type of program is based on what the applicant proposed in their application.

TYPE OF GRANTEE ORGANIZATIONS FUNDED

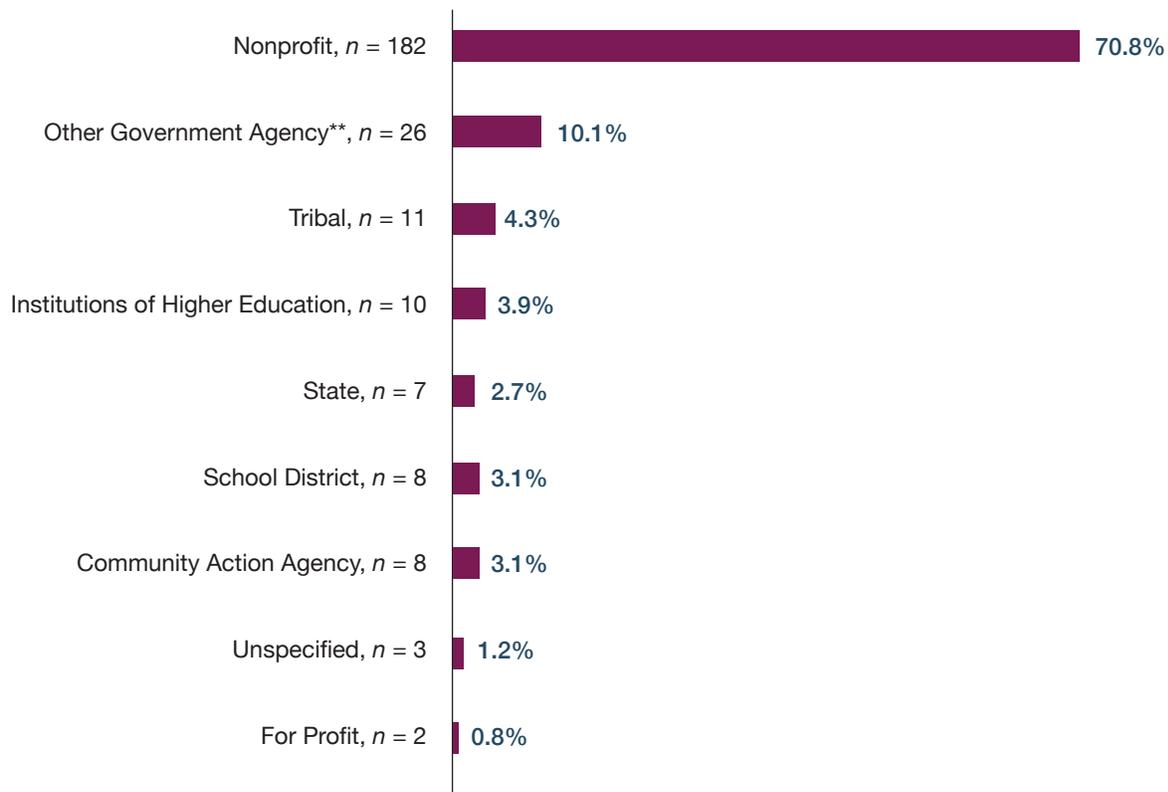
A diverse group of organizations were funded. Nonprofits were the largest proportion (70.8%). Other governmental agencies, state agencies, school districts and institutions of higher education comprised a combined total of 19.8% of the grantees (see Figure 1).

The state or territory public agency grantees include:

- Alabama
- California
- Delaware
- District of Columbia
- Georgia
- Northern Mariana Islands
- Pennsylvania

Grantees varied widely in the size and scope of their projects. The average grant award was \$1.8 million and ranged from a small award of \$200,000 to the maximum award of \$14 million. For example:

- The largest grant was awarded to City of the Chicago, with a total funded enrollment of 1,100, and the grantee is working with 19 delegate agencies.
- In Alabama, the Department of Human Resources was the only grant awarded in the state, and the agency was funded to serve 566 children.
- California received 31 EHS-CCP grants, and the California Department of Education was one of the new grants. The Department was funded to serve 260 children living in several rural counties in northern California.

FIGURE 1. TYPE OF GRANTEE ORGANIZATION*

* Grantee organization type is based on coding of applications of applications of federal designation

**Other Government Agency includes City or Township, County Government, County Office of Education, Special District Government, River Basin Authority Substate, Congressional District and US Territory. Institutions of Higher Education includes private, public/state controlled and Minority Serving Institutions. Other includes Political Subdivision.

- The Redlands Christian Migrant Association is an MSHS EHS-CCP program grantee in Florida and plans to enroll 204 children. The Bois Forte Tribal Government in Minnesota plans to serve 32 children.
- The smallest grants were awarded to community-based nonprofit organizations such as Southern New Hampshire Services in New Hampshire, which is enrolling 16 children through EHS Expansion.

See Appendix A for a list of all the grants and level of funding for each grant.

Table 2 provides information about the number of grants awarded and proposed EHS-CCP and Expansion slots in each region. The largest numbers of grants were awarded to states in Regions IV (Southeast), IX (West), VI (Southwest) and V (Midwest), with each region receiving between 32 and 48 grants each.

TABLE 2. GRANT AWARDS BY REGION AND PERCENTAGE OF PROPOSED EARLY HEAD START-CHILD CARE PARTNERSHIPS AND EXPANSION SLOTS

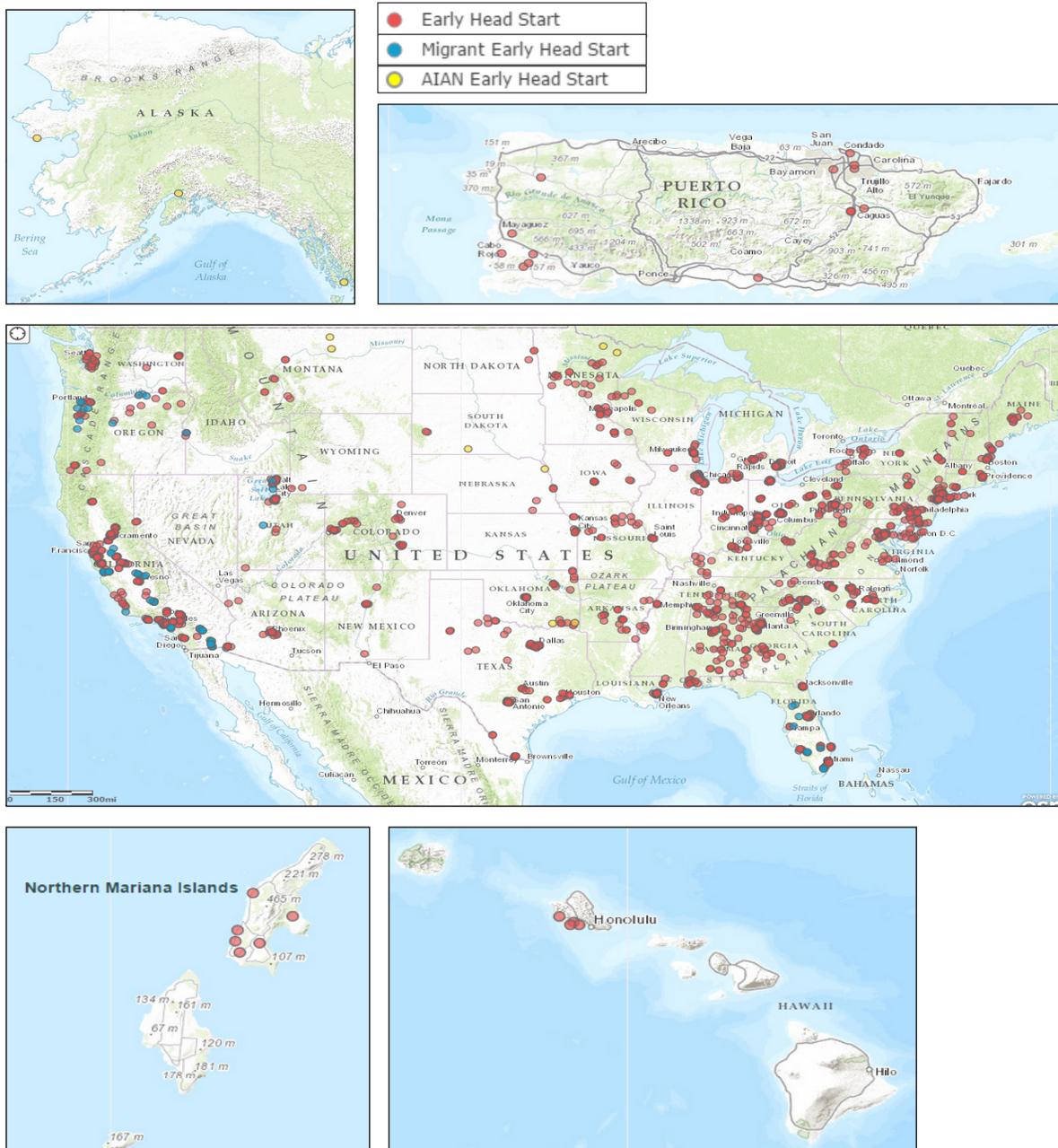
	STATES IN REGION	TOTAL NUMBER OF EHS-CCP GRANTS	NUMBER OF PREVIOUS HS AND/OR EHS GRANTEES/ DELEGATES	PERCENTAGE PARTNERSHIP SLOTS	PERCENTAGE EXPANSION SLOTS
Region I	CT, ME, MA, NH, RI, VT	14	13	81%	19%
Region II	NJ, NY, PR, VI	25	22	83%	17%
Region III	DE, DC, MD, PA, VA, WV	24	22	89%	11%
Region IV	AL, FL, GA, KY, MS, NC, SC, TN	48	35	90%	10%
Region V	IL, IN, MI, MN, OH, WI	32	25	95%	5%
Region VI	AR, LA, NM, OK, TX	35	29	82%	18%
Region VII	IA, KS, MO, NE	12	11	76%	24%
Region VIII	CO, MT, ND, SD, UT, WY	13	11	100%	0%
Region IX	AZ, CA, HI, NV, Other Territories	40	38	95%	5%
Region X	AK, ID, OR, WA	11	11	79%	21%
SUB TOTAL, REG. I-X		254	217	89%	11%
Region XI AIAN		14	13	66%	34%
Region 12 MSHS		7	7	66%	34%
GRAND TOTAL		275	237	88%	12%

Note: EHS-CCP = Early Head Start-Child Care Partnerships, AIAN = American Indian Alaska Native; MSHS = Migrant and Seasonal Head Start

PARTNER SITE LOCATIONS

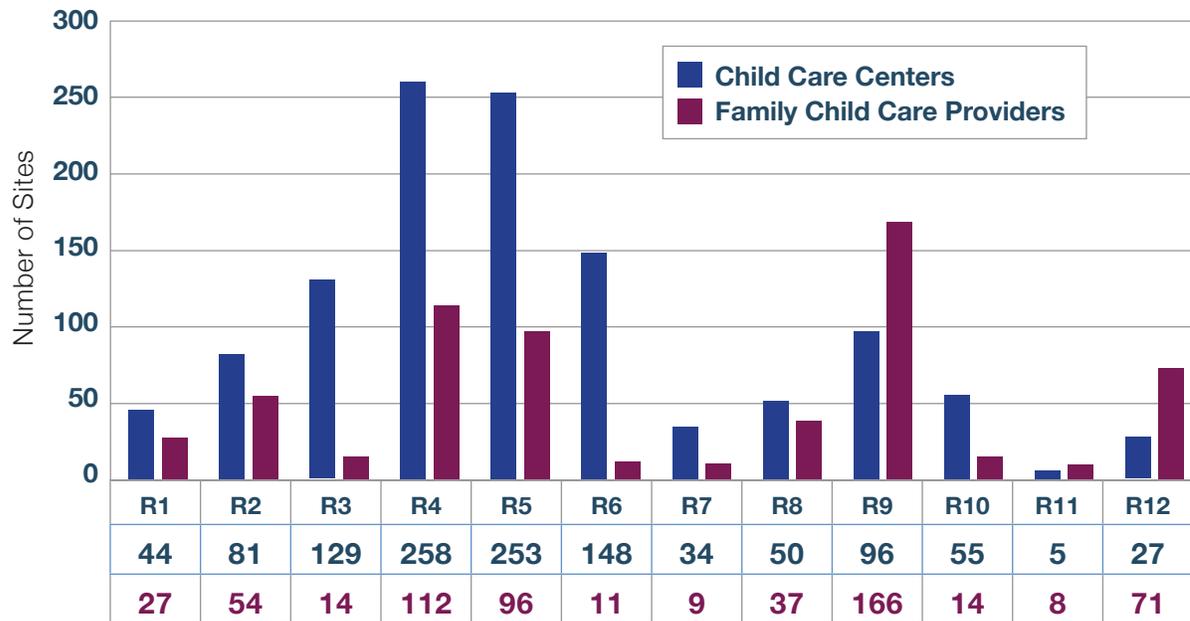
The EHS-CCP represents a massive effort of 275 grantees already partnering with more than 1,200 child care centers and 600 family child care centers located all across the country. At this time, the program is impacting 3,600 classrooms and supporting more than 6,600 teachers and other staff working in those classrooms. The map in Figure 2 depicts where the various grantee and partner sites are located.

FIGURE 2. EHS-CCP SITES ARE NATIONWIDE



Note: Site location data has been identified and entered for about 86% of total services thus far.
 Source: Grantee-reported location data of child care center and family child care provider sites, data as of 1-14-2016.
 For grantee and partner site locations, visit: <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>

FIGURE 3. NUMBER OF EARLY HEAD START-CHILD CARE PARTNERSHIPS AND EHS EXPANSION SITES BY REGION, WITH LOCATION DATA ENTERED AS OF 02/15/2016



Source: Grantee-reported location data of available enrollment slots (data as of 02/15/16). Some may not yet be operational. Grantees may also be providing services at sites not yet entered into the data tracking system.

Figure 3 provides the distribution of the child care and family child care partners in each ACF Region.

PROPOSED PERCENTAGES OF CHILDREN TO BE SERVED ON CHILD CARE SUBSIDY

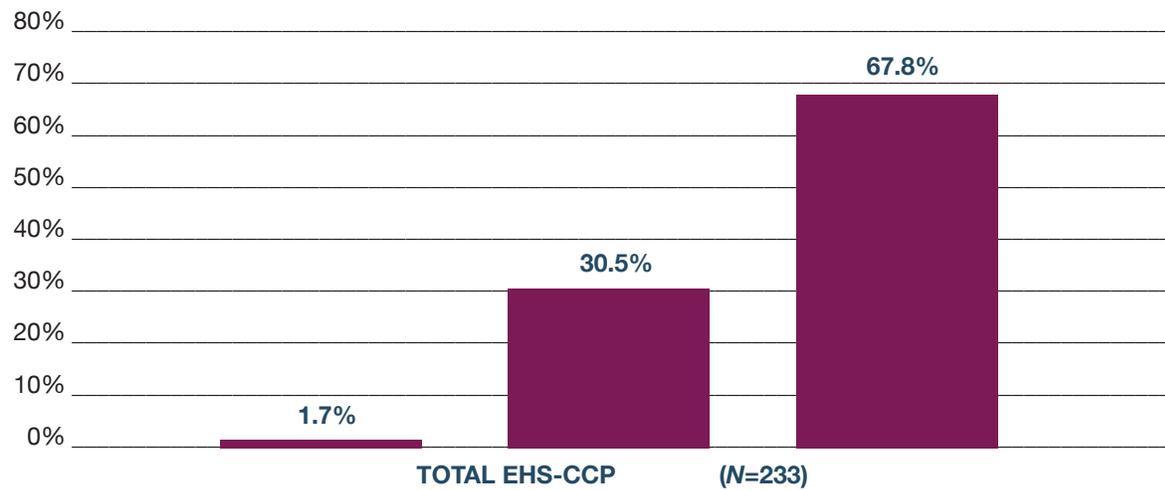
A majority of the EHS-CCP grantees planned to enroll a large number of children who were also receiving child care subsidies. More than two thirds (67.8%) of the grantees intended to enroll children who receive child care subsidies into at least 40% of their slots. Almost one third (30.5%) reported that they planned to enroll children who receive subsidies into 25–40% of their slots (see Figure 4).

CRITERIA FOR PARTNER SELECTION DURING THE APPLICATION PROCESS

Grantees proposed including a wide range of different child care and family child care partners in their applications. All funded applications included at least one partner, and the average number of partners named was seven. Applicants included anywhere from 1 to 53 partners. Almost half of all the funded applications included signed Memoranda of Understanding with their proposed partners. The actual number of partners for each grantee changed over the course of the early implementation of the projects for a variety of reasons. For example, many potential family child care partners decided not to move forward after they learned more about the EHS standards and requirements because they thought it was too burdensome to them. Other child care partners did not want to reduce the number of children served at their centers, especially when state licensing regulations allowed them to serve more children. Some providers were concerned about the loss in potential funding that may not be covered in their partnership agreement.

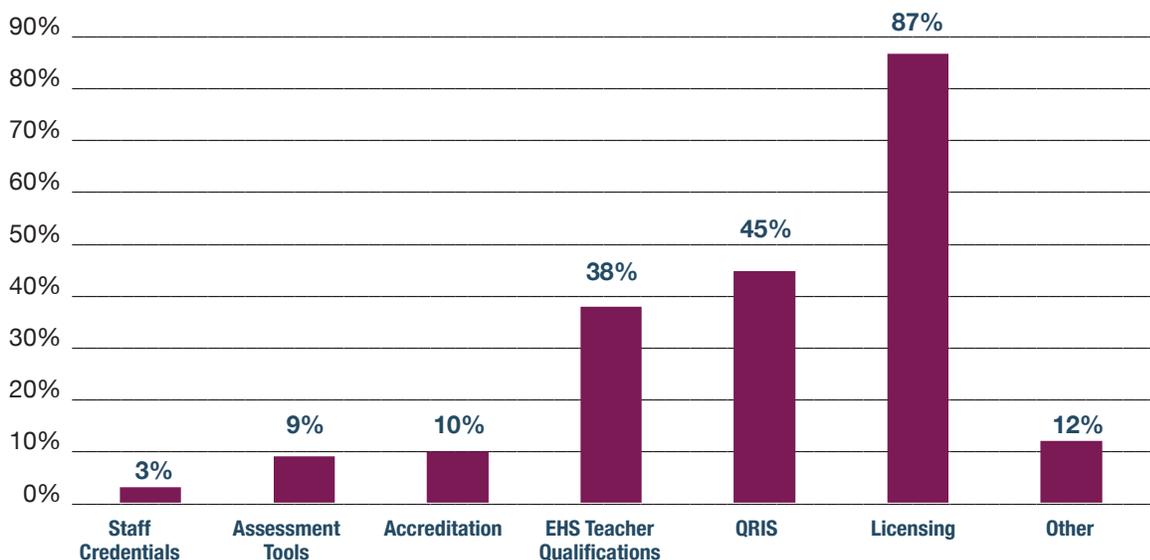
Partnership grantees reported that they used a number of ways to identify and select potential child care and family child care partners during the application phase. Using child care licensing information was the most common method, followed by information from their state Quality Improvement Rating System and EHS teacher qualifications (see Figure 5).

FIGURE 4. PROPOSED PERCENTAGES OF CHILDREN TO BE SERVED ON CHILD CARE SUBSIDY*



* Of the 239 EHS-CCP and Expansion grantees, subsidy levels could not be determined from the applications for 7. This chart does not include AIAN or MSHS EHS-CCP grantees.

FIGURE 5. METHODS GRANTEEES REPORTED USING TO ASSESS QUALITY OF CHILD CARE PARTNERS DURING THE APPLICATION PROCESS (N = 256)*



*This number does not include the EHS Expansion only grantees (N = 19).

Grantees also used a range of other strategies to assess partner capacity in their applications. For example, some grantees used a Request for Proposals process that focused on (1) enhancing and supporting early learning settings to provide full-day, full-year comprehensive services that meet the needs of low-income working families; (2) enhancing access to high-quality, full-time child care; (3) supporting the development of infants and toddlers through strong relationship-based experiences; and (4) preparing them for the transition into preschool. Other Requests for Proposals focused on (1) understanding of EHS program requirements as listed in the Head Start Performance Standards; (2) high-quality staffing; (3) community collaboration or formal partnerships; (4) sound fiscal principles; and (5) demonstration of need in the community. Some grantees focused on the partners' capacity to serve highest need areas and on other aspects such as health and safety, staff-child ratio, staff turnover, hours of operation, participation in state's child care subsidy program, enrollment in professional development systems, enrollment in transportation services and participation in U.S. Department of Agriculture, Child and Adult Care Food Program. Other information assessed was partners' use of specific curricula such as Creative Curriculum¹¹ and whether they were in compliance with Head Start performance reviews.

SPECIAL POPULATIONS TO BE SERVED

A large portion of grantee applications included specific plans to serve special populations with unique service needs. In addition to the requirement to serve a minimum of 10% of children with disabilities in EHS, grantees and partners also wanted to reach other vulnerable groups of children. More than one quarter of the grantees (28.7%) planned to serve homeless children and their families. One fifth (20%) planned to serve children in foster care, and two fifths (42.7%) planned to serve children referred by the child welfare agency. More than one half (57.5%) included plans to serve children who were dual-language learners. These percentages were different for the AIAN and MSHS grantees because those grants already had required target populations. The MSHS program also has a primary focus on children who are dual-language learners (see Table 3). These percentages reflect grantees that provided more detailed plans in their applications, as opposed to simply stating that they would serve those populations.



¹¹ For more information on Creative Curriculum, visit: <http://teachingstrategies.com/curriculum>. For more information on selecting curricula, visit: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/curricula> and <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/cde/curriculum>

TABLE 3. EARLY HEAD START-CHILD CARE PARTNERSHIPS GRANTEES' PLANS TO SERVE SPECIAL POPULATIONS

SPECIAL POPULATION SERVED	EHS-CCP (N = 240)	AIAN (N = 11)	MSHS (N = 7)
Homeless children	28.7%	18.2%	0%
Children in foster care	20.0%	9.1%	0%
Children referred by a child welfare agency	42.7%	18.2%	0%
Children who are dual-language learners	57.5%	45.5%	83.3%

Note: EHS-CCP = Early Head Start-Child Care Partnerships, AIAN = American Indian Alaska Native; MSHS = Migrant and Seasonal Head Start

HIGH POVERTY PRIORITY FOR SERVICE DELIVERY

For the 2014 Funding Opportunity Announcements, high-poverty zip codes were defined as zip codes in which at least 33% of the residents were living at or below federal poverty level. Almost one half (45.5%) of the EHS-CCP grantees (including AIAN and MSHS EHS-CCP grantees) intended to provide services in at least one high-poverty zip code. On average, these grantees identified three high-poverty zip codes to be served, with a maximum of 16 high-poverty zip codes. Nineteen grantees intended to serve children living in the federally designated Promise Zones.¹²

WE WENT WITH WHO HAD THE HEART AND COMPASSION TO BE ABLE TO DO IT. WE SAW THE VULNERABLE CHILDREN, AND PARENTS JUST TRYING TO MAKE ENDS MEET AND DO WHAT THEY COULD DO FOR THEIR FAMILIES. THIS WAS AN OPPORTUNITY TO PARTNER WITH SOME OTHER ENTITIES THAT HAD GREAT INTENTIONS AND A DESIRE TO ENHANCE QUALITY BUT NOT THE RESOURCES TO ENHANCE QUALITY.

EHS-CCP GRANTEE



¹² The list of Promise Zone designees is available at: <https://www.hudexchange.info/programs/promise-zones/promise-zones-designees-finalists-and-applicants>. EHS-CCP grantees that included Promise Zones are listed in Appendix A.

II. TECHNICAL ASSISTANCE AND SUPPORT

SUPPORT FOR POTENTIAL APPLICANTS

During the application phase in 2014, the ACF hosted a series of webinars for potential EHS-CCP applicants. Seven technical assistance webinars were held from March to May 2014. Topics included: Getting Started, How State Policies Can Support Partnerships, Comprehensive Services (3-part series), Maximizing Resources and Frequently Asked Questions.¹³

NATIONAL CENTER ON EARLY HEAD START-CHILD CARE PARTNERSHIPS

After grantees were funded in 2015, ACF provided intensive technical assistance and support throughout the first year of implementation. One of the first projects funded early in 2015 was the National Center on EHS-CCP (hereafter known as the Partnership Center).¹⁴ The Partnership Center provides training, resources and materials to federal staff, Office of Head (OHS) Start and Office of Child Care technical assistance partners, Head Start Collaboration Offices and CCDF Administrators so that all are equipped to meet the needs of EHS-CCP grantees and their partners.

IMPLEMENTATION AND FISCAL CONSULTANTS

In February 2015, ACF worked with its newly funded Partnership Center to recruit and train a team of 40 implementation planners and 20 fiscal consultants who were available to provide training and technical assistance directly to the grantees. Each grantee was allocated a specific amount of funds for training. For the initial budget period, grantees received 10% of their total grant award to purchase their own training or technical assistance. In subsequent years, this allocation becomes 2.5% of the total grant award. The increase in the first year was provided in anticipation of a greater need for technical assistance during the start-up phase of the grant.

REGIONAL ORIENTATION SESSIONS

To ensure that grantees started with a solid foundation, ACF convened Orientation Sessions for all the grantees and their partners.

¹³ The archive of these webinars is available at: <https://childcareta.acf.hhs.gov/early-head-start-child-care-webinar-resources>

¹⁴ For more information about the Partnership Center, visit: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehs-ccp>

- A Virtual Pre-Orientation platform was available and included a number of resources to help grantees with initial implementation planning.
- Six Regional in-person EHS-CCP Orientation Sessions were held from April through May. Almost 2,000 participants attended the six sessions.
- EHS-CCP grantees were encouraged to send leadership teams of 4 to 6 people to the orientations that included the EHS program director; child care program administrator; fiscal manager; education, family and health manager(s); governance/policy council; board representative and other partner representative(s).
- The CCDF administrators and Head Start Collaboration Offices were also invited to participate.



ACF leadership shared 15 Core Beliefs and Operating Principles during the Opening Plenary of each Orientation session. The principles were developed jointly by the Office of Early Childhood Development, the OHS and Office of Child Care (OCC) and underscored primary goals of the partnerships and how grantees and the federal government will work together to ensure the success of these grants. (Please see Appendix B for the full list of Core Beliefs and Operating Principles).

ONGOING TRAINING AND TECHNICAL ASSISTANCE

- **On-line training.** During the summer of 2015, the OHS and OCC technical assistance providers facilitated online training events on 15 different implementation topics through the Virtual Post Orientation platform. Examples of topics included: The Role of the Family Service Worker; CCDF Subsidy Authorization Processes; Responsive Care Giving; Funding Allocation; Using Implementation Plans; Infant Toddler Workforce; Eligibility, Recruitment, Selection, Enrollment, Attendance; Utilizing Child Care; Safe Outdoor Play for Infants; The Art of Partnership; National Standards Crosswalk; and Early Educator Central. These resources were made available through the Partnership Center website.
- **Communities of Practice.** The Partnership Center launched online Communities of Practice for several different groups: implementation and fiscal consultants, grantees new to EHS and state grantees. The Partnership Center is working to establish other peer learning opportunities with the Head Start State Collaboration Offices and the CCDF state administrators and AIAN and MSHS program grantees.
- **Regional Office Site Visits and Oversight.** OHS, OCC, and ACF Grants Management regional staff worked closely across offices to support the grantees' early implementation efforts and continue to provide ongoing monitoring and oversight. Staff conducted initial site visits in the summer of 2015 to provide additional support. To the extent possible, these visits were conducted jointly across ACF staff offices. Regional staff was also involved in engaging a variety of stakeholders at the state and local levels, including the Head Start Collaboration Offices, CCDF administrators, state licensing offices, technical assistance staff and other

organizations to respond to grantees' needs. This support included working with grantees to help them understand state subsidy and licensing policies and finalize partnership agreements to provide direct resources and other support to their partners.

POLICY GUIDANCE

ACF issued an Information Memorandum (IM)¹⁵ in August 2015 to provide program and policy guidance for grantees and partners regarding the EHS-CCP. The IM specifically addressed various issues and questions raised by grantees during the Orientation Sessions and start-up phase of the grants. The IM provided policy and program guidance on the following topics: Seamless and Comprehensive Full-Day, Full-Year Services; Partnership Agreements; Layered Funding; Child Care Subsidies; Citizenship and Immigration Status; Child Care Center Ratios and Group Sizes; Staffing and Planning Shifts for Staff; Staff Qualifications and Credential Requirements; and Federal Oversight and Monitoring.



¹⁵ The IM is posted at: http://eclkc.ohs.acf.hhs.gov/hslc/standards/im/2015/resour_ime_003.html

III. START-UP ACTIVITIES



PARTNERSHIP RECRUITMENT, ASSESSMENT, AND AGREEMENTS/CONTRACTS

- Over the first year, grantees worked to recruit, identify and finalize agreements with their partners. Many grantees conducted a number of self-assessment and partner assessment activities, including grantees assessing their own capacity to provide technical assistance to partners to meet EHS standards.
- Grantees worked with partners to review and revise budgets for their contracts. This included a review of the resources that partners already had within their programs and the additional support needed from the grant to meet EHS standards.

WE TELL THEM—“YOU’RE ALREADY DOING THIS, YOU’RE ALREADY ENGAGING PARENTS IN THIS WAY; THINK ABOUT HOW THIS TAKES SHAPE WITHIN THE CULTURE OF YOUR CENTER.” THAT ATTITUDE OF OPENNESS AND RESPECT, THAT’S SO POWERFUL, AND IT’S EVIDENCED IN THIS PARTNERSHIP.

EHS-CCP GRANTEE

FACILITIES IMPROVEMENTS

- Grantees assessed partner needs related to facilities and identified minor and major renovations that would be needed before children could be enrolled in the program.
- Funds were used to invest in quality improvement activities to enhance the partners’ learning environments to meet EHS requirements. Typical facility improvement activities included:
 - Renovations to make partner sites more accessible for persons with disabilities.
 - Painting walls and removal or installation of new floors and carpets.
 - Adding walls or partitions or movable barriers to create additional classrooms, closets and other storage spaces.
 - Renovating kitchens and bathrooms and other physical improvements to bring facilities to EHS standards and make them child-appropriate.
 - Building or updating new playgrounds and outdoor play structures and adding outdoor shade structures to accommodate smaller children safely.
 - Other minor renovations to improve safety and security of facilities.
 - Creating office and meeting spaces for teachers, staff, family support workers and parent meetings.
 - New facilities or modular structures were purchased for new infant-toddler classrooms when no other spaces were viable for the program.

SUPPLIES AND EQUIPMENT

- Funds were used to purchase new supplies and equipment to bring EHS to the classrooms and provide comprehensive family support services. Some of these investments included buying:

YOU WOULDN'T BELIEVE THE TRANSFORMATION; IT'S JUST INCREDIBLE. EVEN IF YOU'RE THE MOST PASSIONATE TEACHER, GOING INTO A CLASSROOM THAT'S FALLING APART CAN TAKE AWAY YOUR ENTHUSIASM. NOW THEY'RE EXCITED TO GO IN TO WORK. WE COMPLETED TWO PLAYGROUNDS. NOW THEY HAVE RIDING TOYS, A STORAGE UNIT; THE DIRECTORS ARE IN TEARS.

EHS-CCP GRANTEE

- Curriculum and assessment materials such as Creative Curriculum, HighScope Infant-Toddler Curriculum¹⁶, Teaching Strategies GOLD (observational assessment system)¹⁷ or other instructional support materials¹⁸
- Infant-toddler picture books, classroom toys, blocks, manipulatives, sand/water play structures, outdoor play equipment and other teaching equipment
- Furniture such as cribs, cots, changing tables, high chairs, rockers, child size tables and chairs, shelving and storage equipment
- Infant supplies such as bottles, strollers, diapers and other kitchen and bathroom items
- Supplies for parent activities
- Appliances such as refrigerators to store baby formula and food, washers and dryers to wash crib sheets and other small appliances for the classrooms to address other infant-toddler necessities
- Vision and hearing testing instruments
- Computer equipment such as tablet computers, personal computers, software for data systems (e.g., Child Plus, a web-based child data management and reporting system¹⁹), cell phones, software for virtual meetings and security cameras
- Some grantees also used funds to purchase or lease vehicles to be used for transportation to the different sites.

¹⁶ For more information about HighScope, visit: <http://highscope.org>

¹⁷ For more information about Teaching Strategies GOLD, visit: <http://teachingstrategies.com/assessment>

¹⁸ For more information on selecting curricula, visit: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/curricula> and <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/cde/curriculum>

¹⁹ For more information about ChildPlus, visit: www.childplus.com

STAFFING STRUCTURE AND PROFESSIONAL DEVELOPMENT

- Funds have been used to help partners meet requirements for EHS ratios, class sizes and teacher qualifications. Grantees also made efforts to improve training, compensation and benefits. These investments typically included:
 - Hiring additional staff or substitutes needed to reduce class sizes and teacher ratios to meet EHS requirements.
 - Paying for classes needed by teachers and staff to meet EHS' minimum staff qualifications for a Child Development Associate credential, which studies have shown leads to more effective interaction with the children as teachers master the broad array of child development competencies.
 - Providing scholarships for teachers to work on associate's and bachelor's degrees in early childhood education.
 - Providing additional training and professional development, including paying for conferences and national training.
 - Paying for coaches, consultants (including child development, mental health, health and nutrition experts), and other experts to support teacher instruction.
 - Supporting peer networks for family child care providers and child care partners for training and professional development.
 - Increasing salaries and benefits and providing bonuses for teachers once they meet EHS credential requirements.
 - Paying for background checks for staff.
 - Paying for substitutes so that child care partners can attend training events.

I PERSONALLY AND THE MANAGERS AND COORDINATORS OF OUR OFFICE HEAR EVERY DAY FROM THE TEACHERS OF OUR PARTNERS SITES THAT SINCE WE STARTED PARTNERING WITH THEM THEY FEEL THAT THEY ARE DOING SPECIAL WORK WITH THE CHILDREN AND THEY ARE NOT JUST BABYSITTERS. I HAD ONE TEACHER WHO BROKE DOWN IN TEARS A FEW WEEKS AGO AND TOLD ME THAT HAD WE NOT PARTNERED WITH HER CENTER SHE WOULD NOT HAVE BEEN ABLE TO CONTINUE WORKING WITH THE INFANTS AND TODDLERS DUE TO HER LOW SALARY...SINCE WE PARTNERED WITH THEM SHE RECEIVED A SALARY INCREASE AND ADDITIONAL TRAINING AND SUPERVISION THAT IS MAKING HER JOB THAT MUCH MORE MEANINGFUL.

EHS-CCP GRANTEE

In October 2015, grantees submitted their Balance of Funds applications to receive the rest of the funding for their initial 18-month budget period. Grantees received the first 12 months of funding upon award and were required to submit another application to receive the rest of their grant funds for the last 6 months. Grantees could request supplemental funding that was needed to achieve EHS standards. Regional Office staff are now in the process of reviewing and approving these requests.

BASELINE ASSESSMENT VISITS

To assess grantees' and partners' initial capacity, ACF conducted baseline on-site visits from July to September 2015. Grantees and partners were informed that these visits were to assist in developing a plan to meet EHS requirements. The baseline visit gathered information from the following areas: environmental health and safety; fiscal management systems; and eligibility, recruitment, selection, enrollment and attendance. The tools were developed using a simplified version of the tools used by OHS for monitoring purposes.²⁰



Baseline summary information was used by ACF to identify technical assistance needs or other supports including additional start-up funding that may be needed to ensure grantees and partners are on track to meet EHS requirements at 18 months.

Two hundred forty unique grantees and their partnership sites received an Environmental Health and Safety (EnvHS), Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA), and/or Fiscal baseline assessment. EnvHS baseline assessments were performed on-site. Fiscal and ERSEA baseline assessments were performed via phone interviews. Two hundred eighteen EHS-CCP grantees and their partners received an EnvHS baseline assessment and 238 EHS-CCP grantees received ERSEA and Fiscal baseline assessments (see Table 4).

TABLE 4. NUMBER AND TYPE OF BASELINE ASSESSMENT PERFORMED

BASELINE ASSESSMENT TYPE	NO. OF BASELINE ASSESSMENTS COMPLETED
EnvHS	218
Fiscal/ERSEA	238
Total Number of Unique Grantees Receiving Baselines	240

Note: EnvHS = Environmental Health and Safety; ERSEA = Eligibility, Recruitment, Selection, Enrollment and Attendance

The EnvHS identified areas that needed follow-up and technical assistance. Some of the issues that were raised included the need for facilities to comply with state and local requirements such as child care licensing, fire and building inspections and occupancy permits. A few partner sites also needed to work on ensuring safe, clean and appropriate indoor and outdoor learning environments. During the on-site visit, any significant areas of concern were brought to the attention of the grantee and the Regional Office staff to be addressed immediately. Other issues were raised so that additional technical assistance and resources could be provided to remedy the situation.

²⁰ The Baseline Tools used are available at: <http://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/additional-resources.html>

Some fiscal issues presented challenges for grantees. A few grantees did not have a cost allocation plan that establishes a basis for charging shared expenses between other awards and the partnership grant. In addition, some grantees needed to develop a system for tracking and reporting, on a monthly basis, the administrative cost and the accumulation of non-federal share (a.k.a match requirement). A few grantees were still working on their systems to ensure that child care subsidy funds and EHS-CCP funds were not used to pay the same expense for enrolled children.

Each grantee was given a copy of the results of their baseline. The Regional Office staff used the results to work with the grantee to identify other follow-up technical assistances or resources that may be needed. The baseline was scheduled so that grantees could include requests for additional funding if needs were identified.

SUPPORTING THE STATE EHS-CCP GRANTEES

OCC has a lead role in supporting the Community of Practice for the state and territory public agency grants that were awarded in partnership with the OHS. These seven state grants (Alabama, California, Delaware, District of Columbia, Georgia, Pennsylvania, and the Northern Marianas Islands) offer an opportunity to capitalize on lessons learned about how the OCC can support large-scale efforts to support high-quality infant and toddler care within state systems. The CCDBG reauthorization in 2014 and pending regulations support the goals of systemic change in child care to increase access, quality and continuity of services for all young children. States are currently working on their CCDF state plans, which need to be submitted to OCC by March 2016, and they will have until September 2016 to meet the new requirements.

Since August 2015, OCC has convened monthly conference calls in partnership with OHS, which provide a forum for the state grantees to talk to each other and share ideas of how to navigate the state systems in relation to the EHS-CCP grants. State grantees are also supporting each other through an online Learning Community platform designed to allow them to ask questions and share ideas on a web-based portal that houses many technical assistance resources.

NO ONE WAS PERFECT, AND EVERYONE HAD THINGS THEY NEEDED TO FOCUS ON AND IMPROVE....AND WE KNEW WE HAD TIME AND RESOURCES TO DO WHAT WE NEEDED TO DO. THE CROSS-PARTNER MONITORING PROCESS HAS ALSO BEEN INCREDIBLY HELPFUL.

EHS-CCP GRANTEE

THIS PARTNERSHIP HELPS STRETCH THE ARMS OF THE EHS PROGRAM FARTHER INTO THE DAY AND INTO THE YEAR OF OUR PROGRAM.

CHILD CARE PARTNER

IV. INNOVATIVE STATE CCDF POLICIES



OCC has also been tracking state policies that have been implemented that support the EHS-CCP. With the reauthorization of CCDBG in 2014, a number of provisions in the law support efforts to ensure that more low-income working infants and toddlers have access to and maintain continuity in high-quality early care and education programs. Several states have used the EHS-CCP as a way to pilot innovative policy changes on a smaller scale.²¹ Other states are also exploring a range of different policies.

Many states have begun to implement more flexible CCDF eligibility policies.

- Connecticut enacted a policy that allowed children enrolled in an EHS-CCP program to be determined eligible for a subsidy for length of enrollment in EHS-CCP (i.e., up to 3 years for child care centers and up to 4 years for family child care).
- Other states are reviewing their policies and offering greater flexibility in reporting changes in family circumstances for EHS-CCP enrolled children (e.g., Arizona).
- Washington and Oregon have passed legislation to enact 12-month eligibility for CCDF earlier than required in the CCDBG Act of 2014 to support the pilot efforts of the EHS-CCP grants in their states.

States are also piloting a number of more flexible and generous payment policies for children and families enrolled in the EHS-CCP to allow layering of funds to pay for full-day/full-year, high-quality comprehensive services.

- Some states have agreed to reimburse at full-time/full-day rate for children participating in EHS-CCP (e.g., Louisiana, Minnesota, Oklahoma).
- A few other states have decided to offer contracted slots to meet the subsidy percentage in each grant and to allow the grantee to take the application for service from the parents (e.g., Delaware, Georgia, Maryland, Washington).
- Some states have waived co-payments for families who are at or below poverty for children enrolled in EHS-CCP (e.g., New York, Oklahoma).

The timing of the implementation of EHS-CCP grants with the new CCDF reauthorization and pending regulation has provided states with an opportunity to consider their broader system of infant-toddler care. OCC will continue to monitor progress in the upcoming year and as the states submit their CCDF plans in 2016.

²¹ These policy examples were gathered by OCC staff in the fall of 2015. Some policies may have changed by the time this report is released. For the most up-to-date state policies around CCDF, please contact the CCDF administrator. A list of state and territory contacts is available at: www.acf.hhs.gov/programs/occ/resource/ccdf-grantee-state-and-territory-contacts



A MONOLINGUAL SPANISH-SPEAKING FAMILY CHILD CARE PROVIDER SHARED THAT BEFORE THE GRANT, PEOPLE WOULD ASK HER WHAT SHE DID, AND SHE WOULD JUST SAY, “OH NOTHING, I REALLY DON’T DO ANYTHING, I JUST STAY AT HOME, AND I JUST BABYSIT.” AS A RESULT OF THE BEGINNING WORK WITH THE PARTNERSHIP, THE EHS-CCP GRANTEE HAS WORKED WITH HER, GIVEN HER BUSINESS CARDS, HELPED HER DEVELOP A VISION FOR HER PROGRAM, AND SUPPORTED OTHER ASPECTS OF HER WORK. NOW SHE IS PROUD TO SAY THAT WHEN PEOPLE ASK HER WHAT SHE DOES, SHE SAYS, “I AM A PROFESSIONAL!”

HEAD START COLLABORATION DIRECTOR



V. EARLY SUCCESSES AND LESSONS LEARNED



EARLY SUCCESSES

- *More than 1,200 child care and family child care partner sites benefitted from the infusion of resources provided to improve facilities and enhance learning environments.*

Grantees and partners have consistently shared positive feedback about the tremendous benefits as a direct result of the resources that the EHS-CCP grant has provided to their child care and family child care homes. Partners welcomed much-needed financial resources to renovate their buildings, add new playgrounds and structures and update facilities. New books, toys, furniture and other equipment provided concrete benefits to partners and the children and families.

- *More than 6,600 teachers and staff in child care and family child care received professional development, coaching and enhanced training to meet EHS requirements. The number of qualified infant-toddler teachers continues to increase.*

Grantees have invested resources in training, coaching and peer-support for partner teachers and other staff. Child care center directors have also benefitted. Several partners have commented that they no longer feel isolated or alone because they know the grantee and other partners are available to help them. Many teachers have welcomed the additional coaching and support offered. Family child care providers have also valued the peer network of support offered through hub networks to bring providers together for joint training. In some cases, grantees have partnered with local community colleges to offer child development or Child Development Associate classes to cohorts of teachers so they can meet the credential requirements. Some grantees provided funding to partners to support increases in teaching staff compensation and benefits, bonuses and scholarships for staff who meet EHS teacher qualifications.

THE LINES OF COMMUNICATION ARE ALWAYS OPEN AND IF THERE IS SOMETHING WE NEED TO FIGURE OUT—WE FIGURE IT OUT TOGETHER. IF I HAVE A QUESTION, THEY ARE ALWAYS THERE TO HELP ME...THEY'RE THERE FOR US—HELPING US OUT...FOR THE FIRST TIME, I AM NOT ALONE—I HAVE A TEAM OF FOLKS WITH ME.

CHILD CARE CENTER DIRECTOR

- *More than 21,000 infants and toddlers received comprehensive services, health and developmental screenings and the enhanced curriculum offered through EHS.*

Thousands of infants and toddlers are benefitting from the comprehensive services now offered at child care and family child care centers that were not available before EHS-CCP.

Children are receiving developmental screening and hearing and vision screening, and they are referred for medical, dental, nutrition, early intervention and other health and social services. Teachers are using new curriculum and materials focused on school readiness and social and emotional development. Child development, health and educational coordinators are working with center directors to identify resources to help families, especially for those with children with special needs or disabilities.

- *Parents and families received family support, referrals and linkages to other social and health services through EHS comprehensive services.*

Children and families are reaping the benefits of the comprehensive services. Family support workers are available to help parents on a variety of issues, especially around offering strategies to address behavioral issues or access support for a special needs child. Family support workers have helped caregivers apply or reapply for subsidy or identify

other public benefits that they may be eligible to receive. They are helping link parents to other resources and support in their communities. Family support workers are using a variety of parent engagement strategies to offer services for families.

- *At least 5,500 additional children enrolled in the same classrooms have benefitted from smaller class sizes, specialized curriculum and qualified infant-toddler teachers. Thousands of other children served at partner sites are benefitting from the overall quality improvements at the centers.*

Grantees and partners have shared many stories of the added benefits that other children and teachers are receiving through the partnerships. New facilities and playgrounds are concrete benefits available to all the children at the centers. Children have teachers that are now better trained and supported. The EHS model is also changing practices at partner sites. One partner plans to include parent meetings for all their families because of the immediate benefits they saw for EHS-CCP families. Staff at the partner sites are also learning from EHS-CCP teachers and become more interested in their own professional development. One partner noticed a community-level impact as families now walked to their center with pride at their new facility, which was located in a highly impoverished area with families who were not used to having new equipment and toys for their children.

ONE YOUNG MOTHER CAME IN SO OVERWHELMED WITH NO IDEA OF WHERE TO GO FOR HELP WITH HER CHILD AS SHE HAD GONE FROM AGENCY TO AGENCY AND WAS JUST OVERWHELMED WITH THE PAPERWORK. THE FAMILY WORKER PATIENTLY WORKED WITH THE PARENT IN COMPLETING THE PROCESS. THE PARENT WAS SO APPRECIATIVE THAT SHE WENT OUT TO HER CAR TO CRY. AFTER REGAINING HER COMPOSURE, SHE RETURNED TO THE BUILDING TO THANK THE FAMILY WORKER AND THE DAY CARE DIRECTOR FOR ALL THEIR HELP.

EHS-CCP GRANTEE

- *State- and national-level coordination and facilitation of grantee and partner meetings provided opportunities for shared learning to support implementation.*

A few states have seized this opportunity to bring all the EHS-CCP grantees in their state together for peer learning and sharing. In many cases, the state CCDF administrator and/or the Head Start Collaboration Office director has led or facilitated these efforts. For example, the Department of Early Learning in Washington organized state-level trainings after the initial Orientation Meetings to share information about state-specific child care subsidy and licensing policies and also share more information about Head Start standards and regulations to all the EHS-CCP grantees and their partners together. The Arkansas Department of Human Services worked with state partners to bring interested parties together before and after the EHS-CCP grants were awarded and assigned an infant-toddler specialist to support the grantees in the state. Many other states have initiated similar state-level peer learning opportunities. ACF Regional Office staff have been key partners in this work and offer technical assistance and direct support to grantees.

BENEFITS CUTS ACROSS THE WHOLE CENTER—CURRICULUM IS SHARED WITH ALL STAFF, TRAINING FOR ALL STAFF, RESOURCES PROVIDED ALLOW US TO USE OUR DOLLARS TO GO FURTHER FOR ALL THE CLASSROOMS.

CHILD CARE PARTNER

WE ARE BUILDING THE ROAD AND BUILDING THE NEXT SECTIONS AS WE ARE DRIVING—SOMETIMES WE NEED TO TAKE SOME DETOURS.

EHS-CCP GRANTEE

LESSONS LEARNED

- *This was a pioneering effort to bring together child care and EHS programs on a large scale. Mutually beneficial partnerships took much longer than initially anticipated to establish and maintain. With time and commitment, we learned that these partnerships were attainable. Strong partnership agreements that clearly outlined roles and responsibilities with reasonable budgets to support child care partners are an important element.*

Grantees engaged in concerted efforts to recruit and maintain partners throughout the first year. Although most grantees identified partners through the application process, many found that some partners were no longer interested after they learned about all the EHS requirements. This often occurred with family child care providers who had concerns about the amount of changes they would need to do to meet EHS requirements and preferred to maintain their current programs. In some cases, the grantee and partner mutually agreed to not move forward. Some grantees needed to start all over again with the recruitment process mid-way through their first year, which slowed down other activities. Developing the partnership was an iterative process, and grantees that were most successful invested the time in the early phases to ensure that all parties clearly understood their roles and responsibilities, which were outlined in their Partnership Agreements.

- *The 18-month start-up period was critical.*

This was particularly true for grantees that did not have experience with operating a Head Start program. The gap between child care and EHS is large, and the 18-month period helped grantees and programs gear up to meet requirements in a phase-in manner. The start-up period was needed because many partner facilities needed repairs or renovations before children could be enrolled.

- *Grantees had to engage in more organizational and capacity-building activities with partners than originally anticipated. Family child care providers in particular benefitted from support to improve management of business practices.*

As part of the partner relationship, many grantees found themselves in capacity-building roles that they had not planned or anticipated during the application phase. Several grantees had envisioned their role as providing technical assistance to partners only on the EHS program and standards. However, many grantees also learned during the course of their negotiations and discussions that partners needed a significant amount of technical assistance around basic program management and operations. Many child care centers and family child care providers were small businesses that did not have the same level of organizational capacity that EHS programs had developed to meet EHS standards. Support around using data and information systems and maintaining adequate fiscal and records management systems were critical for meeting EHS requirements. Several grantees did not anticipate the level of staffing resources that would be needed for these internal capacity-building activities that were beyond their initial plans for the EHS-CCP program.

- *A few states have used EHS-CCP to pilot test subsidy policies that promote continuity of care for infants and toddlers. Some state subsidy and provider payment policies created challenges for EHS-CCP implementation. However, as states meet new subsidy requirements under the CCDBG Act of 2014, many of these challenges should be alleviated.*

Although CCDF rules vary by state, new provisions added by Congress to the CCDBG Act of 2014 will promote subsidy policies that lengthen eligibility periods for working families and consider how payment rates and practices impact providers. EHS programs are paid on an enrollment basis to support quality environments year-round, whereas child care subsidy is unstable. In addition, current payments do not fully support the cost of quality that grantees need to attract qualified staff in many states and jurisdictions. The layered funding model requires that partners receive steady revenue from the child care subsidy for a large percentage of children enrolled in their EHS-CCP (at least 25% or more).

Some grantees had incorrectly assumed the level of subsidy that they would receive through the state CCDF program during the application phase. Although many states welcomed the EHS-CCP as a chance to create pilot programs around eligibility and contracted slots, other

SUCCESS IS THE SYSTEMS COMING TO THE TABLE TO DISCUSS AND LOOK AT ISSUES TOGETHER AS A THINK TANK.

EHS-CCP HUB NETWORK PROVIDER

states did not have the resources or political support to provide these benefits for EHS-CCP grantees only. A few states experienced delays in passing state budgets in the last year that delayed the start-up for a few EHS-CCP state grantees and impacted the ability of CCDF lead agencies to provide timely payments to providers.

- *Technical assistance and support around fiscal issues, budgeting and layering of funds continues to be a high need.*

A critical feature of the partnerships is the innovative payment mechanisms that are the foundation of the program. Grantees had to work with their partners to establish adequate budgets that would reflect the resources that were needed to support the program for all parties involved. It is critical that payment terms were clear and partners would have access to sufficient funds to accomplish the goals and objectives established in their agreements. However, many grantees that were new to partnerships were unsure about how to develop these budgets and how to incorporate the layered funding model for EHS-CCP. Several sessions at the Orientation sessions and follow-up Online Office Hours provided intensive technical assistance on the layered funding model and provided access to fiscal consultants who could assist programs in developing an effective plan.

The budgeting decisions were also complicated by the requirement to meet lower EHS ratios, even when the state licensing ratios allowed child care providers to serve more children. This caused consternation among providers who worried (1) that they would have to reduce the number of children served, (2) that they would have to split classrooms (e.g., add a room divider to support the same number of toddlers but add additional staff in order not to exceed maximum group size or (3) maintain operating costs with more staff and potentially fewer children. In many cases, the EHS-CCP grant provided the additional resources to meet the differences in funding, but in other cases, the additional resources were provided by the grantees through the enhancements to the learning environment and classroom, and comprehensive services.

- *More work is needed to leverage and maximize opportunities for building state systems to scale-up and increase access to high-quality infant and toddler early care and education.*

Whether the EHS-CCP grantee is a state agency or local program, this program presents an exciting opportunity to learn what it takes to scale-up high-quality infant-toddler care across child care and family child care settings. Several organizations have initiated efforts to learn

YOU MEASURE SUCCESS WHEN YOU SEE THAT TRANSFERENCE OF THEM TAKING THE LEAD, VERSUS US TAKING THE LEAD. YOU'VE EMPOWERED SOMEONE. IT IS GREAT TO SEE THAT EVOLUTION ABOUT FEELING CONFIDENT ABOUT WHAT THEY'RE DOING AND HOW THEY'RE DOING IT. IT'S THOSE UNINTENDED CONSEQUENCES OUT OF THIS PROJECT THAT ARE FASCINATING, IN TERMS OF RIPPLE EFFECT. WE'RE GROWING LEADERSHIP ON THE CHILD CARE SIDE—A WONDERFUL THING. IT'S SUCH AN AMAZING OUTCOME.

EHS-CCP GRANTEE

from grantees about implementation successes and challenges. The National Head Start Association has hosted several meetings and calls with EHS-CCP grantee directors and staff. Other organizations such as the Early Care and Education Consortium, National Association of Family Child Care and BUILD have also organized various opportunities to hear from grantees and partners about implementation issues. The Educare Network is supporting a learning community among the 11 Educare organizations that received an EHS-CCP grant and also plan to conduct their own cross-site evaluation. Save the Children received foundation support to provide technical assistance to California EHS-CCP grantees around parent, family and community engagement efforts. ACF will continue to work with national, state, regional and local partners and stakeholders to leverage and maximize opportunities for learning and sharing together.



VI. RESEARCH AND EVALUATION ACTIVITIES



Using research to inform program and policy is a priority for ACF. In 2013, ACF funded a national study of the EHS-CCP, which is managed by the Office of Planning, Research and Evaluation. The first phase of the project produced a review of the literature that summarized the current knowledge base around EHS-CCP; developed a theory of change model to articulate relations among key features, characteristics and expected outcomes of partnerships; developed recommendations for approaches to measuring partnerships for existing and new data collection efforts; and created a design for a national evaluation of the new EHS-CCP partnership grantees.²²

In 2015, the second phase to implement the national evaluation was launched. The purpose of this national descriptive study is to learn how the EHS-CCP are formed and operated, including how partnerships deliver high-quality and comprehensive services to infants, toddlers and their families.

In particular, this study will address the following questions:

WHAT WE DON'T KNOW, WE'LL SOLVE TOGETHER.

HEAD START COLLABORATION DIRECTOR

1. What are the characteristics of partnership grantees and their child care partners?
2. What activities do partnerships engage in to improve the quality of child development services?
3. What activities do partnerships engage in to help meet families' needs?
4. What are the different models that partnerships have implemented?
5. What activities do partnership grantees and child care partners engage in to develop and maintain partnerships?
7. What are partnership grantee and child care partner perceptions of partnership quality?
8. What are the needs of enrolled families, and what are their experiences with partnership services?

The study will fill a knowledge gap about partnership models implemented in the field, lay the groundwork for future research and provide information to inform technical assistance and actions aimed at improving the EHS-CCP grant initiative.

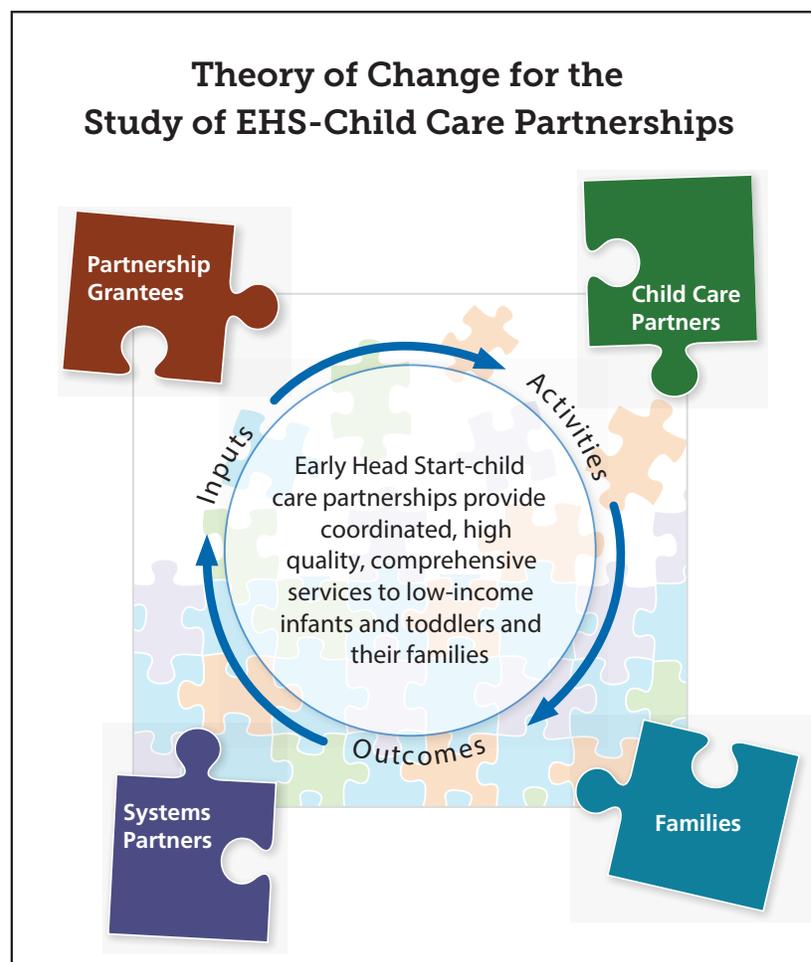
²² The reports and materials from the first phase of the National Study of EHS-CCP are available at: www.acf.hhs.gov/programs/opre/research/project/early-head-start-child-care-partnerships-study

The study will include two components:

1. web-based surveys of partnership grantee and delegate agency directors and a randomly selected sample of child care and family child care partners, and
2. in-depth follow-up case studies of selected EHS-CCP partnership grantees.

Survey data collection began mid-January 2016 and will be followed by in-depth case studies in the fall of 2016.²³

Beginning in February 2016, the Office of Planning, Research and Evaluation is supporting a learning community for grantees that are also funding their own local evaluations. ACF will support webinars, conference calls and an online platform to allow researchers and evaluators the opportunity to engage in lively discussion, exchange of ideas and resources and on-going peer support around the evaluation of EHS-CCP.



²³ More information about the National Study and grantee and partner survey instruments are available here: www.reginfo.gov/public/do/PRAOMBHistory?ombControlNumber=0970-0471

VII. MOVING FORWARD



The EHS-CCP work continues to be a high-priority strategy to increase access and improve the quality and continuity of early care and education for infants and toddlers across the country. The upcoming year will be focused on ensuring a solid foundation and sustainability for this work.

ACF started the next round of 11 in-person Regional Consultation Sessions that are being held from February to May 2016. Grantees and their partners will meet with state and federal leadership and technical assistance providers to work collaboratively on supporting the implementation and success for these grants. The Sessions will also provide opportunities to engage CCDF administrators and Head Start Collaboration Offices and discuss relevant state policy issues.

In January 2016, the Partnerships Center released the first issue of its quarterly newsletter, *Making Connections: The Partnership Newsletter*. The focus of the issue was on “Strengthening Partner Relationships” and shared early successes experienced by an EHS-CCP grantee. The newsletter also included a spotlight on working with family child care and tips and tools for developing a Partnership Agreement.²⁴ Future quarterly webinars and newsletters will examine how grantees have worked to meet the EHS staffing ratios and program structure; workforce and professional development; delivering comprehensive services; and parent, family and community engagement efforts within the EHS-CCP.

ACF will also release new funding opportunity announcements in the spring of 2016 as a result of the increase in the FY2016 funding to support the EHS-CCP and Expansion and will build on the lessons learned from this first round of grants. ACF plans to continue learning from current grants and sharing it with the field. ACF will continue to work across the OHS and OCC and with national, state, regional and local partners to provide ongoing support and intensive guidance to all the grantees to ensure the success and sustainability of all these efforts.

What ACF has learned is that it is possible to work with child care programs to meet EHS performance standards and offer higher quality care and comprehensive services for low-income children under 4 years old. The differences in CCDBG subsidy policy and EHS policy require coordination and collaboration to effectively combine funding streams to better meet the needs of children. It has not been easy, but grantees have shown during their first year of implementation that these grants can work and communities can rally behind promoting quality settings for low-income children. It has been exciting to see the tremendous progress that has been made in just over 1 year.

We began with an innovative concept of combining EHS and child care program efforts to increase access to high-quality early learning opportunities. We now know that this is possible. Throughout communities across the country, EHS-CCP are under way to serve more infants and toddlers and give them the foundation they need to grow, thrive and learn.

²⁴ The Making Connections newsletter is available at: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehs-ccp/ehs-ccp-newsletter.html>



APPENDIX A: FUNDED GRANTEES BY STATE

The U.S. Department of Health and Human Services awarded EHS-CCP and Early Head Start Expansion grants to the agencies below, listed by state. The full allocation of \$500 million was awarded by the end of March 2015. Grantees funded as American Indian and Alaska Native programs are noted with (AIAN). Grantees funded as Migrant and Seasonal Head Start Programs are noted with (MSHS). Grantees providing services in federally designated Promise Zones are noted with (PZ).

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
ALABAMA		
Montgomery	Alabama Department of Human Resources	\$ 8,300,000
ALASKA		
Anchorage	Cook Inlet Tribal Council, Inc. (AIAN)	\$ 1,800,000
Metlakatla	Metlakatla Indian Community (AIAN)	\$ 900,000
Nome	Kawerak, Inc. (AIAN)	\$ 900,000
ARIZONA		
Phoenix	City of Phoenix	\$ 3,300,000
Phoenix	Southwest Human Development	\$ 1,800,000
Phoenix	Maricopa County Human Services Department	\$ 2,500,000
Sacaton	Gila River Indian Community (AIAN)	\$ 900,000
Tucson	Child-Parent Centers, Inc.	\$ 1,500,000
Yuma	Chicanos Por La Causa (MSHS)	\$ 2,200,000
Yuma	Western Arizona Council of Governments	\$ 1,100,000
ARKANSAS		
Hot Springs	Community Services Office, Inc.	\$ 2,700,000
Jonesboro	Arkansas Early Learning, Inc.	\$ 3,900,000
Pine Bluff	University of Arkansas at Pine Bluff	\$ 1,000,000
CALIFORNIA		
Alameda	Alameda Family Services	\$ 300,000
Arcadia	Pacific Clinics	\$ 1,800,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
Auburn	Placer Community Action Council, Inc.	\$ 1,400,000
Bakersfield	Community Action Partnership of Kern	\$ 700,000
Berkeley	Young Men's Christian Association of the Central Bay Area	\$ 1,800,000
Bishop	Owens Valley Career Development Center (AIAN)	\$ 1,000,000
Chatsworth	Child Care Resource Center, Inc. (PZ)	\$ 2,800,000
Culver City	Westside Children's Center	\$ 700,000
Downey	Los Angeles County Office of Education (PZ)	\$ 8,000,000
El Centro	Riverside County Office of Education (MSHS)	\$ 1,500,000
Hanford	Kings Community Action Organization, Inc.	\$ 1,300,000
Livermore	CAPE, Inc. Community Association for Preschool Education	\$ 1,200,000
Los Angeles	Crystal Stairs, Inc.	\$ 1,500,000
Los Angeles	Dignity Health dba California Hospital Medical Center (PZ)	\$ 300,000
Los Angeles	Plaza Community Center, Inc. (PZ)	\$ 3,100,000
Los Angeles	Vista Del Mar Child and Family Services (PZ)	\$ 3,200,000
Los Angeles	Volunteers of America of Los Angeles	\$ 1,400,000
Martinez	Contra Costa County	\$ 1,100,000
Merced	Merced County Superintendent of Schools	\$ 1,700,000
Modesto	Stanislaus County Office of Education	\$ 2,600,000
Napa	Child Start, Inc.	\$ 1,300,000
Oxnard	Child Development Resources of Ventura County, Inc.	\$ 800,000
Pasadena	Foothill Family Service	\$ 1,700,000
Redding	Shasta County Head Start Child Development, Inc.	\$ 400,000
Riverside	Riverside County Office of Education	\$ 1,000,000
Sacramento	California Department of Education	\$ 4,400,000
Sacramento	Sacramento Employment and Training Agency (SETA)	\$ 1,500,000
San Bernardino	Co. of San Bernardino Board of Supervisors Preschool Service	\$ 1,800,000
San Diego	Volunteers of America - Southwest California Inc.	\$ 1,500,000
San Jose	Community Child Care Council of Santa Clara County, Inc.	\$ 3,600,000
San Luis Obispo	Community Action Partnership of San Luis Obispo County, Inc. (MSHS)	\$ 2,400,000
San Luis Obispo	Community Action Partnership of San Luis Obispo County, Inc.	\$ 5,000,000
San Marcos	Metropolitan Area Advisory Committee	\$ 1,200,000
Santa Ana	Easter Seals Southern California, Inc.	\$ 2,100,000
Ukiah	Pinoleville Pomo Nation (AIAN)	\$ 600,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
COLORADO		
Cripple Creek	Cripple Creek Victor School District RE-1	\$ 900,000
Denver	Clayton Early Learning, Trustee, George W. Clayton Trust	\$ 1,400,000
Englewood	Early Learning Ventures	\$ 3,000,000
Greeley	Colorado Early Education Network	\$ 800,000
CONNECTICUT		
Derby	Training, Education and Manpower, Inc.	\$ 1,300,000
New Haven	LULAC Head Start, Inc.	\$ 1,300,000
New Haven	United Way of Greater New Haven, Inc.	\$ 900,000
DELAWARE		
Dover	Delaware Department of Education	\$ 1,100,000
DISTRICT OF COLUMBIA		
Washington	Office of the State Superintendent of Education	\$ 900,000
FLORIDA		
Boynton Beach	Early Learning Coalition of Palm Beach County, Inc.	\$ 1,600,000
Clearwater	Eckerd Youth Alternatives Inc.	\$ 1,200,000
Coral Gables	Early Learning Coalition Miami-Dade/Monroe County	\$ 9,500,000
Fort Myers	School District of Lee County	\$ 900,000
Immokalee	Redlands Christian Migrant Association (MSHS)	\$ 3,700,000
Miami	Miami-Dade County	\$ 3,100,000
Miami	United Way of Miami-Dade, Inc.	\$ 4,500,000
Orlando	Community Coordinated Care for Children, Inc.	\$ 3,900,000
Tampa	Lutheran Services Florida	\$ 1,500,000
Various Counties	East Coast Migrant Head Start Project (MSHS)	\$ 1,700,000
GEORGIA		
Atlanta	Easter Seals North Georgia	\$ 900,000
Atlanta	Georgia Department of Early Care and Learning	\$ 3,500,000
Augusta	CSRA Economic Opportunity Authority, Inc.	\$ 900,000
Cartersville	Tallatoona Community Action Partnership, Inc.	\$ 1,500,000
Columbus	Enrichment Services Program, Inc.	\$ 1,300,000
Dalton	Family Resource Agency, Inc.	\$ 1,400,000
Forest Park	Clayton County Community Services Authority, Inc.	\$ 1,100,000
Fort Valley	Fort Valley State University	\$ 5,600,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
HAWAII		
Honolulu	Parents And Children Together	\$ 1,400,000
IDAHO		
Idaho Falls	Eastern Idaho Community Action Partnership	\$ 1,300,000
ILLINOIS		
Chicago	City of Chicago	\$ 14,900,000
Joliet	Child Care Resource & Referral	\$ 1,500,000
Maywood	Proviso Leyden Council for Community Action, Inc. (PLOCA)	\$ 1,200,000
Rockford	City of Rockford, Human Services Dept.	\$ 600,000
INDIANA		
Indianapolis	Early Learning Indiana	\$ 1,700,000
Merrillville	GEMINUS Corporation	\$ 3,600,000
Muncie	Telamon Corporation dba Transition Resources Corporation	\$ 1,700,000
South Bend	Elkhart and St. Joseph Counties Head Start Consortium (PZ)	\$ 2,100,000
IOWA		
Des Moines	Drake University	\$ 1,000,000
Hiawatha	Hawkeye Area Community Action Program, Inc.	\$ 700,000
Waterloo	Tri-County Child and Family Development Council, Inc.	\$ 500,000
KANSAS		
Kansas City	The Family Conservancy	\$ 2,200,000
KENTUCKY		
Covington	Northern Kentucky Community Action Commission, Inc.	\$ 900,000
Lexington	Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties, Inc.	\$ 2,300,000
Owensboro	Audubon Area Community Services, Inc.	\$ 1,600,000
Shelbyville	Ohio Valley Educational Cooperative	\$ 3,400,000
LOUISIANA		
New Orleans	Boys Town Louisiana, Inc.	\$ 1,500,000
New Orleans	Kingsley House, Inc.	\$ 2,500,000
New Orleans	Louisiana State University Health Sciences Center - N.O.	\$ 3,200,000
New Orleans	Total Community Action, Inc.	\$ 1,100,000
MAINE		
Sanford	York County Community Action Corporation	\$ 400,000
Waterville	Kennebec Valley Community Action Program	\$ 1,300,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
MARYLAND		
Baltimore	Maryland Family Network, Inc.	\$ 1,500,000
Oakland	Garrett County Community Action, Inc.	\$ 500,000
Rockville	Reginald S. Lourie Center for Infants and Young Children	\$ 1,400,000
MASSACHUSETTS		
Haverhill	Community Action, Inc.	\$ 1,300,000
Lawrence	Community Day Care Center of Lawrence, Inc.	\$ 1,100,000
Springfield	Holyoke, Chicopee, Springfield Head Start, Inc.	\$ 1,800,000
Taunton	Associates for Human Services, Inc.	\$ 1,200,000
MICHIGAN		
Centreville	St. Joseph County Intermediate School District	\$ 700,000
Clinton Township	Macomb County Community Services Agency	\$ 1,700,000
Detroit	Matrix Human Services	\$ 6,500,000
Detroit	The Order of the Fishermen Ministry Head Start	\$ 3,800,000
Lansing	Capital Area Community Services, Inc.	\$ 1,700,000
MINNESOTA		
Coon Rapids	Anoka County Community Action Program, Inc.	\$ 1,500,000
Detroit Lakes	Mahube-Otwa Community Action Partnership, Inc.	\$ 1,100,000
Little Falls	Tri-County Community Action, Inc.	\$ 900,000
Minneapolis	Parents In Community Action, Inc.	\$ 1,300,000
Nett Lake	Bois Forte Tribal Government (AIAN)	\$ 400,000
Rochester	Child Care Resource & Referral, Inc.	\$ 1,000,000
MISSISSIPPI		
Cleveland	Bolivar County Community Action Agency, Inc.	\$ 900,000
Greenville	Washington County Opportunities, Inc.	\$ 1,400,000
Picayune	Picayune School District	\$ 1,000,000
Stoneville	Delta Health Alliance, Inc.	\$ 3,400,000
MISSOURI		
Hannibal	Douglass Community Services, Inc.	\$ 1,200,000
Marshall	Missouri Valley Community Action Agency	\$ 600,000
Portageville	Delta Area Economic Opportunity Corporation	\$ 3,100,000
Saint Charles	Youth In Need (PZ)	\$ 1,500,000
Sedalia	Children's Therapy Center of Pettis County, Inc.	\$ 200,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
St. Joseph	Community Action Partnership of Greater St. Joseph	\$ 800,000
MONTANA		
Butte	AWARE, Inc.	\$ 1,200,000
Great Falls	Opportunities, Inc.	\$ 1,000,000
Harlem	Fort Belknap Head Start (AIAN)	\$ 1,000,000
Pablo	Confederated Salish & Kootenai Tribes (AIAN)	\$ 1,000,000
NEBRASKA		
Fairbury	Blue Valley Community Action, Inc.	\$ 800,000
Omaha	Nebraska Early Childhood Collaborative, LLC	\$ 2,700,000
Winnebago	Winnebago Tribe of Nebraska (AIAN)	\$ 1,200,000
NEVADA		
Las Vegas	Sunrise Children's Foundation	\$ 3,500,000
Reno	Community Services Agency	\$ 1,200,000
NEW HAMPSHIRE		
Dover	Community Action Partnership of Strafford County	\$ 500,000
Manchester	Southern New Hampshire Services, Inc.	\$ 300,000
NEW JERSEY		
Bridgeton	Tri-County Community Action Agency, Inc. (PZ)	\$ 1,900,000
Camden	Center For Family Services, Inc.	\$ 1,000,000
Newark	The Leaguers (PZ)	\$ 2,300,000
Vauxhall	Union Township Community Action Organization, Inc. (PZ)	\$ 1,100,000
Vineland	Quality Care Resource and Referral Services, Inc.	\$ 3,300,000
NEW MEXICO		
Albuquerque	Youth Development, Inc.	\$ 1,400,000
Espanola	Santa Clara Pueblo (AIAN)	\$ 500,000
Las Cruces	La Clinica de Familia	\$ 1,300,000
Ruidoso	Region IX Education Cooperative	\$ 700,000
NEW YORK		
Albion	Community Action of Orleans and Genesee, Inc.	\$ 900,000
Brooklyn	Project Social Care Head Start, Inc.	\$ 4,900,000
Brooklyn	United Academy, Inc.	\$ 2,200,000
Brooklyn	Yeshivath Kehilath Yakov, Inc.	\$ 1,100,000
Buffalo	Community Action Organization of Erie County Inc.	\$ 3,000,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
Dunkirk	Chautauqua Opportunities	\$ 1,300,000
Elmsford	Westchester Community Opportunity Program, Inc. (WestCOP)	\$ 2,400,000
Haverstraw	Head Start of Rockland, Inc.	\$ 1,400,000
New York	Fort George Community Enrichment Center, Inc.	\$ 1,100,000
New York	Grand Street Settlement, Inc.	\$ 1,800,000
New York	University Settlement Society of New York, Inc.	\$ 900,000
Patchogue	L.I. Child & Family Development Services, Inc.	\$ 1,700,000
Schenectady	Schenectady Community Action Program	\$ 1,200,000
West Nyack	The Salvation Army	\$ 1,500,000
NORTH CAROLINA		
Chapel Hill	Chapel Hill Training-Outreach Project, Inc.	\$ 600,000
Charlotte	Child Care Resources, Inc.	\$ 5,300,000
Durham	Durham's Partnership for Children	\$ 1,200,000
Fayetteville	Cumberland Community Action Program, Inc.	\$ 1,500,000
Goldsboro	Wayne Action Group for Economic Solvency, Inc. (WAGES)	\$ 1,100,000
Greensboro	Guilford Child Development	\$ 1,500,000
Hendersonville	Western Carolina Community Action, Inc.	\$ 1,500,000
Kings Mountain	Cleveland County Partnership, Inc.	\$ 2,300,000
Kinston	Greene Lamp	\$ 1,100,000
Raleigh	Telamon Corporation	\$ 1,700,000
Winston-Salem	Family Services, Inc.	\$ 2,300,000
NORTH DAKOTA		
Mayville	Mayville State University	\$ 900,000
NORTHERN MARIANA ISLANDS		
Saipan	CNMI Public School System	\$ 900,000
OHIO		
Canton	Young Women's Christian Association of Canton Ohio	\$ 1,900,000
Cincinnati	Cincinnati-Hamilton County Community Action Agency	\$ 2,000,000
Columbus	The Ohio State University	\$ 2,700,000
Dayton	Miami Valley Child Development Centers, Inc.	\$ 4,100,000
Fremont	WSOS Community Action Commission, Inc.	\$ 1,900,000
Ironton	Ironton-Lawrence County Community Action Organization	\$ 1,100,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
Lebanon	Warren County Community Services, Inc.	\$ 1,100,000
Lima	Lima/Allen Council on Community Affairs (LACCA)	\$ 900,000
Mount Vernon	Knox County Head Start, Inc.	\$ 200,000
Washington Court House	Community Action Commission of Fayette County, Inc.	\$ 900,000
OKLAHOMA		
Durant	Choctaw Nation of Oklahoma (AIAN) (PZ)	\$ 2,600,000
Hugo	Little Dixie Community Action Agency, Inc. (PZ)	\$ 1,800,000
Jay	Northeast Oklahoma Community Action Agency, Inc.	\$ 800,000
Oklahoma City	Sunbeam Family Services, Inc.	\$ 3,700,000
Tulsa	Tulsa Educare, Inc.	\$ 2,900,000
OREGON		
Hermiston	Umatilla Morrow Head Start	\$ 800,000
Portland	Mt. Hood Community College	\$ 1,500,000
Salem	Mid-Willamette Valley Community Action Agency, Inc.	\$ 1,000,000
Wilsonville	Oregon Child Development Coalition, Inc.	\$ 3,800,000
Wilsonville	Oregon Child Development Coalition, Inc. (MSHS)	\$ 5,000,000
PENNSYLVANIA		
Allentown	Community Services for Children, Inc.	\$ 900,000
Erie	Greater Erie Community Action Committee	\$ 800,000
Harrisburg	Commonwealth of Pennsylvania, Department of Public Welfare (PZ)	\$ 5,500,000
Morton	Delaware County Intermediate Unit	\$ 1,300,000
New Castle	Lawrence County Social Services, Inc.	\$ 1,100,000
Philadelphia	Norris Square Community Alliance	\$ 1,400,000
Pittsburgh	Council of Three Rivers American Indian Center	\$ 2,900,000
Scranton	Scranton-Lackawanna Human Development Agency, Inc.	\$ 1,500,000
PUERTO RICO		
Caguas	Municipality of Caguas	\$ 1,200,000
Gurabo	Centro de Fortalecimiento Familiar, ESCAPE	\$ 600,000
Hormigueros	Centro de Desarrollo Familiar SHS Diocesis de Mayaguez, Inc.	\$ 1,600,000
San German	Municipality of San German	\$ 800,000
San Juan	Quintana Baptist Church Head Start Program	\$ 1,600,000
San Sebastian	Municipality of San Sebastian	\$ 1,100,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
RHODE ISLAND		
Providence	Children's Friend and Service	\$ 1,900,000
SOUTH CAROLINA		
Columbia	South Carolina First Steps to School Readiness	\$ 3,700,000
Greenwood	GLEAMNS Human Resources Commission, Inc.	\$ 1,000,000
Lancaster	Lancaster County First Steps to School Readiness	\$ 1,500,000
North Charleston	Charleston County First Steps (PZ)	\$ 1,300,000
Spartanburg	South Carolina First Steps to Spartanburg County	\$ 1,100,000
SOUTH DAKOTA		
Rapid City	Youth & Family Services, Inc.	\$ 900,000
Rosebud	Rosebud Sioux Tribe (AIAN)	\$ 1,600,000
TENNESSEE		
Chattanooga	City of Chattanooga Head Start/Early Head Start	\$ 2,100,000
Fayetteville	South Central Human Resource Agency	\$ 2,300,000
Johnson City	Telamon Corporation	\$ 1,400,000
Memphis	Porter-Leath	\$ 1,800,000
Murfreesboro	Mid-Cumberland Community Action Agency	\$ 1,000,000
Nashville	Tennessee State University	\$ 1,500,000
South Pittsburg	Sequatchie Valley Planning and Development Agency	\$ 1,200,000
TEXAS		
Abilene	Education Service Center Region XIV	\$ 1,300,000
Austin	Child, Inc.	\$ 700,000
Bastrop	Gen-Tex Family Services, Inc. (PZ)	\$ 1,600,000
Bellaire	Neighborhood Centers Inc.	\$ 1,600,000
Crowell	Rolling Plains Management Corporation	\$ 1,100,000
Dallas	Childcare Group	\$ 1,500,000
Dallas	Head Start of Greater Dallas, Inc.	\$ 2,700,000
Edinburg	The University of Texas - Pan American	\$ 6,900,000
Fort Worth	YWCA of Fort Worth and Tarrant County (PZ)	\$ 900,000
Houston	AVANCE-Houston, Inc.	\$ 1,500,000
Houston	Harris County Department of Education	\$ 2,100,000
Irving	SER-Jobs for Progress National, Inc.	\$ 1,200,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
Laredo	County of Webb	\$ 700,000
Levelland	South Plains Community Action Association, Inc. (SPCAA)	\$ 1,700,000
Lubbock	Texas Tech University (PZ)	\$ 500,000
New Caney	Motivation Education & Training, Inc.	\$ 2,600,000
San Antonio	AVANCE-San Antonio, Inc.	\$ 1,400,000
San Antonio	AVANCE, Inc.	\$ 800,000
San Antonio	City of San Antonio (PZ)	\$ 2,700,000
San Antonio	Family Service Association of San Antonio, Inc.	\$ 1,700,000
San Antonio	Parent Child Incorporated (PZ)	\$ 2,200,000
UTAH		
Logan	Bear River Head Start	\$ 900,000
Salt Lake City	Centro de la Familia de Utah (MSHS)	\$ 600,000
Salt Lake City	Centro de la Familia de Utah	\$ 900,000
Salt Lake City	DDI Vantage, Inc.	\$ 1,300,000
Salt Lake City	Salt Lake Community Action Program	\$ 1,100,000
VERMONT		
Barre	Capstone Community Action, Inc.	\$ 600,000
Burlington	Champlain Valley Office of Economic Opportunity	\$ 600,000
VIRGINIA		
Alexandria	The Campagna Center, Inc.	\$ 900,000
Culpeper	Culpeper Human Services	\$ 800,000
Fairfax	Fairfax County Board of Supervisors	\$ 800,000
Oakton	Northern Virginia Family Service	\$ 1,300,000
Orange	Orange County Board of Education	\$ 200,000
Roanoke	Total Action Against Poverty in Roanoke Valley, Inc.	\$ 2,700,000
Verona	Augusta County School Board	\$ 600,000
West Point	Parent-Child Development Corporation	\$ 1,100,000
WASHINGTON		
Bremerton	Olympic Educational Service District 114	\$ 800,000
Moses Lake	Family Services of Grant County	\$ 700,000
Olympia	Nisqually Indian Tribe (AIAN)	\$ 500,000
Renton	Puget Sound Educational Service District	\$ 2,900,000

CITY	GRANTEE	PROJECTED ANNUAL FUNDING
Seattle	Children's Home Society of Washington	\$ 300,000
Seattle	Children's Home Society of Washington	\$ 1,900,000
Spokane	WA ST Community College District #17	\$ 1,300,000
WEST VIRGINIA		
Beckley	Raleigh County Community Action Association	\$ 1,000,000
Bluefield	Community Action of South Eastern West Virginia	\$ 800,000
Wheeling	Northern Panhandle Head Start, Inc.	\$ 1,200,000
WISCONSIN		
Ladysmith	Indianhead Community Action Agency	\$ 1,400,000
Madison	Dane County Parent Council, Inc.	\$ 1,000,000
Milwaukee	Acelero, Inc.	\$ 1,200,000
Milwaukee	Next Door Foundation, Inc.	\$ 4,800,000
WYOMING		
Evanston	Evanston Child Development Center	\$ 900,000





APPENDIX B: ACF CORE BELIEFS AND OPERATING PRINCIPLES FOR THE EARLY HEAD START-CHILD CARE PARTNERSHIPS

The principles were developed jointly by the Office of Early Childhood Development, the OHS and OCC and shared at the Grantee Orientation Sessions.

1. Children and families deserve high-quality, comprehensive services regardless of setting or funding stream.
2. Funding that supports improved child care salaries and benefits must flow from the grantee to the child care partner. A living wage and benefits are cornerstones of improving quality.
3. Partnerships are grounded in mutual respect and curiosity about each other's programs. None of us know everything, and all of us have the capacity to learn and grow.
4. A strengths-based approach to partnership is the basis of improvement. Even when there are mistakes and misunderstandings, we will build on our strengths.
5. A commitment to continuous improvement and learning how to improve the quality of early care and education nationally is part of the underlying purpose of the Partnerships.
6. A good sense of humor balances the tense moments.
7. Commitment to continuity of services and relationships means preventing, as much as possible, disruptions to the services and relationships that sustain and support children.
8. Persevere and resist the urge to give up. Be willing to bend as needed but don't break.
9. Documentation—written descriptions of the relationship between partners, agreements, commitments, services provided, etc.—can contribute to efficiency, planning and improvement.
10. OCC and OHS commit to practicing at the federal level what we expect at the state and local level.

11. Innovation and a commitment to embrace change exhibit flexibility are fundamental to success.
12. Measuring rather than counting means helping people think about how we know what works well and what doesn't and be able to describe the effect or outcome of programs and services.
13. Success will require working together as a team and valuing what each member contributes to the partnership.
14. This work is funded through taxpayer dollars and reflects trust in and recognition of the work of early childhood care and education, and therefore must promote and maintain accountability for the effective use of federal funds.
15. It will take collective responsibility—we all own this work. Success rests with each of us. Some of the nation's most vulnerable children depend on our success.





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