Working Together for Children and Families
Summary of Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships

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The promise of partnerships

• Offer opportunities to increase providers’ competencies and credentials, assure ongoing support and coaching, provide materials and supplies, and help to ensure that providers meet high standards

• Partners work together and may combine funds, resources, materials, and staff to
  – Serve additional children
  – Provide comprehensive services
  – Enhance service quality
  – Provide full-day, full-year ECE
  – Better meet families’ needs
Early Head Start-Child Care Partnership grants

• First cohort awarded in FY 2015 by ACF
• Included 275 Early Head Start-Child Care (EHS-CC) Partnership and Expansion grants
• Aim to promote comprehensive services and high quality early learning opportunities
Terminology

“Partnership grantee” = Organization that received an EHS-CC Partnership grant award in which some or all of the enrollment slots are administered through child care partners

“Child care partner” = Child care center or family child care home that partners with a grantee to provide services to enrolled infants and toddlers

“Partnership program” = A grantee and all of the child care partners that work together to provide services to enrolled families and their infants and toddlers
National Descriptive Study of EHS-CC Partnerships

• Funded by OPRE

• Purpose: Learn about the characteristics and activities of partnership programs that aim to improve professional development and service quality to better meet families’ needs
Study design
Primary research topics

• Covered in slides:
  – Characteristics of partnership programs
  – Activities to develop and maintain partnerships
  – Comprehensive services for children and families
  – Quality improvement activities

• Additional information available in the National Descriptive Study of EHS-CC Partnerships final report:
  – Funding allocated and used to support partnership programs
  – Family experiences with partnership services
Study components

• Web-based survey of partnership grantees
  – Conducted about one year after grant award
  – 220 of 250 grantees completed the survey (88%)
  – Identified 1,892 child care partners

• Web-based survey of randomly selected group of child care partners
  – 386 of 470 randomly selected child care partners completed the survey (82%)

• Case studies of 10 partnership programs
  – Site visits to conduct interviews and focus groups with grantee and child care partner staff and parents
Characteristics of partnership programs, grantees, and child care partners
Characteristics of partnership programs
Most programs had child care center partners only

- Child care center partners only: 59%
- Both child care center and family child care partners: 32%
- Family child care partners only: 7%
- No partners at time of survey: 2%

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Figure II.1 (p.16) and Table C.II.1 (p. C.3) in the final report.

Note: N = 220. Information was missing for one grantee. Results are weighted to account for nonresponse.
Most programs had partnerships with 1–5 child care centers

<table>
<thead>
<tr>
<th>Number of child care center partners</th>
<th>Percentage of partnership programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–5</td>
<td>65%</td>
</tr>
<tr>
<td>6–10</td>
<td>18%</td>
</tr>
<tr>
<td>11 or more</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of family child care partners</th>
<th>Percentage of partnership programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–10</td>
<td>28%</td>
</tr>
<tr>
<td>11–20</td>
<td>7%</td>
</tr>
<tr>
<td>21 or more</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Table C.II.1 (p. C.3) in the final report.

Note: N = 220. Information was missing for one to three grantees. Results are weighted to account for nonresponse.
The median number of EHS-CC Partnership slots was 80

Median number of slots across all partnership programs = 80

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Figure II.2 (p. 17) and Table C.II.2 (p. C.4) in the final report.

Note: N = 220. Information was missing for three grantees. Results are weighted to account for nonresponse.

FCC = family child care.
Characteristics of partnership grantees
Most grantees were nonprofit, CBOs or CAAs/CAPs

<table>
<thead>
<tr>
<th>Type of grantee agency</th>
<th>Percentage of grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private not-for-profit</td>
<td>72</td>
</tr>
<tr>
<td>Public agency</td>
<td>25</td>
</tr>
<tr>
<td>Private for-profit</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Auspice of grantee agency</th>
<th>Percentage of grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO</td>
<td>28</td>
</tr>
<tr>
<td>CAA or CAP</td>
<td>24</td>
</tr>
<tr>
<td>Gov't agency</td>
<td>12</td>
</tr>
<tr>
<td>School system</td>
<td>4</td>
</tr>
<tr>
<td>CCR&amp;R agency</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Table II.1 (p. 18) in the final report.

Note: N = 220. Information was missing for two to three grantees. Results are weighted to account for nonresponse. Responses in the “Other” category included unspecified nonprofit organizations (17 respondents) and Head Start or EHS programs (6 respondents).

CBO = community-based organization; CAA = Community Action Agency; CAP = Community Action Partnership; CCR&R = Child Care Resource and Referral.
Most grantees had experience providing Early Head Start and Head Start services

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Figure II.3 (p. 19) and Table C.II.5 (p. C.6) in the final report.

Note: N = 220. Information was missing for two or three grantees. Results are weighted to account for nonresponse.
Characteristics of child care partners
Partnership slots accounted for a substantial proportion of partners’ infant–toddler enrollment capacity

<table>
<thead>
<tr>
<th>Enrollment capacity</th>
<th>All partners</th>
<th>Child care center partners</th>
<th>Family child care partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median licensed infant–toddler enrollment capacity (range)</td>
<td>16 (2–224)</td>
<td>38 (8–224)</td>
<td>6 (2–16)</td>
</tr>
<tr>
<td>Median number of EHS-CC Partnership slots (range)</td>
<td>8 (0–160)</td>
<td>16 (0–160)</td>
<td>4 (0–12)</td>
</tr>
</tbody>
</table>

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table II.4 (p. 22) and Table C.II.7 (p. C.8) in the final report.
Note: N = 386. Information was missing for 0 to 4 child care partners and was trimmed for 10 child care partners. Results are weighted to account for sampling probability and nonresponse. The analysis excludes centers with enrollment capacity greater than 1,000 and family child care partners with enrollment capacity greater than 25. The percentage of total licensed enrollment slots for children from birth to age 3 that are EHS-CC Partnership slots is capped at 100 percent.
Nearly all child care partners offered full-day, full-year care

<table>
<thead>
<tr>
<th>Business hours</th>
<th>All partners</th>
<th>Child care center partners</th>
<th>Family child care partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median hours per day in operation (range)</td>
<td>11 (6–23)</td>
<td>12 (6–18)</td>
<td>11 (6–23)</td>
</tr>
<tr>
<td>Median number of weeks per year in operation (range)</td>
<td>52 (4–52)</td>
<td>52 (5–52)</td>
<td>51 (4–52)</td>
</tr>
<tr>
<td>Percentage offering full-day, full-year care\textsuperscript{a}</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table II.5 (p. 24) and Table C.II.9 (p. C.10) in the final report.

Note: N = 386. Information was missing for 4 to 16 child care partners. Results are weighted to account for sampling probability and nonresponse.

\textsuperscript{a} Full-day, full-year care is defined as 1,380 annual hours of service.
Most child care partner staff had a CDA or higher certification, or were in training

![Bar chart showing the percentage of child care partners with different levels of education.]

- High school diploma or equivalent: 7% (Child care center partners), 21% (Family child care partners)
- In training for CDA: 32% (Child care center partners), 28% (Family child care partners)
- CDA or higher qualification: 29% (Child care center partners), 20% (Family child care partners)
- Associate's degree: 15% (Child care center partners), 13% (Family child care partners)
- Bachelor's degree: 14% (Child care center partners), 9% (Family child care partners)
- Graduate/professional degree: 3% (Child care center partners), 9% (Family child care partners)

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Figure II.5 (p. 27) and Table C.II.13 (p. C.12) in the final report.

Note: N = 386. Information was missing for seven child care partners. Results are weighted to account for sampling probability and nonresponse.

CDA = child development associate.
The median staff salary was about $24,000 per year

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table II.7 (p. 29) in the final report.

Note: N = 386. Information was missing for 10 to 53 child care partners and was trimmed for 32 child care partners. Results are weighted to account for sampling probability and nonresponse. For average annual salaries, we report amounts only within the 5th and 95th percentiles.
Most child care partners participated in a quality rating system

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table II.8 (p. 32) in the final report.
Note: N = 386. Information was missing for 14 to 23 child care partners. Results are weighted to account for sampling probability and nonresponse.
Activities to develop and maintain partnerships
Nearly half of grantees and child care partners had prior collaboration experience

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Figure III.2 (p. 35) and Table C.III.3 (p. C.16) in the final report.

Note: N = 1,749. Items in this figure are based on grantee and delegate agency director responses about all of their child care partners. Information was missing in grantee responses for about 158 of their partners. Results are weighted to account for nonresponse.

* Percentages differ significantly between child care center partners and family child care partners at the 0.05 level, two-tailed test.
Lessons from the case studies: Recruiting child care partners

• Looked for partners that offered or seemed to have the capacity to offer quality care
  – QRIS ratings, input from local licensing agencies, visits to providers to informally observe quality

• Formed partnerships with child care providers that they had relationships with

• Conducted in-person, one-on-one meetings with child care providers to
  – Describe opportunities and expectations of the partnerships,
  – Address providers’ concerns, and
  – Discuss providers’ capacity to meet the requirements
Grantees often developed partnership agreements with input from child care center partners.

- **Grantee developed with input from partner**: 51% (51*)
- **Jointly developed by grantee and partner**: 16% (16*)
- **Jointly developed by grantee and a committee of partners**: 9%
- **Grantee developed with no input from partner**: 21% (21*)
- **Does not have agreement in place**: 4%

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Figure III.3 (p. 39) and Table C.III.5 (p. C.18) in the final report.

Note: N = 470. Items in this figure are based on grantee and delegate agency director responses about a randomly selected sample of child care partners. Information was missing for 0 to 12 grantees. Results are weighted to account for grantee nonresponse and partner sampling probability.

* Percentages differ significantly between child care center partners and family child care partners at the 0.05 level, two-tailed test.
Lessons from the case studies

• Involving child care partners in the process of developing partnership agreements facilitated buy-in among partners
Nearly all grantees reported holding regular meetings with lead child care partner staff

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Table III.3 (p. 42) in the final report.

Note: N = 220. Information was missing for 1 to 11 grantees. Percentages do not sum to 100 because respondents selected all activities that applied. Results are weighted to account for nonresponse. Common “other” responses included regular meetings/communications (not specifically with lead staff), trainings/professional development, and on-site visits.
Lessons from the case studies: Communication

• To address communication challenges, grantees and child care partners
  – Held regularly scheduled meetings
  – Established communication protocols
  – Engaged in frequent informal communication

• Making program decisions in collaboration with child care partners, rather than unilaterally, led to smoother partnerships

• Setting clear and realistic expectations about partnership program requirements and benefits facilitated more positive relationships
One-third of grantees had terminated at least one partnership; they reported a range of reasons.

![Bar chart showing reasons for partnership termination]

**Source:** EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Figure III.4 (p. 41) and Table C.III.8 (p. C.21) in the final report.

**Note:** N = 220. Percentages are expressed as the share of the 70 grantees that report terminating partnerships. Information was missing for one grantee. Results are weighted to account for nonresponse. This is a subset of the possible responses.

HSPPS = Head Start Program Performance Standards.
Offering comprehensive services
Comprehensive services promote health and well-being of children and families

Connection and access to preventive health care services

Support for emotional, social, and cognitive development

Family engagement
"Partnership slot" = Enrollment slot funded by EHS-CC Partnership grant funds

"Nonpartnership slot" = Enrollment slot funded by a source other than EHS-CC Partnership grant funds
Child care partners provided a range of services to children in partnership slots

- Vision, hearing, dental, speech, nutritional, or lead screenings: 92% (CC) vs. 85% (FCCP)
- Developmental screening: 70% (CC) vs. 86% (FCCP)
- Referrals: 70% (CC) vs. 82% (FCCP)
- Mental health screening: 52% (CC) vs. 78% (FCCP)
- Speech/physical therapy: 64% (CC) vs. 61% (FCCP)

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Figure VI.1 (p. 69) and Table C.VI.1 (p. C.32) in the final report.

Note: N = 386. Information was missing for 26 child care partners. Results are weighted to account for sampling probability and nonresponse. Referrals include medical, dental, mental health, and social service referrals.

* Percentages differ significantly between child care center partners and family child care partners at the 0.05 level, two-tailed test.
Many child care partners provided services to children in partnership and nonpartnership slots

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table VI.2 (p. 76) in the final report; we combined some categories from the table to create this figure.

Note: N = 386. Information was missing for 26 child care partners. Results are weighted to account for sampling probability and nonresponse.
Child care partners provided a wide array of services to families of children in partnership slots

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Figure VI.3 (p. 72) and Table C.VI.4 (p. C.35) in the final report.

Note: N = 386. Information was missing for 26 child care partners. Results are weighted to account for sampling probability and nonresponse. Health/mental health services include adult health care, prenatal care or OB/GYN, dental care, mental health screenings, mental health assessments, therapy, services for drug or alcohol abuse, and disability services for parents. Financial assistance services include transportation assistance, emergency assistance, housing assistance, and financial counseling. Education/training services include employment assistance, education or job training, family literacy services, and services for dual language learners. Care coordination services include care coordination and follow-up with families about screening/assessment results.

* Percentages differ significantly between child care center partners and family child care partners at the 0.05 level, two-tailed test.
Many child care partners provided services to families of children in nonpartnership slots

Comprehensive services for families

- Health/mental health services: 34% (Partnership and nonpartnership slots), 23% (Partnership slots only)
- Care coordination: 33% (Partnership and nonpartnership slots), 20% (Partnership slots only)
- Education/training services: 24% (Partnership and nonpartnership slots), 20% (Partnership slots only)
- Financial assistance: 24% (Partnership and nonpartnership slots), 18% (Partnership slots only)
- Legal assistance: 8% (Partnership and nonpartnership slots), 8% (Partnership slots only)

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table VI.5 (pp. 78-79) in the final report; we combined some categories from the table to create this figure.

Note: N = 386. Information was missing for 26 child care partners. Results are weighted to account for sampling probability and nonresponse.
Most child care partners provided IFPAs and home visits to families in partnership slots

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table VI.1 (p. 71) in the final report.

Note: N = 386. Information was missing for 4 to 40 child care partners. Results are weighted to account for sampling probability and nonresponse.
Lessons from the case studies: Strategies for engaging families

• Introduce family service workers to parents during enrollment to begin relationship building from the onset

• Meet an immediate need of families as soon as possible after enrollment in the program to build rapport

• Engage parents during drop-off and pick-up to signal that staff are available for parents

• Provide daily or monthly reports to families about children’s activities and progress

• Accommodate parents’ work schedules when planning appointments and events
Offering quality child development services
Most child care partners received guidance on implementing the HSPPS from the grantee

<table>
<thead>
<tr>
<th>Guidance on implementing HSPPS</th>
<th>All partners</th>
<th>Child care center partners</th>
<th>Family child care partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner received guidance on implementing HSPPS from grantee</td>
<td>71%</td>
<td>75%</td>
<td>65%</td>
</tr>
<tr>
<td>Written documentation on meeting HSPPS developed with input from both grantee and partner</td>
<td>55%</td>
<td>57%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Table VII.1 (p. 83) in the final report.

Note: N = 386. Information was missing for 2 to 23 child care partners. Percentages do not sum to 100 because respondents selected all types that applied. Results are weighted to account for sampling probability and nonresponse.

There were no significant differences between child care center and family child care partners.

HSPPS = Head Start Program Performance Standards.
Few child care partners found it difficult to meet the HSPPS

There were no significant differences between child care center partners and family child care partners.

HSPPS = Head Start Program Performance Standards.
Lessons from the case studies: Most challenging aspects of meeting the HSPPS

• Grantees and child care partners identified these HSPPS as the most challenging to meet:
  – Staff-child ratio requirements (can lead to lower revenue)
  – Health and safety requirements (can require costly renovations)

• Child care partner staff found it challenging to make time for the paperwork and documentation required for the partnership
Nearly all grantees conducted QI activities with partners; grantee staff were primarily responsible

![Chart showing the percentage of grantees reporting activity and staff primarily responsible for various quality improvement activities.]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
<th>Grantee staff</th>
<th>Child care partner staff</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom observations to assess practice</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of checklists on HSPPS compliance</td>
<td>85</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of program files</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of program data</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of lesson plans</td>
<td>65</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quality improvement activity and staff primarily responsible

Source: EHS-CC Partnership Grantee and Delegate Agency Director Survey. Appears as Table VII.2 (p. 94) in the final report; percentages have been rescaled for the figure.

Note: N = 220. Information was missing for zero to eight grantees. Results are weighted to account for nonresponse.

HSPPS = Head Start Program Performance Standards.
Lessons from the case studies: Identifying and addressing quality improvement needs

• Getting buy-in from and building a relationship with child care partners made it easier for grantees to give feedback about changes that partners had to make to meet the HSPPS

• Actively involving the child care partners in the assessment or monitoring process helped grantees ensure that plans were tailored appropriately to the specific circumstances and needs of each partner
Child care partners received a variety of materials and supplies from grantees

Materials received from partnership grantee

- Furniture: 67% (Child care center) 68% (Family)
- Curriculum materials: 68% (Child care center) 60% (Family)
- Toys or materials for pretend play: 66% (Child care center) 62% (Family)
- Books: 63% (Child care center) 64% (Family)
- Screening and assessment materials: 61% (Child care center) 52% (Family)
- Playground or other outdoor equipment: 54% (Child care center) 45% (Family)
- Information technology: 52% (Child care center) 43% (Family)
- Art supplies: 43% (Child care center) 48% (Family)
- Paper or other office supplies: 31% (Child care center) 41% (Family)

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Figure VII.4 (p. 90) and Table C.VII.6 (p. C.47) in the final report.

Note: N = 386. Information was missing for two child care partners. Results are weighted to account for sampling probability and nonresponse.

There were no significant differences between child care center partners and family child care partners.
Most child care partners received coaching and attended workshops offered by grantees

Professional development opportunities for child care partners

- Coaching, mentoring, or consultation; one-on-one training: 85% (Child care center partners), 86% (Family child care partners)
- Workshops: 86% (Child care center partners), 81% (Family child care partners)
- Online training: 45% (Child care center partners), 31% (Family child care partners)
- Other: 7 (Child care center partners), 6 (Family child care partners)

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Figure VII.5 (p. 92) and Table C.VII.7 (p. C.47) in the final report.

Note: N = 386. Information was missing for four child care partners. Results are weighted to account for sampling probability and nonresponse.

* Percentages differ significantly between child care center partners and family child care partners at the 0.05 level, two-tailed test.
Lessons from the case studies: Barriers to meeting training needs of child care partners

• Grantee and child care partner staff reported many barriers to providing or attending training
  – Timing, language, and lack of existing trainings and trainers or funding for training

• Grantees used several strategies to overcome these barriers
  – Offer trainings at night or on weekends; provide food, child care, or pay; provide training when the child care provider is closed to families; use technology when appropriate; hire bilingual trainers; connect with other agencies or organizations

• Child care partner staff wanted the opportunity for more interaction with staff from other child care centers or family child care partners
Child care partners had opportunities to obtain credentials and degrees

There were no significant differences between child care center partners and family child care partners.

CDA = child development associate.

Source: EHS-CC Partnership Child Care Partner Survey. Appears as Figure VII.7 (p. 97) and Table C.VII.10 (p. C.49) in the final report.

Note: N = 386. Information was missing for six child care partners. Results are weighted to account for sampling probability and nonresponse.
Lessons from the case studies: Meeting the PD needs of child care partner staff

- Obtaining CDA credentials was time-consuming for child care partner staff, but the availability of online courses eased the burden in some cases.

- Investments in training and CDA credentials were lost when teachers left the child care partners and new staff had to be trained or take coursework.

- One grantee worked with a community college in the area that has an early childhood program to recruit qualified teaching staff.
For more information

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