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Expanding High-Quality Child Care for Infants & Toddlers

Lessons from Implementation of Early Head Start – Child Care
Partnerships in States





TABLE OF CONTENTS

- 1** Introduction
- 5** A “Perfect Storm”
Background on the Partnerships Opportunity and Child Care and Development Block Grant Reauthorization (CCDBG)
- 7** Results
Selected State Actions to Support Partnerships
- 15** Early Head Start – Child Care Partnerships
Awards and State Profiles
- 16** Alabama
- 20** District of Columbia
- 24** Georgia
- 28** Louisiana
- 32** Maryland
- 36** Oklahoma
- 40** Washington
- 44** Glossary of Acronyms
- 45** Endnotes

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Introduction

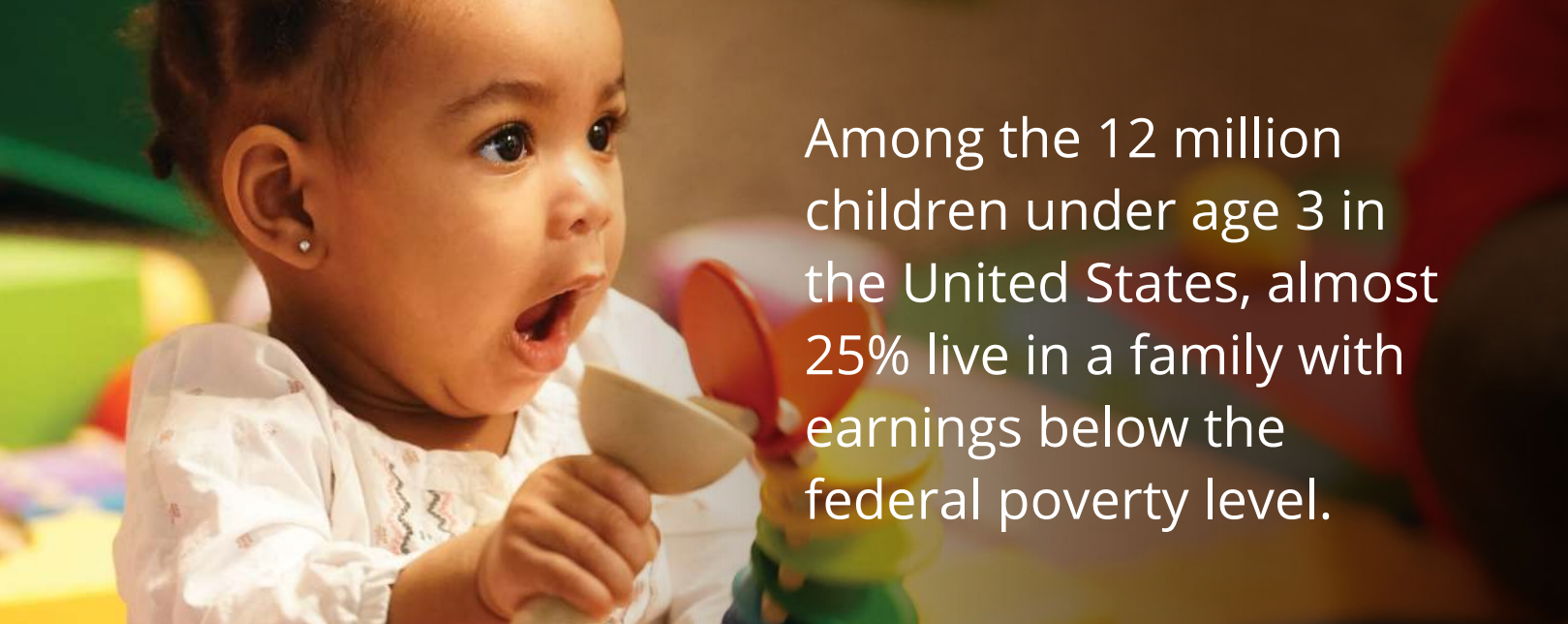
Among the 12 million children under age 3 in the United States, almost one in four lives in a family with earnings below the federal poverty level.¹ Scientific research has established that relationships with adult caregivers build a foundation of neural connections in the brain by age 3, and this foundation has lifelong implications for health, education and social outcomes.² In reality, it is challenging for most parents to afford high-quality infant and toddler child care, and even more so for working families in poverty. The average price of infant and toddler child care in a center is more than in-state public college tuition and fees in 28 states and the District of Columbia.³ Families earning equal to median income in their state would need to spend 18% of their earnings to cover the cost of child care for an infant and 13% for a toddler in a child care center.⁴ Families looking to enroll their infant in full-time family-based child care will annually pay under \$5,000 in 6% of states, between \$5,000 and \$10,000 in 67% of states, between \$10,000 and \$15,000 in 20% of states and over \$15,000 in 2% of states.⁵ This leaves millions of children who could benefit from high-quality early learning experiences without the opportunity to do so.

In 2014, Congress deliberated about how to address this challenge. At the time, the Early Head Start (EHS) program had research-based findings demonstrating that very young children and their parents showed positive outcomes from participation in EHS programs that closely followed federal Head Start Program Performance Standards (HSPPS). EHS funded 107,393 slots, which served approximately 4% of eligible children under age 3.⁶ Meanwhile, the federal Child Care and Development Block Grant (CCDBG) that states use to help working families with low incomes pay for care served only an average of 1.4 million children a month, with infants and toddlers making up one third of the caseload.⁷ While CCDBG reached many young children, it reached just 15% of federally eligible children⁸ and the authorizing law had not been updated in decades. This resulted in wide variation in access, affordability and quality of early care and education services and systems in states and communities across the country. Federal funding for CCDBG had not risen significantly in over a decade, and, in 2014, only one state paid child care providers enough to meet the Administration for Children and Families’ (ACF) recommended levels, which had the effect of restricting parental choice of care.⁹

Considering these factors, Congress appropriated \$500 million in 2014 to expand access to Early Head Start, including through a new Early Head Start – Child Care Partnerships (Partnerships) program. The Congressional appropriation allowed new Partnerships funds to be available to local program and state-level grantees to build the capacity of child care partners to meet federal HSPPS so that working parents with low incomes could access high-quality full-day, full-year early care and education services for their infants and toddlers. Allowable expenditures included costs of facility upgrades to ensure health and safety, implementing evidence-based curricula, coaching and mentoring for teachers and family child care providers to implement best practices, scholarships to help teachers and family child care partners earn Child Development Associate’s (CDA) certificates, salary supplements, and resources to provide the comprehensive health, mental health, nutrition, and family engagement services required by HSPPS. If successful, the model held promise for expanding the supply of high-quality infant and toddler child care in communities across the country.

Later in 2014, Congress made sweeping changes to the

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Among the 12 million children under age 3 in the United States, almost 25% live in a family with earnings below the federal poverty level.



“ I wish I could provide this level of support to reach high infant and toddler quality standards for the entire state.

How Does the Child Care and Development Block Grant Work?

In an average month, about 1.32 million children between birth and age 13 are in child care services that are paid for, in part, by a subsidy or scholarship administered by state and local agencies using the federal Child Care and Development Block Grant (CCDBG). CCDBG is a federal-state partnership, so states must allocate certain state funds to “draw down” their full federal match. Federal law and regulations set parameters, although significant decisions about how to administer the program are left to state CCDBG lead agencies.

FOR EXAMPLE:

- **Families qualify through work hours or participation in approved education or training programs, as well as family income.** Federal law allows states to set income limits up to 85% of the State Median Income (SMI), but allows states to set lower initial eligibility levels and determine the number of hours and types of activities that may qualify.
- **States determine provider payment rates,** but must use a market rate survey of prices of care being charged to set rates and explain how they allow equal access to subsidized care for children. Federal rules state that rates set at the 75th percentile, at a minimum or higher, would be considered adequate. With the bipartisan reauthorization, states could use alternative methods to set rates, including a cost estimation tool that looks at how much it costs a provider to offer care vs. the market rate which is based on the prices that programs charge.
- **States are required to set up a sliding fee scale to determine how much parents pay out of pocket for care.** States may waive copays for families earning under 100% of the Federal Poverty Level (FPL) and other vulnerable populations. Federal rules encourage states not to set copayments higher than 7% of family income.

CCDBG law that required states to make their child care subsidy programs more family-friendly, for example by extending child eligibility periods to no less than 12 months at a time and requiring a graduated phase out of the subsidy if family income exceeded the state’s set initial income limit. Congress included provisions to encourage timely and fair payment policies for child care providers, and allowed states to set provider payment rates based on a study of the cost of providing child care, rather than only on a survey of the rates child care providers were charging private-pay parents, who rarely can afford the true cost of quality care. The law also gradually increased the portion of a state’s allocation that would have to be spent to improve the quality of child care, and raised the set-aside for improving the supply of quality infant and toddler child care, as well as made it permanent. The final regulation implementing the CCDBG reauthorization came out in September 2016. The Office of Head Start revised and updated the HSPPS in the same year. In 2018, Congress approved a historic increase in CCDBG funding by adding \$2.37 billion (in 2019, Congress allocated an additional \$50 million, with total funding now at \$5.3 billion). States are using this new funding to implement reauthorization and expand access to high-quality care for more children and families.¹⁰ In addition, in 2018 Congress also increased funds for Partnerships by \$150 million.

Now five years later, have the hopes of Congress been realized? Federal data from 2017 show that the Partnership initiative funded 32,000 slots for infants and toddlers, supported 8,000 early educators to enhance their skills and education, and engaged 1,400 child care centers and 1,000

family child care programs.¹¹ The hope, though, was for effects beyond the actual program. How has the implementation of the Partnerships informed state goals and policies to secure access to high-quality infant and toddler care for low-income families? To learn more, the Ounce of Prevention Fund (the Ounce) conducted interviews with a set of state leaders who administer a Partnership grant at the state level (Alabama, the District of Columbia (DC) and Georgia) as well as some who worked to support implementation of Partnerships in their states but did not have a state Partnership grant (Louisiana, Maryland, Oklahoma and Washington) to learn their perspectives. This brief draws from those interviews and identifies themes for federal and state policy leaders to consider in order to sustain, improve and expand the Partnership initiative.

In general, the Ounce found that state leaders made policy changes in order to support Partnerships grantees whether or not they had a federal grant at the state level. State leaders said the EHS and child care sectors now know more about each other’s programs and come together more regularly to better serve young children and families in under-resourced communities. State administrators see the positive impact of implementing the Partnerships well beyond the children in Partnerships slots in their states. What’s more, supporting the Partnerships and learning what it takes to successfully implement the HSPPS has shifted thinking among state early childhood system administrators about how to change policies and systems and the funding that is necessary to incentivize and achieve quality improvement in child care settings.

As the Result of Partnerships, States Have:

- **Leveraged multiple funding sources** and state systems in new ways to support local program success and quality.
- **Supported continuity of care without interruptions** for infants and toddlers in working families earning low incomes.
- **Raised the bar** for what quality infant and toddler child care could and should be.
- **Built higher education pathways** to build new skills and competencies of the infant and toddler workforce.
- **Piloted reforms** that were then scaled statewide to improve care for many more babies and toddlers.

“I wish I could provide this level of support to reach high infant and toddler quality standards for the entire state,” said one state interviewee. Another interviewee said, “Partnerships take the high-quality aspects of Early Head Start (EHS) and put them together with the best parts of child care to offer essential full workday and full year services that support young children and working families.”

Expansion of Partnerships funding, as well as increased CCDBG funding, are needed for many more states and communities to move toward that vision.



What is Continuity of Care?

Infants and toddlers learn from their caregivers and thrive when they have a secure and trusting attachment to that adult. Access to a child care subsidy is tied to parental work and income status. Thus, when circumstances change, families frequently cannot afford to continue with their child care provider, and this disrupts children’s attachment. Continuity of care means children are able to stay with the same caregiver for as long as developmentally appropriate. The term applies both to strategies that ensure children stay with the same teacher or caregiver from infancy through toddlerhood, as well as minimizing disruptions in financial support. Federal HSPPS require that once a child enters an EHS program they remain eligible until they age out in order to promote continuity of care.

A “Perfect Storm”

Background on the Partnerships Opportunity and CCDBG Reauthorization

One state leader described the federal funding opportunity of the Partnerships and the bipartisan reauthorization of CCDBG in 2014 as “a perfect storm,” meaning that for the first time the two major federal programs supporting early care and development simultaneously called for systemic improvements on behalf of babies and toddlers. Many state government administrators scrutinized the details of the Partnerships Funding Opportunity Announcement (FOA) released in 2014, looking for clues as to what was allowable and encouraged in order to support successful applications in their states or to apply for a statewide Partnership grant in order to administer Partnerships programs at the state level. Similarly, after the Partnerships FOA and competition, state leaders tracked the CCDBG reauthorization law and regulatory process to understand implications for how they could use the federal child care block grant to enhance access to higher-quality infant and toddler care.

Key Provisions of the 2014 Partnerships FOA:

- **States were eligible to apply to be grantees**, in addition to local programs.
- **Priority for applicants that sought to deliver EHS services** in child care centers or family child care homes.
- **Incentives that encouraged each state to capture the maximum amount of available funding allocated to it**, including bonus points for applicants from states where government agencies committed to making policy reforms benefiting Partnership programs.
- **Encouragement to develop a unified birth-to-school-entry continuum** through alignment of federal, state and locally funded early care and education programs.
- **Requirements for successful grantees** to ensure that at all times at least 25% of the total number of EHS eligible children served in a Partnerships program would also have child care subsidy from the state-administered CCDBG program, and bonus points for proposing to ensure greater than 40% subsidy receipt among EHS eligible children.
- Adherence to EHS policy that **once children were enrolled in the Partnerships they would remain in the program until the age of 3** (or until the age of 4

- for family child care homes), regardless of whether the family lost eligibility for child care subsidy.
- Grantees would have 18 months to **ensure that their child care partners were in compliance** with the HSPPS.

CCDBG is the largest source of federal funding awarded to states to help families with low incomes pay for child care and to improve the quality of child care for all children. The bipartisan reauthorization in 2014 made sweeping changes to that law. State leaders identified key changes Congress made that factored into their ability to support Partnerships grantees including:

- **Established a 12-month eligibility re-determination period for Child Care Development Fund families**, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of state median income) or temporary changes in participation in work, training or education activities.
- **Allowed states to use an alternative methodology**, such as a cost estimation model, instead of, or in addition to market rate surveys to set payment rates and required states to describe how payment rates will be established,

taking into account cost of providing higher quality services.

- **Required states to develop strategies for increasing supply and quality of services**, including for children in underserved areas and infants and toddlers, and could include use of grants/contracts and alternative payment strategies.
- Required states to **establish policies that reflect generally accepted payment practices** for child care providers,

including (to the extent practicable) paying for absent days, and timely reimbursement for child care services.¹²

Taken together, these policies at the federal level enabled state leaders to implement beneficial reforms to how infant and toddler child care was financed, supported and monitored and to test them with innovative local grantees and child care partners.



Allowable Methods of Paying Child Care Providers Using CCDBG and Why They Matter

States determine provider payment levels and have choices under federal laws and regulations to pay providers through voucher/certificates issued to parents to find a program that will accept them for payment, or through contracts/grants negotiated with providers. By comparison, federal EHS and Partnerships grantees negotiate for 5-year grants for a certain number of funded slots for EHS eligible children and agree to fill any vacant slot within 30 days.

When the lead CCDBG state agency uses grants/contracts, it can ensure that a certain number of slots are available for subsidy eligible children in a certain program and/or neighborhood. They may add additional quality standards

or procedures to the contract for that provider to agree to and which exceed state licensing requirements.

From the child care center or family child care homes perspective, contracts/grants may be preferable because they are a promise of filled slots that allows them to budget and plan for personnel ahead of time rather than waiting to see if parents will choose them.

Once a contract/grant is in place, states may find it easier to pay by enrollment of children monthly rather than daily attendance, and some allow the child care provider to determine if families are eligible according to state and federal rules.

Results

Selected State Actions to Support Partnerships

States Leveraged Multiple Funding Sources and State Systems to Support Local Program Success and Quality

The Partnerships were designed to bring child care and EHS resources together at the state and/or program level to address the needs of families in the community. Many state leaders saw an opportunity to build trust and communication, as well as leverage resources, to bring infant and toddler-serving agencies together to ensure the success of Partnerships grantees in their states. The examples in this document are illustrative. They reflect what state officials mentioned during our interviews, not an exhaustive review of all state policy changes.

Some state administrators communicated that the Partnerships gave them the go-ahead from federal policy-makers to layer EHS and CCDBG funding to support quality full-workday and full-year services in a way they had not done before.

“We had never tried it before because we didn’t want to do anything wrong,” said leaders in Oklahoma, “but with the Partnerships we had it clearly in writing that we could do it.” They also pulled in other federal, state and local resources to support high-quality on infant and toddler care, and established linkages to other health, mental health and social services.

State strategies:

- **Allowed federal EHS grants to pay for quality improvements that could be layered on top of child care subsidy funds paid to child care partners** when children were eligible for both EHS and the state child care subsidy program.
- **Added a bonus or raised the child care provider payment rate** for infants and toddlers in Partnerships settings to reflect the higher EHS quality standards (AL, GA, DC, WA). For example, several states reported licensing requirements below EHS standards, which say that when serving children under age 3 in a center,

there must be two teachers present with no more than eight children (or one caretaker with no more than two children under age 2 in a family child care setting). This discrepancy required child care partners to serve fewer children and, therefore, their business bottom lines would suffer without additional payment.

- **Used the CCDBG** (infant and toddler and/or quality set-aside funds) **to further augment quality and comprehensive services** in child care partner settings. For example, states supported teachers to earn the higher credentials required by EHS (AL, LA, OK), created an infant and toddler specialist network (OK), or expanded existing early childhood mental health services or inclusion coaching to support child care partners (DC, GA, LA).

In addition to innovative uses of funding, states in this study recommended ways to prioritize success of the Partnerships and collaborate across agencies to focus on increasing infant and toddler quality for the state as a whole. For example, they:

- Dedicated staff time within the states’ early learning agency to **train federal grantees in how to meet state eligibility requirements for child care subsidy** (AL, LA, MD, WA). Many local federal Partnerships grantees had never accepted subsidized children before and needed special support.
- **Gave children eligible for the Partnerships categorical eligibility** or prioritized them to move ahead on the state waiting list to secure a subsidy (AL, GA, LA, OK).
- **Collaborated across state agencies** (AL, DC, WA) to provide comprehensive and coordinated services meeting HSPPS. For example, the Alabama Child Care Services Division partnered with the Department of Public Health to provide preventative health care screenings to children in the state’s Partnerships locations.
- Worked with child care resource and referral agencies

to make sure working families earning low incomes seeking referrals for child care would receive accurate information about the opportunity to enroll in Partnerships programs (GA).

States Supported Continuity of Care Without Interruptions for Infants and Toddlers in Working Families Earning Low Incomes

The Partnerships FOA required applicants to state what portion of the children served would receive child care subsidies in the state-administered CCDBG program, with the minimum level set at 20%. Those children and their families needed to qualify for both EHS – typically families under the federal poverty level – and the state administered CCDBG child care subsidy program for families with low-income and who were working or participating in training or education programs. The FOA also stipulated that children whose parents lost eligibility for the state child care subsidy needed to retain access to EHS services in the child care setting until age 3, in keeping with EHS rules.

States have always had significant flexibility under CCDBG law to determine subsidy eligibility rules, copayments required of families and what activities count as work and education (see *Allowable Methods*, page 6). State leaders included in this study said they used that flexibility to adapt rules in their programs to support the Partnerships so that child care partners could continue to meet the needs of working families and also provide EHS services. Congress was deliberating policy changes to CCDBG, including lengthening child eligibility to no less than 12 months, at the same time that applicants were writing responses to the FOA. In some cases, state administrators said they piloted rule changes for Partnerships grantees which they later implemented statewide once the final CCDBG regulation clarified they could do so.

“When we started, we did not have child care subsidy policies conducive to working together with EHS. We had to take a hard look,” said one state interviewee.

To support the success of Partnerships grantees, state lead-

ers made important policy changes to child care subsidy rules to better align with the EHS model and support continuous access to subsidies for families, such as:

- **Lengthened the period of eligibility to 12 months or more for children in Partnerships to support continuity of care, regardless of changes in parental work status.** Extending to 12 months became required with CCDBG reauthorization, but some states reported that they accelerated the change first for Partnerships children. DC law, for example, allows children to remain on subsidy until they age into preschool in child care Partnerships sites.
- **Added flexibility so parents could maintain eligibility.** For example, Georgia allowed parents to count hours volunteering in classrooms toward the number of hours needed to qualify for subsidy when their work hours were variable or fell a little short.
- **Eliminated copayments for subsidy for families under the Federal Poverty Level (FPL) or in Partnerships partner settings.** Some states eliminated copayment for all children in the family, in addition to the children in a Partnerships child care setting (DC, GA, LA, OK).
- **Made payments to child care providers higher and more regular for Partnerships grantees’ partners.** Several states either contracted directly with child care partners (GA, MD) at a higher payment rate or with the grantee (AL, DC) to enable them to provide quality bonuses to child care partners. These arrangements resulted in regular payments for a set number of slots to be available for CCDBG eligible children. This is a change from the typical voucher payment system most states utilized at the time (see *Allowable Methods*, page 6). Another change was to stop docking provider payments if children were absent or sick, and to pay providers based on eligible children enrolled for the month. This increases stability for providers. Louisiana increased stability of provider payments another way – by increasing the number of absent days children could have before any changes would be made to provider payments. These types of changes reduced family economic insta-

bility as well as reduced variability in child care providers’ monthly revenue. By delinking parental work status and earnings levels from the amount the state paid the provider to care for subsidized children, caring for these children became less of a risk to providers’ budgets. State leaders eventually expanded some of these changes to all children and families in their CCDBG programs.

States Raised the Bar for What Quality Infant and Toddler Child Care Could and Should Be

The Partnerships program required that the research-based HSPPS relevant to infant and toddler care be met in partner child care settings. Becoming a grantee or partner meant access to an array of federal technical assistance to support best practices with very young children and their parents, as well as new dollars in the form of the grants. In addition, these grants could be used for health and safety and outdoor space facilities improvements for which CCDBG cannot be used, resulting in more appropriate spaces for early learning and exploration that could benefit infants and toddlers for years to come. EHS standards also address comprehensive services to support nutrition, health, mental health and family engagement.

“Child care programs are not generally familiar with HSPPS standards or the depth or scope of comprehensive services. For example, to a child care program, screening may mean using a tool like the Ages and Stages Questionnaire. The HSPPS require significantly more in-depth screening and assessment,” said one state interviewee.

Some state leaders and local Partnerships grantees were surprised to find that the HSPPS exceeded licensing rules required in their states, and even the state Quality Rating and Improvement System (QRIS) standards. Most states use QRIS to encourage early care and education programs to meet higher levels of quality, providing technical assistance and financial incentives to help them along the way. Interviewees pointed to specific ways in which implementing the Partnerships raised quality not only for children in the Partnerships slots, but for numerous others in the state.

For example, some states:

- **Changed licensing rules to support quality standards associated with high-quality infant and toddler child care.** During implementation, states identified non-aligned rules. For example, Washington waived licensing rules so that children could remain in the same classroom to age 3 for continuity.
- **Required child care partners to participate in the state QRIS.** This requirement had the impact of raising quality across the whole child care program, which benefits all children, not only the children served in Partnerships slots (GA, MD, WA).
- **Aligned the state professional development and quality systems with EHS standards.** Washington is reviewing EHS standards as they update their professional development system, and Maryland is developing a track for Head Start and Early Head Start programs to advance in the QRIS based in part on the HSPPS they already meet.
- **Created “hubs” of support services to help partners attain high standards.** States contracted with trusted local entities to build relationships with and among child care partners and provide technical assistance and financial resources to meet EHS standards in centers and family child care homes (AL, DC, GA).
- **Used a cost-of-quality estimate to revamp the level of infant and toddler subsidy payment** (and for other age children in the system) for the whole city (DC) after seeing the quality levels needed to meet EHS standards. DC moved away from relying solely on market rate surveys of the prices charged by programs, and, instead, bases payment on the cost of meeting different levels of quality standards.

State leaders said that in some cases becoming familiar with the HSPPS for infant and toddler child care changed how they thought about raising quality in their states. However, they also learned that the cost of high quality was more significant than they realized, and that there was a large gap between that and their state infant and toddler payment rate.

a higher quality of care



States Built a Higher Education Pathway for the Infant and Toddler Workforce

EHS standards require higher education levels – a Child Development Associate (CDA) – for infant and toddler teachers than are typical in most state licensing requirements. To add to the challenge, both adults in an EHS classroom or home must meet teacher qualifications, rather than what state licensing rules typically require – one lead teacher and an assistant with much less education. These provisions are meant to ensure that all adults caring for infants and toddlers in EHS programs have the same skill set to provide high-quality care.

The National Survey of Early Care and Education (NSECE) conducted in 2012 found that infant and toddler child care teachers were typically paid less and had less education than their peers caring for preschool-aged children. For example, 28% of center-based infant and toddler staff had a high school degree or less, compared to 13% of those in preschool-aged classrooms. The median hourly wage for infant and toddler teachers and caregivers in centers was over two dollars less per hour than that of those caring for preschool-aged children.¹³ Given this context, it should not be surprising that finding and maintaining qualified teachers was a major hurdle for child care partners.

States employed multiple strategies to increase the supply of infant and toddler teachers with credentials for the Partnerships and other settings:

- **Helped grantees and their partners leverage the state professional development systems and pay tuition.** These existing services – most often funded with CCDBG quality funds – could be tapped to support the cost of achieving the CDA, and then for higher levels of education, for infant and toddler teachers in child care partner agencies (DC, GA, MD, LA, OK). Another strategy was to support cohorts of family child care providers to achieve education goals with support from “hub” agencies in the community (AL, GA).
- **Aligned state QRIS and/or professional development standards** with HSPPS standards to support the Partnerships, and to define quality similarly within the state, regardless of program auspice (DC, WA).
- **Deployed infant-toddler specialists and coaches** to support ongoing professional development in child care sites (AL, DC) and address the behavioral challenges caused by children’s exposure to trauma (AL).

- **Provided quality improvement grants to Partnerships grantees** to help them meet grantee identified goals during the 18-month implementation period (MD).
- **Made EHS training available in the community.** Several states leveraged information and training on HSPPS and curriculum so that other providers in the community could participate and learn best practices.

State interviewees said they came to appreciate the Partnerships program for its intentional approach to building knowledge and best practices specific to infant and toddler development in the workforce. They also noted that maintaining newly educated infant-toddler teachers requires the financial incentive of better compensation linked to workforce education and/or credential requirements. This part of the equation is often missing for the infant and toddler workforce, leading to elevated rates of turnover and teachers leaving for higher paying positions in preschool or kindergarten. According to the federally-funded descriptive study of Partnerships implementation, 70% of center partners and 68% of family child care partners reported wage increases due to participating in the Partnerships. Still, the median wage for staff reported by partners remained low at \$23,900 per year.¹⁴

Piloted Reforms That Were Then Scaled Statewide to Improve Quality of Care for Many More Babies and Toddlers

The Partnerships were intended to promote innovation among programs, communities and states to reach federal research-based quality standards, and to have implications far beyond the number of funded slots. State leaders in this study said changes made on behalf of the Partnerships sites helped them fine-tune policies that they later implemented statewide once CCDBG rules were finalized. The increase of \$2.37 billion in 2018 was particularly critical to raise payment rates for infant and toddler care in some states. Some of the changes piloted in Partnerships and later expanded included:

- **Expanded coaching** to help infant and toddler teachers and family child care providers implement best practices and effectively support families based on lessons learned in the Partnerships program (AL, DC).

- **Redesigned child care subsidy rules** to make it easier for working families to maintain their subsidies in order to provide continuity of care for infants and toddlers (AL, DC, GA, LA, MD, OK, WA).
- **Reformed how they paid child care providers in the subsidy system.** For example, states improved the stability of their payments to child care providers by paying based on monthly enrollment, not on daily attendance (WA). Georgia used contracts instead of vouchers to expand supply of infant care in other parts of the state.
- **Changed licensing requirements for infant and toddler child care** to increase levels of teacher qualification to a CDA as required in HSPPS (DC). In DC, the percentage of licensed family child care providers with at least a CDA has grown from 20 to 90 since the change. Louisiana is soon going to require CDA-level education for lead teachers in settings that care for children receiving a subsidy.
- **Eliminated copayments** for families with earnings under the FPL (DC).
- **Paid higher rates for infant and toddler child care** for all children in subsidy (AL, DC).

For other innovations, state leaders said they hoped to someday have the resources to expand to more children. For example, Oklahoma state administrators said they had calculated the cost of making subsidy policy changes statewide to support enhanced continuity for children and families and higher program quality. However, at current funding levels, statewide implementation remains cost prohibitive.

Implications for Federal and State Policymakers

Implications at the Federal Level

Creating the Partnerships program, and improving regulations and increasing resources available to states through CCDBG, focused attention on the lack of access to quality infant and toddler child care for working families with low incomes living in under-resourced communities in new and important ways. The lessons learned and shared in this

paper only scratch the surface of the impact of these changes and the innovations that could be scaled to improve early care and education across the country. There are opportunities for federal leaders in Congress and the Administration for Children and Families to build on progress-to-date so that more babies and toddlers and their families can benefit. State leaders suggested key priorities for federal leaders:

- **Permanently authorize the Partnerships and strengthen requirements** to ensure grantees pass through funding to pay teachers and family child care partners higher compensation levels.
- **Increase funding for the Partnerships** so more states and communities can build on the lessons they have learned to expand access to high-quality child care for infants and toddlers in working families.
- **Continue to increase access to high-quality child care** by increasing the federal investment in CCDBG.
- **Incentivize states to establish beneficial child care policies** that help maintain families in the program and child care partners to meet HSPPS standards.
- **Build connections between EHS/HS and child care leadership** at all levels of governance – federal, regional, state and local.
- **Encourage technical assistance and quality improvement** supports to be available to both child care and EHS/HS providers and leaders in states.
- **Provide more than 18 months for start-up** in future expansion of the program.
- **Eliminate, reduce or allow more flexibility** for meeting the EHS financial match requirement.
- **Write clear guidance** to reassure states they can be creative with layering the CCDBG and EHS/HS funds to provide high-quality full day and full year care.
- **Study and highlight the promising practices by states** on behalf of the Partnerships so that other states can learn from them.
- **Ensure that the lessons learned from the Partnerships are carried into the implementation** of the Preschool Development Grants Birth-to-Five currently underway in 46 states and DC.

Implications for States

State leaders interviewed for this paper said that their experiences in supporting the successful implementation of the Partnerships model had an impact on their thinking about how best to improve the supply of quality infant and toddler child care in their states, and brought the child care and Head Start systems together. This was true for those in states operating a federal grant and those that made policy changes to support grantees in their state. Although at times implementation was challenging, the state leaders in this study encouraged others to support the Partnerships and looked forward to expanded opportunities to extend the reach of Partnerships quality to more infants and toddlers in the future.

“Get involved with the Partnerships, and make it part of your statewide quality strategy,” advised a Maryland interviewee.

Some key lessons learned include the importance of:

- **Building trust and regular communication** between the state and EHS and Head Start grantees (all states). “Probably the best thing we did is set up a quarterly meeting with the grantees from the beginning, it gives us the opportunity to hear participants’ successes and challenges firsthand, and to try to figure out solutions together,” said an Oklahoma official.

Conclusion

Overall, the state leaders interviewed for this paper were enthusiastic about the importance of the **Partnerships** for the state and for the babies and toddlers living in working families in under-resourced communities. The hope in Congress and among federal leaders that the initiative could spur innovation to raise access to higher-quality infant and toddler child care at the local and state levels has been carried out by dedicated leaders in child care and Head Start around the country. It has also **provided a pathway that, with more resources, could raise the overall quality of child care in the country for babies and toddlers in working families.**

- **Setting a higher bar** for what infant and toddler child care quality should look like based on the EHS standards (MD).
- **Having a holistic approach** to quality for infants and toddlers, including comprehensive service supports and providing diapers and formula while children are in care (LA).
- **Using mixed delivery systems**, including centers and family child care homes, in expansion of high-quality preschool (WA).
- **Developing the capacity to contract directly with child care providers** to support stable payment and higher quality services (AL).
- **Calculating the true cost of providing high quality** at the HSPPS level, and realizing that top rated QRIS providers were not at HSPPS levels (DC).
- **Creating community-based hubs of support** for family child care homes (GA).
- **Breaking down barriers between child care and EHS** at all levels, and using layered funding to help providers meet higher quality standards than can be supported with the current subsidy payment level (OK).



expanding opportunity

Early Head Start – Child Care Partnerships

Awards and State Profiles

Total Annual Partnership Awards to All Grantees

State	Federal FY 2015-2019 Round 1 Grants ^A	Federal FY 2017-2021 Round 2 Grants ^B	Federal FY 2019- 2023 Round 3 Grants ^C
ALABAMA	\$ 8.3 million	\$ 2.2 million	\$10.5 million
DISTRICT OF COLUMBIA	\$ 0.9 million	\$ 3.0 million	\$ 7.6 million
GEORGIA	\$16.2 million	\$ 2.1 million	\$20.1 million
LOUISIANA	\$ 8.4 million	\$ 5.2 million	\$15.5 million
MARYLAND	\$ 3.4 million	\$ 0	\$ 4.5 million
OKLAHOMA*	\$11.8 million	\$ 7.8 million	\$24.3 million
WASHINGTON	\$ 8.4 million	\$ 4.1 million	\$13.3 million

Note:

Round 1 Grants – In Fiscal Year (FY) 2014, Congress allocated \$500 million for the first round of EHS expansion and EHS-CC Partnership grants. ACF awarded the grants for this first round to state and local agencies in winter 2014. Grantees must reapply for these awards every five years.

Round 2 Grants – Congress allocated an additional \$135 million for new EHS expansion and EHS-CC Partnership grants in FY 2016. ACF awarded the grants for this second round of funding in winter 2017.

Round 3 Grants – Congress allocated a combined \$165 million for new EHS expansion and EHS-CC Partnership grants between FY 2018 and FY 2019. ACF awarded the grants in spring 2019. Spring 2019 awards also included grant renewals for state and local agencies that had received Round 1 awards in winter 2014.

Endnote:

A Calculated by the author based on information on the federal fiscal year 2014 awards, found at <https://www.acf.hhs.gov/ecl/early-learning/ehs-cc-partnerships/grant-awardees>.

B Calculated based on data from the Tracking Accountability in Government Grants System, available at <https://taggs.hhs.gov>.

C Data provided by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services, via email on August 16, 2019.

* Oklahoma funding amounts include grants to two tribal EHS-CC Partnerships grantees.



Alabama contracted with seven community-based Early Head Start/Head Start agencies around the state to ensure comprehensive services and technical assistance to 20 child care centers.

Alabama Profile



Alabama's Story

In Alabama, the federal Child Care and Development Block Grant (CCDBG) is administered by the State Department of Human Resources (DHR) Division of Child Care Services, with oversight of the child care subsidy program, licensing and monitoring of child care programs and state child care quality initiatives. States cannot apply for Head Start grants, so DHR officials were surprised and excited at the opportunity for their state to apply for a federal Early Head Start – Child Care Partnership grant because they saw a chance to bring the established Head Start Program Performance Standards (HSPPS) for infant and toddler care to full-day, full-year child care programs serving working families earning low incomes. In addition, DHR leaders wanted to pilot ways to enhance the quality of family child care homes, where so many children under age 3 receive child care services due to the rural nature of the state. Alabama hoped a state-level Partnership grant could not only improve quality in participating child care centers and family child care homes, but also create a ripple effect to establish higher-quality subsidized infant and toddler child care throughout the state.

Alabama's DHR applied to expand services statewide with a focus on counties with the greatest need, and outreach to children in teen parent and/or homeless families receiving a child care subsidy. Alabama won the federal grant and moved forward to contract with seven community-based Early Head Start/Head Start agencies around the state to ensure comprehensive services and technical assistance to

20 child care centers. In addition, the state contracted with Auburn University to provide coaching and quality supports to 48 family child care home providers. Auburn has a Family Child Care Project that the state had previously supported to help family child care providers earn National Association for Family Child Care accreditation, so the university had a track record with the state.

Alabama soon found that the evidence-based HSPPS typically exceeded minimum state requirements for child care licensing. With the Partnerships grant, DHR had 18 months to help child care partners come into compliance. For example, the EHS teacher-to-child ratios (one adult to every four children in a group size of eight) were very different than those in Alabama's state licensing rules (one adult to every five for infants, one adult to every seven for toddlers, and no group size limit). Reducing ratios and class size is hard on child care providers' bottom line because funds from Partnerships can cover some of the cost of the lost slots, but not always the full cost. In addition, very few infant-toddler teachers had a Child Development Associate (CDA) Credential since the minimum state requirement in state licensing was a high school degree.

DHR leaders had to problem-solve to layer Partnership grant funding with state administered CCDBG child care subsidy funds. The state had set a goal in its federal Partnerships application that at least 80% of the children in Partnerships programs would also receive child care



Alabama Federal Award

\$8.3 million

Federal FY 2015-2019
Round 1 Grants

\$2.2 million

Federal FY 2017-2021
Round 2 Grants

\$10.5 million

Federal FY 2019- 2023
Round 3 Grants

“Contracting seems more doable now that we have piloted the idea through the Partnerships. If Alabama can do it, other states can too.”

JENNIFER CONNELL, Assistant Division Director of the Child Care Services Division

subsidies. Federal CCDBG law and regulations allow states significant flexibility in setting many intake, eligibility and provider payment rate rules. An immediate challenge was that there was already a waiting list to receive a subsidy, which meant DHR would have to consider how to prioritize children, such as placing those who could qualify for both EHS and the state child care subsidy program ahead of other children on the waiting list. Another issue was that the child care subsidy rules set by the state required copayments for families under the federal poverty level, which is out of alignment with the EHS program. Finally, DHR officials recognized that current child care provider payment levels and methods would not support continuity in children’s participation in the program, nor the ability for partners to attract and maintain teachers with a minimum CDA Credential that lead teachers in Partnerships programs require. The state went ahead and made changes for children receiving subsidy and in the Partnerships slots, and then when the CCDBG final regulation clarified they could do so, DHR expanded these policy changes statewide. The CCDBG reauthorization also required that states use 3% of their CCDBG spending for a permanent infant-toddler set-aside starting in federal Fiscal Year (FY) 2017, and DHR utilized some of these dollars for the Partnerships.

Officials said they learned valuable lessons about how to deliver effective coaching and supports to child care partners. In addition to the subsidized child care assistance slots, they are also proud of how they have incorporated contracts with child care partners which allowed them to provide additional funding to providers tied to teacher qualification levels achieved within partner sites.

Jennifer Connell, assistant division director of the child care services division, said, “Contracting seems more doable now that we have piloted the idea through the Partnerships. If Alabama can do it, other states can too.”

What Were Alabama’s Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Ensured that 80% of the children in Partnerships programs were also receiving subsidies through the state child care subsidy program, thereby leveraging these two federal funding sources to enhance quality for infants and toddlers.
- Contracted with the state Department of Public Health to use health programs and expertise to ensure child care partners met HSPPS standards to help families access health and dental care, child screening, immunizations and other preventive health services.
- Partnered with the state Department of Early Childhood Education to access existing state resources to provide and track child assessments for children from birth to age 3 in the Partnerships sites.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Revised child care subsidy policies and procedures to better align with EHS and support continuity, including creating a category of eligibility just for EHS-eligible children and their siblings. This allowed EHS-eligible infants and toddlers on the child care waiting list to be served immediately.
- Waived copayments for families earning under 100% of the Federal Poverty Level (FPL).
- Used federal Partnership grant dollars to continue services if a parent lost his or her job and no longer met state child care subsidy rules.

Raised the bar for what quality infant and toddler child care could and should be.

- Contracted with Auburn University to develop a “hub” of supports, including coaching, quality supports and monitoring, to a cohort of 48 family child care providers to help them meet HPSP standards for program quality and teacher qualifications. Other “hub” agencies supported child care centers.
- Provided additional funding per child enrolled in the EHS slots through contracts with the “hub” agencies requiring pass through to child care partners. The additional funds were used to meet higher quality standards and increased teacher qualifications for infant and toddler care.

Built a higher education pathway for the infant and toddler workforce.

- Supported cohorts of infant and toddler teachers and family child care providers to achieve HSPPS teacher qualification requirements.

- Redesigned child care subsidy systems to make it easier for working families to keep their subsidy in order to provide greater continuity of care for infants and toddlers living in under-resourced families and communities.
- Created a network of coaches with expertise to support ongoing professional development and address challenging behaviors in very young children.

Piloted reforms that could be expanded statewide to improve care for many more infants and toddlers.

- Expanded coaching for infant and toddler teachers and family child care providers based on lessons learned from the Partnerships pilots.
- Explored expanding use of direct contracts with subsidy providers beyond Partnerships programs to other child care settings.

USEFUL LINKS AND CITATIONS

Request for Proposals for Current EHS-CCP grants
<http://dhr.alabama.gov/quicklinks/rfp2019/Documents/EarlyHeadStartChildcarePartnershipRFP.pdf>

Early Head Start-Child Care Partnership State Grantee Profile, Alabama. https://www.acf.hhs.gov/sites/default/files/ecd/al_ehsccp_grantee_profile_final.pdf

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DC

The DC Quality Improvement Network (QIN) works with a total of 14 child development centers and reaches 400 children to provide high-quality child care and comprehensive health, mental health, nutrition and family engagement services.

District of Columbia (DC) Profile

DC's Story

In the District of Columbia (DC), the Office of the State Superintendent for Education (OSSE) has responsibility for several early childhood programs, which are funded in part by the federal Child Care and Development Block Grant, including oversight of the subsidized child care program, child development facility licensing and the Head Start State Collaboration office. Improving the supply of quality infant and toddler child care was already a priority for District leaders when the federal Partnerships funding opportunity announcement (FOA) was released. DC's universal pre-kindergarten program was enacted in 2008 and is currently reaching the majority of 3- and 4-year-old children through a mixed delivery system comprised of DC Public Schools (DCPS), public charter schools and community-based licensed child development centers. Local leaders knew that infants and toddlers living in low-income working families also needed the city's attention, especially in Wards 7 and 8 where there was a concentration of children under age 3 with little access to quality child care. DCPS had also pioneered a school-wide Head Start model that allowed comprehensive services to be delivered at all Title I elementary schools.

The District applied for a state Early Head Start-Child Care Partnership grant in 2014 to test a unique community-based strategy with the hope of expanding access to high-quality early care and education to more infants and toddlers. OSSE proposed to build a Quality Improvement Network (QIN)

that would work with a total of 14 child development centers and reach 400 children to provide high-quality child care and comprehensive health, mental health, nutrition and family engagement services meeting federal HSPPS. District and private foundation funds now support additional centers and 19 child development (family child care) homes as well. DC designed its federal grant application to target the funds to pay for quality enhancement and comprehensive services meeting the federal Head Start Program Performance Standards (HSPPS), which would be layered on top of higher "QIN" subsidy payment rates available only to child care partners. OSSE planned to collaborate with other District agencies serving families experiencing homelessness, receiving income support through Temporary Assistance for Needy Families (TANF), and in foster care to prioritize access for children and coordinate services.

All Partnerships grantees had 18 months to bring their child care partners up to HSPPS standards. As OSSE began to roll out the program, city officials realized that differences in group size and teacher-child ratios between DC licensing and HSPPS were going to affect the bottom line of earnings for providers. Providers had to take care of fewer children in a group in the Partnerships than District licensing would have allowed. OSSE increased the daily rate for QIN slots by \$20 over the highest QRIS rate for both child development centers and homes. Then the District conducted a cost estimation model methodology to further understand



District of Columbia (DC) Federal Award

\$0.9 million

Federal FY 2015-2019
Round 1 Grants

\$3.0 million

Federal FY 2017-2021
Round 2 Grants

\$7.6 million

Federal FY 2019- 2023
Round 3 Grants

“Ultimately, the Partnerships had an impact on more than the 400 children in the QIN, but also the approximately 5,000 infants and toddlers enrolled in the District’s subsidized child care program.”

ELIZABETH GROGINSKY, Assistant Superintendent for Early Learning at OSSE

the actual costs of care at different levels of quality for different ages of children, and did so for child development centers and child development homes. The results of the cost estimation model informed the historic increase of the Fiscal Year (FY) 2019 payment rates for subsidized child care in the District. The payment rates were increased for all age groups, in all settings across all Capital Quality (DC’s redesigned Quality Rating and Improvement System (QRIS)) designations to a level sufficient to enable child care providers to meet federal HSPPS and local health, safety, quality and staffing requirements.

For OSSE leaders, being involved in ensuring that HSPPS were fully implemented had an impact on the larger early care and education system in DC. The District made multiple changes to its policies governing eligibility for participation in the subsidized child care program as it was implementing the Partnerships and in response to changes in the CCDBG law and regulations. Some of the changes included eliminating copayments for families with incomes at or below 100% of the federal poverty level (FPL) and allowing families receiving Temporary Assistance for Needy Families (TANF) to qualify for the child care subsidy once they completed their Individual Responsibility Plan. Additionally, the District expanded its definition of vulnerable populations to children with special needs, children experiencing homelessness, and children in foster care in order to give them priority access to subsidy. HSPPS standards informed OSSE leadership when they updated licensing and subsidy rules. For example, the agency incorporated versions of the checklist systems required by HSPPS to maintain compliance with program standards for health and safety.

“Ultimately, the Partnerships had an impact on more than the 400 children in the QIN, but also the approximately 5,000 infants and toddlers enrolled in the District’s subsidized child care program” said Elizabeth Groginsky, the assistant superintendent for early learning at OSSE.

More recently, the District applied for expansion funding when Congress added \$150 million to the Partnerships in the federal budget. In 2019, OSSE was awarded a \$1.7 million grant to expand and enhance its QIN. The grant will help provide high-quality, comprehensive and continuous Partnerships services to an additional three child care facilities that will serve 72 vulnerable infants and toddlers in Wards 7 and 8. In addition, the grant will expand mental health consultation and enhance services for 94 children currently served at three QIN centers through a public-private partnership with the Bainum Family Foundation. OSSE will fund the project by layering EHS, local child care subsidy, and private-sector funds.

What Were DC’s Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Raised the payment rates for subsidized child care for children in Partnerships settings to reflect the higher EHS quality standards.
- Collaborated with other District child and family serving agencies (DC Health, Department of Behavioral Health, Department of Health Care Finance, Department of Human Services and Child and Family Services Agency) to coordinate services and support for the children and families enrolled in the QIN partner sites.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Provided continuous eligibility in the QIN authorizing law to ensure children enrolled in QIN remain eligible for subsidized child care until they transition into a pre-kindergarten or Head Start preschool program.
- Eliminated copayments for subsidized child care for families at or below 100% of the FPL.

- Developed child care partnership agreements with child development centers to provide quality funding tied to reaching and maintaining HSPPS to serve children who were dually eligible for EHS and subsidized child care.
- Paid child care providers serving EHS children regardless of days children might be absent.

Raised the bar for what quality infant and toddler child care could and should be.

- Created the QIN by providing grants to local trusted entities with experience in early childhood, to employ coaches to build relationships with and among child care partners to meet HSPPS standards in child development centers and child development homes. Coaches model best practices with infants and toddlers and they partner with the QIN mental health consultants/coaches to support best practices and provide strategies to support children’s social and emotional development.
- Used a cost estimation model which led to a substantial increase in the provider payment rates for subsidized child care for all age groups and quality designations. DC moved away from relying on market rate surveys, which essentially base payment rates on what parents can afford rather than what it costs to provide child care of a certain quality.

Built a higher education pathway for the infant and toddler workforce.

- Leveraged the District’s professional development information system (PDIS), including an online professional development platform called Quorum, as well as scholarships available to support the cost of achieving the Child Development Associate (CDA) Credential, associate (AA) degree or bachelor’s (BA) degree for the early childhood workforce.
- Integrated HSPPS requirements into the QRIS continuous quality improvement plan.

Piloted reforms that could be expanded statewide to improve care for many more infants and toddlers.

- Raised infant and toddler payment rates for subsidized child care and eliminated copayments for families with incomes under 100% of the FPL.
- Changed licensing requirements for group size from nine to eight for infants (0-12) and for toddlers (12-24 months) and raised the floor for minimum teacher credentials to a CDA Credential by 2019 and an associate degree for lead teachers effective 2023. In DC, the percentage of licensed family child care providers with at least a CDA has grown from 20 to 90 since the December 2016 change in the new education requirements.

USEFUL LINKS AND CITATIONS

QIN flyer: <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/QIN%20Flyer%206.28.19.pdf>

QIN authorizing code: <https://code.dccouncil.us/dc/council/code/sections/4-415.html#>

DC’s subsidized child care may be found under District of Columbia Municipal Regulations, Title 5. Education, Subtitle A. Office of the State Superintendent of Education, Chapter A2. Child Development Facilities: District-Subsidized Child Care Services.

DC’s QRIS: <https://osse.dc.gov/page/capital-quality-qr>

Modeling the Cost of Child Care in the District of Columbia 2018: https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20Cost%20Model%20Report_2018.pdf

New education requirements for DC’s early childhood workforce and available resources: <https://osse.dc.gov/eceresources>

Administration for Children and Families, Early Head Start Child Care Partnership State Grantee Profile, District of Columbia, https://www.acf.hhs.gov/sites/default/files/ecd/dc_ehsccp_grantee_profile_final.pdf

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Georgia received a state Partnership grant to serve 168 children by establishing “hubs” of support in community-based agencies to work with child care centers and family child care homes.

Georgia Profile

Georgia's Story

Georgia's Department of Early Care and Learning (DECAL) is responsible for meeting the child care and early education needs of Georgia's children and their families. DECAL administers the child care subsidy program (known in Georgia as CAPS), licenses child care learning centers and family child care learning homes and manages many child care quality supports, including specific programs geared towards and infants and toddlers, and Georgia's Tiered Quality Rating Improvement System (Quality Rated). DECAL also houses the Head Start State Collaboration office and administers the universal Georgia Pre-K Program.

In 2014, DECAL leadership applied for an Early Head Start–Child Care Partnership Grant because they saw it as a “ground-breaking” new approach that would allow state grantees to layer multiple funding sources to support higher quality services in under-resourced communities. Allocating Early Head Start (EHS) funds to child care programs serving children receiving child care subsidies would expand access to comprehensive services established in Head Start Program Performance Standards (HSPPS) to children who could benefit. By the state's calculations, an estimated 126,656 children under age 3 were in poverty, but there were only 2,316 federal Early Head Start slots in the state. At the same time, DECAL thought that about half of all children under age 3 in the state subsidy system (13,000) could also be eligible for Early Head Start.

Georgia applied for and received a state Partnership

grant to serve 168 children by establishing “hubs” of support in community-based agencies to work with child care centers and family child care homes. In addition, several other Partnership grants were awarded directly to local agencies in Georgia by the Administration for Children and Families. DECAL chose an existing EHS grantee to work with centers, and a child care resource and referral agency to support family child care homes to enhance quality. The hubs are also responsible for providing child care partners with technical assistance and professional development to meet federal HSPPS, and to ensure that the children and families receive the required comprehensive health, nutrition and family services.

Once DECAL received the grant, state leaders knew that child care partners had 18 months to meet federal HSPPS. They were eager to align state child care assistance and quality systems with HSPPS, and to troubleshoot where there were differences with federal rules. Georgia already had a Quality Rating and Improvement System (QRIS) that child care programs could participate in to receive technical assistance and incentives to work toward higher program standards. The state intentionally selected child care partners that would commit to achieve the highest ratings in QRIS to support meeting HSPPS. DECAL integrated training on the HSPPS into the state licensing system to make sure monitors were familiar with them. DECAL also wanted to make intake easier for families, despite the fact that they



Georgia Federal Award

\$16.2 million

Federal FY 2015-2019
Round 1 Grants

\$2.1 million

Federal FY 2017-2021
Round 2 Grants

\$20.1 million

Federal FY 2019- 2023
Round 3 Grants

“Partnerships make sense and provide the flexibility to expand and improve services in communities with high needs without building or renovating schools; instead they partner with existing businesses.”

CAROL HARTMANN, Former Director of Policy & System Reform, Bright from the Start: Georgia Department of Early Care and Learning (has since retired from DECAL)

would need to qualify for both the EHS program and the state child care subsidy program. The state allowed child care partners to determine eligibility for state subsidies on-site, as part of their grant agreement with them. DECAL trained hub and child care staff responsible for intake, and provided ongoing technical assistance and monitoring to ensure adherence to the state rules.

Differences in eligibility policies between EHS and the child care subsidy program emerged, since subsidy is tied to parent work and education participation, and EHS is not. DECAL made changes to child care assistance policies to make it easier for families to maintain eligibility. One strategy was to allow parents to use their volunteer hours in the early childhood program as approved activities along with work and training or education. Since many parents of eligible children had variable work hours, this provision provided continuity when their hours of approved work activity fell a little short of the 24 hours per week the state required. The rationale was that that family services staff in the hubs and partner sites were tracking the hours and overseeing the volunteering.

DECAL realized that there was a gap between state and federal standards, and that subsidy payment levels were insufficient to cover the cost of high-quality services. For example, Georgia state child care licensing requirements for center teacher-child ratios and group sizes for infants and toddlers (one adult to every six children with a group size of 12 for infants) exceeded the HSPPS limits (one adult to every four with a group size of eight), which meant that child care partners needed to employ more teachers to care for the same number of children. There were wide differences in family child care learning homes' ratio and group size standards as well. The research-based HSPPS kept these numbers smaller to facilitate individual support of infant and toddler development and less hectic group settings for very young children. DECAL made a decision to use 12-month grants to pay for subsidy slots for eligible children

in care that met high-quality ratings; this was something they had done previously for highly ranked programs in the state QRIS with their Federal Race to the Top-Early Learning Challenge grant. Not only did the grants provide stable payments based on the number of children in care, but they also tied higher rates to quality standards and paid at the highest subsidy rate available.

Georgia DECAL leaders believe the steps they have taken toward integrating HS and child care have provided valuable lessons that are influencing the early childhood field and the state's early learning system. "Implementing the Partnerships requires a paradigm shift for the Head Start grantees, child care programs, and the state child care subsidy staff," said Carol Hartmann, at DECAL, but she recommends making the effort. "Partnerships make sense and provide the flexibility to expand and improve services in communities with high needs without building or renovating schools; instead they partner with existing businesses."

What Were Georgia's Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Used direct 12-month grants to pay for slots for infants and toddlers that met eligibility requirements for both EHS and state child care subsidy in child care partner sites, with payments tied to quality standards.
- Aligned supports in the state QRIS available to child care partners, including free Quality Rated technical assistance, professional development and bonus packages as they raised quality.
- Worked with the child care resource and referral agency to make sure working families earning low incomes seeking referrals would receive accurate information about the opportunity to enroll with Partnerships partners.

- Made state-funded early childhood regionally-based inclusion specialists available to all Partnerships grantees and partners to provide professional development, technical assistance, and resources designed to support programs in identifying and addressing barriers to serving children with developmental delays or disabilities, including those with challenging behaviors, in the same classrooms as their typically developing peers. The inclusion specialists also assist with referrals to community resources.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Allowed parents to count hours they volunteered in Partnerships classrooms toward the state child care subsidy regulation requiring 24 hours of approved work or education/training activities.
- Ensured children aging out of the Partnerships slots would maintain their child care subsidy to ensure continuity of care rather than go on the state waitlist.
- Waived family copayments toward the child care subsidy that would have been required under the state's rules for families with incomes under 100% of the Federal Poverty Level (FPL) or in Partnerships settings.

Raised the bar for what quality infant and toddler child care could and should be.

- Required child care partners to participate in the state QRIS. This requirement had the impact of raising quality across the whole center or family child care home, which benefits all children served in these settings, not only the children in Partnerships slots.

- Contracted with trusted local entities to act as "hubs" of support to help child care partners meet federal HSPPS that were higher than some state rules. Georgia contracted with an EHS grantee for centers and child care resource and referral to work with family child care homes.

Built a higher education pathway for the infant and toddler workforce.

- Leveraged existing scholarship program and the QRIS to provide support for teachers and family child care providers. The DECAL Scholars program offers education counseling, scholarships and cash awards to those who achieve higher levels of education and continue to work in the early childhood field. This helped Partnership teachers attain Child Development Associate (CDA) degrees as required by HSPPS, as well as access other professional training and coaching to improve practices with children under three and their parents.

Piloted reforms that could be expanded statewide to improve care for many more infants and toddlers.

- Expanded the coaching and quality supports for family child care homes that were piloted in metro Atlanta by partnering with the state's child care resource and referral agency.
- Implemented changes in state subsidy policies – such as using some 12-month grants to providers rather than certificates or vouchers – to support higher quality infant and toddler care and to enhance the stability and continuity of early learning and development services extending through the transition to school.

USEFUL LINKS AND CITATIONS

The state agency website includes several resources describing the program in GA and research on its implementation. <http://dec.al.ga.gov/BftS/ChildCarePartnership.aspx>

Policy describing volunteer work as a state approved activity may be found in Section 6.8.2.2. of the Georgia's Subsidy Program Policy Manual. https://caps.dec.al.ga.gov/assets/downloads/CAPS/06-CAPS_Policy-Eligibility%20Requirements.pdf

Information on the regionally-based inclusion specialists. <http://dec.al.ga.gov/InstructionalSupports/InclusionServices.aspx>

DECAL Scholars program. <https://www.decalscholars.com/>

Administration for Children and Families, Early Head Start – Child Care Partnerships Georgia State Grantee Profile. https://www.acf.hhs.gov/sites/default/files/ecd/ga_ehsccp_grantee_profile_final.pdf

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Louisiana Department of Education viewed the Partnerships as an opportunity to “test drive” child care assistance reforms, increase continuity and quality of child care for children and families, as well as to establish unified early childhood systems at the state and community level.

Louisiana Profile

Louisiana’s Story

The Louisiana Department of Education (LDOE) has oversight for child care subsidy, licensing, the state Head Start Collaboration Office, and early childhood professional development/quality initiatives in the state. When the opportunity to apply for federal Partnerships grants came about in 2014, LDOE was already engaged in an ambitious effort to establish a well-coordinated and accountable system of early childhood care and education programs due to enactment of the Early Childhood Education Act (Act 3) in 2012. Act 3 sought to coordinate state and federally funded early care and education programs serving children age birth to 5, including the state administered CCDBG program, Early Head Start and Head Start, the state pre-kindergarten program and early childhood special education. The legislation focused on unifying a fragmented system, accountability for publicly-funded early childhood care and education providers, and choice for families. The Act 3 implementation plan established parish-based (parishes are similar to counties in other states) community networks with lead agencies funded to provide a variety of supports to improve quality and equalize funding across early care and education programs within each network.

Given Act 3, LDOE staff believed the Partnerships’ goals to promote collaboration and to leverage the strengths of EHS grantees and child care partners were well aligned with those of the state. LDOE viewed the Partnerships as an opportunity to “test drive” child care assistance reforms, increase continuity and quality of child care for children and

families, as well as to establish unified early childhood systems at the state and community level. The state started to identify subsidy eligibility policies that had the unintentional consequence of restricting access to high-quality care or interrupting continuity of services, such as reducing child care provider payments when programs layered EHS and child care funding, limited payment for days children were absent and requiring families to re-apply for the subsidy multiple times during a year. LDOE made several policy changes to ease these barriers in 2015 for children in Partnerships slots, and later extended many of them to the entire subsidy system after CCDBG reauthorization regulations made clear the changes were allowable.

To build connections and make sure Partnerships grantees understood the child care subsidy system, LDOE ramped up communication mechanisms. They met regularly with Partnerships grantees and all EHS providers in the state, which was critical to effective program implementation and troubleshooting problems. Strategies included: convening quarterly meetings with EHS grantees and partners to discuss child care subsidy and EHS policy barriers, successes and share implementation strategies; providing assistance to address individual case issues; organizing an email listserv for Partnerships programs to communicate with each other; creating short informational guidance documents; and extending training and classroom supports for Partnerships teachers to all teachers at the child care partners programs.



Louisiana Federal Award

\$8.4 million

Federal FY 2015-2019
Round 1 Grants

\$5.2 million

Federal FY 2017-2021
Round 2 Grants

\$15.5 million

Federal FY 2019- 2023
Round 3 Grants

“We were struck by how important comprehensive services, including supplying diapers and formula for babies and toddlers in child care partner sites, were to these struggling families.”

LISA BROCHARD, Executive Director, Office of Early Childhood Operations at LDOE

LDOE knew that grantees in their state had 18 months to meet federal Head Start Program Performance Standards (HSPPS). The agency worked with grantees to help them access professional development systems and scholarships – funded by CCDBG quality set-aside funds – to help staff get the training and education they needed to comply. Louisiana has a state tax incentive for higher education for child care teachers. Data began to show that once teachers obtain their CDA, some move forward to obtain their AA and BA degrees in early childhood education, which has created a better qualified pipeline of teachers. The success of this partnership made the state leaders feel confident to move to require CDA or ancillary certificate for all lead teachers serving children in subsidy by July 1, 2019.

Louisiana state officials shared that the Partnerships opportunity facilitated a focus on infants and toddlers who were the least served by the state.

“This opened our eyes to where in the state the need is for growing the supply of high-quality care and families who have low incomes,” said Lisa Brochard, executive director, office of early childhood operations at LDOE. They were struck by how important comprehensive services, including supplying diapers and formula for babies and toddlers in child care partner sites, were to these struggling families. LDOE intentionally hired staff with understanding of the HSPPS and Early Head Start to administer the child care assistance program and to staff the help desks available for grantees to get information about accessing child care subsidies. This “cross-pollination” is one of the long-lasting and positive changes to support better coordination in the state.

What Were Louisiana’s Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Leveraged pre-existing investments (including from CCDBG funds) to augment quality and comprehensive services in child care partner settings.
- Made early childhood mental health consultation supports available to child care partners.
- Allowed layering of EHS funding and full-day, full-year child care subsidy payments to support the cost of high-quality care meeting HSPPS.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Extended child care assistance payments to guarantee full-day rates and increased the number of allowable absent days from two to five days per month for children in Partnerships.
- Lengthened eligibility periods for assistance to match eligibility for EHS, even if that is beyond the 12-month minimum required by CCDBG law.
- Waived child care co-payments for children in families with incomes at or below the Federal Poverty Level (FPL).
- Made Partnerships children who are eligible for EHS also categorically eligible for child care assistance, which has stayed in place despite having to start a waitlist for child care assistance in 2017.

Raised the bar for what quality infant and toddler child care could and should be.

- Focused on reaching children in families experiencing homelessness to make sure they receive the highest quality care and benefit from comprehensive health, nutrition and family services by participating in Partnerships programs.

Built a higher education pathway for the infant and toddler workforce.

- Helped Partnerships teachers meet HSPPS by linking them to state scholarships so they could earn their CDA certificate, which is required of all child care teachers caring for infants and toddlers in the Partnerships.
- State funds supported a blended program of coaching to help improve teachers’ scores on an assessment of adult-child interactions and available supports to attain a CDA. Over 300 teachers have gone through this program as of 2019.

Piloted reforms were expanded statewide to improve care for many more infants and toddlers.

- Strengthened education requirements for lead child care teachers from no required degree to a CDA for lead teachers in programs with infants and toddlers receiving child care assistance. The experience of implementing the Partnerships requirement that teachers earn an Infant-Toddler or Family Child Care CDA in 18 months provided valuable lessons for the state when rolling out this policy statewide.
- Redesigned child care assistance systems to make it easier for working families to keep assistance and provide continuity of care for infants and toddlers.

USEFUL LINKS

Louisiana’s updated licensing regulations with special requirements for programs that are caring for children with subsidy. <https://www.louisianabelieves.com/early-childhood/child-care-and-development-fund-licensing>

Louisiana’s updated requirements for teacher education. https://regents.la.gov/assets/docs/Teacher_Education_Initiatives/Bulletin746LAStandardsforStateCertificationofSchoolPersonnel.pdf

STATE CONTACTS

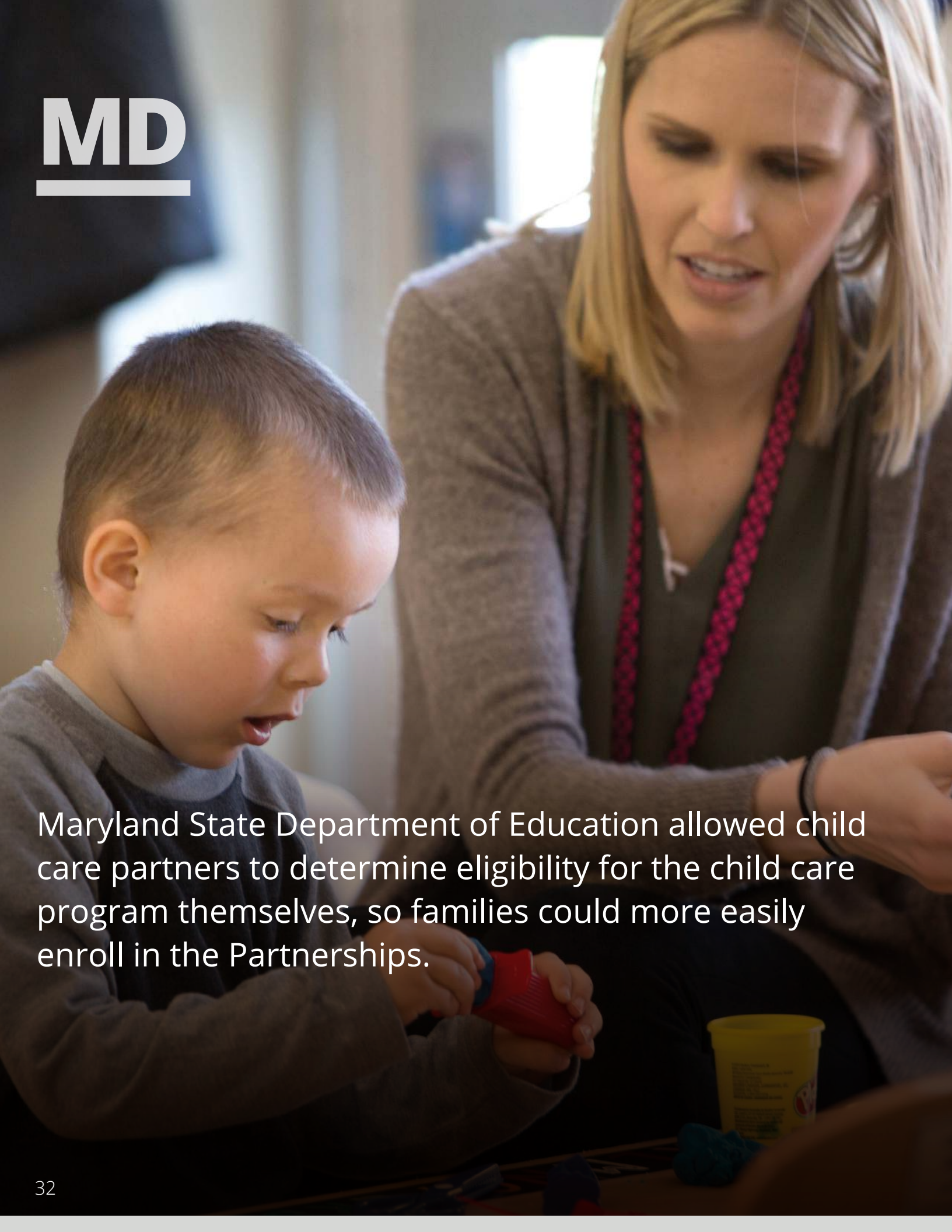
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Maryland State Department of Education allowed child care partners to determine eligibility for the child care program themselves, so families could more easily enroll in the Partnerships.

Maryland Profile

Maryland's Story

The Maryland State Department of Education (MSDE) Division of Early Childhood is responsible for multiple early learning programs, including oversight of the state child care subsidy system, licensing and monitoring child care sites, quality initiatives, prekindergarten and collaborative approaches such as the Head Start State Collaboration office and the state's network of "Judy Centers" – a network of on-site early childhood and family engagement services located in Title I school sites. When the federal Early Head Start – Child Care Partnerships program began to roll out in 2014, MSDE officials saw a chance to pilot ideas they hoped to later bring statewide in order to strengthen their child care system for infants and toddlers and to partner with Head Start agencies.

From the beginning, MSDE administrators wanted to build on the relatively high child care licensing standards in the state to learn what it took to reach the Head Start Program Performance Standards (HSPPS) in child care settings. For example, the teacher-to-child ratios and group size requirements in Maryland are some of the highest in the country at one adult to every three children under age 2 (although the ratio changes to one to every six children once they turn two years old). Staff at MSDE hoped that child care partners in Partnerships programs would reach the highest level of the state quality rating and improvement system (QRIS) known as Maryland EXCELS, simultaneously as they worked to meet HSPPS. Maryland EXCELS provides technical

assistance and incentives to child care programs as they achieve and improve their quality ratings.

MSDE officials also wanted to pilot changes in the way child care providers were paid through the subsidy system to promote a more stable supply of child care. Rather than relying solely on vouchers issued to parents to pay for child care, MSDE wanted to reinstate the use of direct contracts to child care providers for specific numbers of slots in order to build the supply of care for infants and toddlers, a payment method the state had used before but had discontinued. Using direct contracts, MSDE would allow child care partners to determine eligibility for the child care program themselves, so families could more easily enroll in the Partnerships and establish eligibility for Early Head Start and child care subsidy at the same time. State officials organized training and made state staff available to help Partnerships grantees learn how to adhere to state rules more effectively.

Working with Partnerships grantees to support their success, state officials learned some unexpected lessons. One surprise was that meeting HSPPS proved all-consuming for child care partners, and not as many improved their ratings in the state quality rating system as hoped. The state is now developing an alternative pathway in the rating system for Early Head Start and Head Start programs to be able to attain higher ratings based on the HSPPS they already meet. Another lesson was how different the three federal Partnerships grantees in Maryland are and what they are



Maryland Federal Award

\$3.4 million

Federal FY 2015-2019
Round 1 Grants

\$0.0 million

Federal FY 2017-2021
Round 2 Grants

\$4.5 million

Federal FY 2019- 2023
Round 3 Grants

doing to meet the needs of the specific populations of the state they serve. For example, the state provided quality improvement grants and allowed the local programs to request what they thought was most needed. They were surprised to see wide variation in what each grantee prioritized. One grantee requested funds to support the hearing testing equipment needed to comply with HSPPS to screen children for hearing difficulties, while others asked to use the funds to concentrate on increasing teacher skills and professional development.

All in all, state officials value the Partnerships grantees and plan to draw on the Partnerships implementation experience in their new federal Preschool Development Grant Birth to Five grant plan.

“Get involved with the Partnerships, and make it part of your statewide quality strategy,” advised Steven Hicks, assistant state superintendent for the division of early childhood development, Maryland State Department of Education.

What Were Maryland’s Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Used CCDBG infant and toddler set-aside funding to provide two-year quality improvement grants to the three Partnership grantees in the state. The programs applied for a range of funding uses, including the cost of professional development for teachers, ongoing coaching support and equipment to do hearing testing for the children.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Contracted directly with the child care partners for a certain number of slots in the program as long as children eligible for the state child care assistance program were enrolled in those slots.

Raised the bar for what quality infant and toddler child care could and should be.

- Developed a track in the state quality rating and improvement system specifically for Head Start and Early Head Start programs to provide an alternative pathway in meeting requirements.

Built a higher education pathway for the infant and toddler workforce.

- Made quality improvement grants to support child care partner teachers’ professional development through practice-based coaching and tuition, books and fees for college coursework at all levels. Teachers are also eligible for the Child Care Career and Professional Fund for tuition assistance.

Piloted reforms that could be taken statewide to improve care for many more infants and toddlers.

- Piloted subsidy slot contracts with child care providers, extended eligibility and continuity of care provisions that eventually became statewide as officials sought to implement the federal CCDBG changes required by law and regulation that emerged at the same time as the Partnerships.

USEFUL LINKS AND CITATIONS

MSDE Child Care Career and Professional Development Fund <https://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care/credentialing-branch/child-care-career-and-professional>

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“Use the Partnerships as part of your statewide quality strategy to improve the trajectories of young children and a model for the kind of support the state can provide for our most vulnerable families.”

**STEVEN HICKS, Assistant State Superintendent for the
Division of Early Childhood Development, Maryland State Department of Education**

OK

The experience of supporting Partnerships in Oklahoma had an impact on CCS leaders and their thinking about how to improve child care quality in the state. Partnerships provided the impetus to create a new statewide infant-toddler specialist network that provides technical assistance and training to child care providers caring for children 0-3 years of age.

Oklahoma Profile

Oklahoma's Story

In Oklahoma, the director of Child Care Services (CCS) within the state's Department of Human Services (DHS) is responsible for oversight of the child care subsidy program, child care licensing, professional development and quality initiatives such as the Quality Rating and Improvement System (QRIS). Officials at CCS saw the Partnerships Funding Opportunity Announcement (FOA) as a chance to attract federal funds to the state to improve infant and toddler child care quality. State funding to support subsidized child care had not increased for years, and the child care assistance program had not been able to raise payment rates to keep up with inflation or expand services in underserved areas. In particular, CCS staff read the Partnerships guidance encouraging states to layer the new grant on top of child care slots paid for with the Child Care and Development Block Grant (CCDBG) with interest. Finding out layering funding was possible was new and exciting.

"We didn't want to do anything wrong, so we never went down that path before. It was great to have the answer clearly in writing," said Lesli Blazer, the former CCS director.

Oklahoma did not apply for a state-level Partnership grant, but CCS wanted to see Oklahoma grantees succeed. At the same time, the state was reviewing changes that would be required by the federal CCDBG law, so CCS staff managed the changes together as much as possible. They also worked to build relationships with the in-state grantees,

including the Choctaw Nation and Delaware Tribe, by setting up quarterly meetings between them and CCS staff.

"It has really enhanced our relationships, and we think it is a supportive space for both the grantees and the Administration. It gives us the opportunity to hear participants' successes and challenges firsthand; we hear challenges and try to figure out solutions together," Blazer said.

The experience of supporting Partnerships in Oklahoma had an impact on CCS leaders and their thinking about how to improve child care quality in the state. Partnerships provided the impetus to focus on building the supply of quality care for infants and toddlers, leading the state to use the funds set aside for quality required by CCDBG reauthorization to create a new statewide infant-toddler specialist network that provides technical assistance and training to child care providers caring for children 0-3 years of age. After piloting layered funding policies with Partnerships grantees, CCS has entered into a public-private partnership to expand this model to other providers across the state so they can provide full-day, full-year high-quality early care and education. When Congress increased Oklahoma's CCDBG allocation as part of the 2018 increase, CCS decided to raise payment rates for infants and toddlers by at least 30% and others by a minimum of 7% to encourage better quality providers to serve children receiving child care assistance.



Oklahoma Federal Award

\$11.8 million

Federal FY 2015-2019
Round 1 Grants

\$7.8 million

Federal FY 2017-2021
Round 2 Grants

\$24.3 million

Federal FY 2019-2023
Round 3 Grants

What Were Oklahoma's Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Allowed Partnerships grantees to layer the new Early Head Start funding they received from the federal grant on top of full-day, full-year child care subsidy payments for children eligible for both Early Head Start and the state child care subsidy program. Prior to this policy change, full-workday, full-year programs in Oklahoma could not braid funding for services delivered over the course of a 10-12 hour day, which resulted in segmenting the program day into Early Head Start (EHS) and child care "portions of the day." Thus, in full workday, full-year programs funded by EHS and CCDBG funds, subsidy payments were only authorized for before and after "school" hours, requiring families to swipe their Electronic Benefit Card four times daily to log their children in and out of "child care" before and after EHS program hours. The CCS policy change permitting Partnerships providers to receive a full-day subsidy payment, in addition to EHS funding, reduced administrative and logistical burdens on providers and families who now only have to log in once in the morning and once in the evening. This policy change has also substantially increased providers' revenues allowing child care programs to attract and retain more qualified teachers.

- Used the CCDBG (infant and toddler and quality set-aside funds) to enhance quality supports for grantees through an infant and toddler specialist network.
- Worked with one Partnership grantee to increase access for infants and toddlers in foster care to the new high-quality slots.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Extended child care assistance eligibility to no less than 12 months after the Partnerships were implemented.
- Waived copayments for assistance for families under the Federal Poverty Level (FPL) in Partnerships partner settings.
- Guaranteed full-time rates, including absent days for enrollees. This helps providers by stabilizing their payments each month.

Raised the bar for what quality infant and toddler child care could and should be.

- Developed a model for a statewide infant and toddler coaching and specialist network that deploys skilled professionals to work directly with infant toddler teachers and caregivers to increase their skills, knowledge and competencies to deliver best practices and increase the quality of each infant or toddler's developmental experience.

Built a higher education pathway for the infant and toddler workforce.

- Helped teachers in Partnerships sites access professional development by creating new certificates of achievement and a stipend program, which is funded with CCDBG quality funds.

Piloted reforms that could be expanded statewide to improve care for many more babies and toddlers.

- Tested child care subsidy policy changes that are now statewide, such as layering CCDBG and other public and private funds. Increased funding allowed infant toddler child care providers to invest new resources in a range

- of strategies that improve quality, such as purchasing new curriculum, equipment and supplies, paying higher wages to attract and retain well-qualified teachers and offering training on the job to implement best practices.
- Drew on Partnerships experience to establish a new collaborative relationship with Oklahoma Early Childhood Partnership Program, a high-quality statewide early education program for children ages 0-4. Funded through a public-private partnership, this program encourages layered funding sources for programs to raise quality for infants and toddlers in child care.

USEFUL LINKS

The state child care subsidy website:

<http://www.okdhs.org/services/cc/Pages/ChildCare.aspx>

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"In working to build relationships with the in-state grantees, it gave us the opportunity to hear participants' successes and challenges firsthand and try to figure out solutions together."

LESLI BLAZER, Former Director of Child Care Services

Providers reported that parents seemed less stressed about losing their child care arrangement and children exhibited fewer challenging behaviors because their care was more stable and predictable because of Washington's Department of Early Learning's layered funding pilot and policy changes.

Washington Profile

Washington's Story

At the time the Early Head Start – Child Care Partnerships were launched, Washington's Department of Early Learning (DEL) had oversight and responsibility for child care subsidy, licensing and quality initiatives, as well as housing the Head Start State Collaboration Office. DEL also managed the state preschool program – Early Childhood Education and Assistance Programs (ECEAP) – which is modeled on the federal Head Start program and follows most of its standards. In 2015, the Early Start Act became law. It implemented key aspects of the federal Child Care and Development Block Grant Reauthorization, and required DEL to better align state quality and program standards. In 2017, these functions became part of a new cabinet level Department of Children, Youth, and Families (DCYF), the lead agency whose vision is to ensure that “Washington state’s children and youth grow up safe and healthy – thriving physically, emotionally and academically, nurtured by family and community.”

After reviewing the 2014 Partnerships Funding Opportunity Announcement (FOA), DEL leaders joined with other state early childhood organizations to form a Consortium on High Quality Infant Toddler Care that would encourage and support state groups to apply in order to expand access to care. The Gates Foundation, located in Washington, provided resources to support the Consortium's formation and its initial work. Members included the state child care resource and referral agency, an early childhood focused public private organization called Thrive Washington,

and the WA State Association of Head Start and ECEAP, representing both federal grantees and providers in the state Early Childhood Education and Assistance Programs (ECEAP).

The Administration for Children and Families (ACF) awarded seven Partnerships grants in Washington, including one grant to the Nisqually Indian Tribe. DEL wanted to be helpful to grantees that planned to layer EHS funding for quality enhancements onto the child care subsidy payments that the child care partners received through DEL. State leaders wanted to learn what policy changes and payment levels would be sufficient to support the cost of quality called for by Head Start Program Performance Standards (HSPPS). They were also willing to try to mirror how payment policies worked “in the private child care market” so that providers could rely on regular payments, and children would have continuity of care.

DEL implemented several child care subsidy policy changes for the partners of the state grantees that were later implemented statewide following the federal reauthorization of the Child Care and Development Block Grant (CCDBG) and the passage of Washington's Early Start Act. DEL allowed Partnerships providers to layer full child care subsidy (at the rate for infants regardless of child age, at the average regional rate, or the rate for the provider's region, if it was higher) and EHS funding. Children served by Partnerships programs who were eligible for a state child care subsidy received longer (12 month) eligibility periods.



Washington Federal Award

\$8.4 million

Federal FY 2015-2019
Round 1 Grants

\$4.1 million

Federal FY 2017-2021
Round 2 Grants

\$13.3 million

Federal FY 2019- 2023
Round 3 Grants

“Washington state’s children and youth grow up safe and healthy — thriving physically, emotionally and academically, nurtured by family and community.”

Department of Children, Youth, and Families (DCYF)

DEL also paid these child care providers based on how many children were enrolled in a month rather than based on daily attendance. Paying by enrollment stabilizes revenue intake for child care providers and can be especially helpful for those caring for children under three, as they are often out sick. DEL provided training to Partnerships staff to be able to accurately determine family eligibility for subsidy.

DEL conducted focus groups with providers to find out what impact the layered funding pilot and policy changes had, and providers reported that parents seemed less stressed about losing their child care arrangement and children exhibited fewer challenging behaviors because their care was more stable and predictable. What’s more, providers were able to raise salaries, in some cases to as much as \$18 an hour (from \$15), for Partnerships teachers, thereby increasing morale and reducing teacher turnover in the centers.

Partnerships grantees had 18 months to ensure all partners met HSPPS, including that all lead teachers had at least a Child Development Associate (CDA) degree, met group size and ratio requirements, and promoted continuity of participation in the program from birth to age 3. To support providers, DEL drew on multiple components of the early childhood system. For example, state licensing rules differed from these standards in several ways, so the state sought to provide greater flexibility to ensure Washington’s Partnerships grantees were successful. DEL waived licensing rules that would require children to move into the next age grouping once they reached 29 months old to align with the HSPPS, which promote serving children in EHS until they reach 36 months. In addition, DEL made participation in the

state Quality Rating and Improvement System (QRIS) a condition of subsidy payments to grantees, thereby connecting child care programs in Partnerships to coaching supports to raise quality, as well as extending the focus on quality to other classrooms in the center, not just those paid for by Partnerships dollars.

DCYF officials said having Partnerships grantees in the state “raised awareness of best practices, such as using evidence-based infant and toddler curriculum and assessments, in centers that participated and the system as a whole.” Administrators continue to meet regularly with Partnerships grantees, which has promoted better relationships between DCYF and Washington’s Partnerships grantees. In addition, federal leadership on the Partnerships and the CCDBG reauthorization promoted a more family- and provider-friendly approach in the state subsidy system and added weight to DEL’s proposals to state legislators to make changes to the subsidy system to promote continuity, such as moving to 12 month eligibility periods. The Partnerships showed that child care partners had the capacity to meet high program standards. This became important later when the Legislature mandated that the state preschool program, which is modeled on Head Start, increase its reach by the 2022-23 school year, at which any eligible child is entitled to enroll in the program. Based on the Partnerships experience, DCYF plans to include child care centers and family child care homes as high-quality preschool providers. The Early Start Act mandated more aligned standards, so that state licensing, QRIS, and ECEAP standards build on each other to support child care programs and teachers’ pathways to increasing quality and qualifications.

What Were Washington’s Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Awarded the highest subsidy provider payment rate possible for children consistently from birth to three who were in the Partnerships and allowed partners to layer the EHS grant dollars.
- Dedicated time of staff within the state early learning agency to train grantees on how to meet state eligibility requirements for child care assistance.
- Extended existing quality supports available to QRIS participants to child care partners.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Lengthened the period of eligibility to 12 months or more for children in Partnerships to support continuity of care, regardless of changes in parental work status.
- Offered a three-month grace period of extended subsidy after 12 months if family income rose beyond state eligibility levels.
- Paid child care providers based on child enrollment rather than daily attendance.

Raised the bar for what quality infant and toddler child care could and should be.

- Required child care partners receiving child care subsidy to pay for Partnerships children to also participate in the state QRIS and attain at least a Level Three rating.
- Provided QRIS coaches to support Partnerships sites to model best practices and support attainment of QRIS quality standards.

Built a higher education pathway for the infant and toddler workforce.

- Developed “stackable credentials” by working in partnership with community colleges for teachers to attain a Short Certificate in early childhood education with a specialization in infant and toddler care. This Short Certificate meets the CDA requirement and is part of a pathway leading to an associate or bachelor’s degree in early childhood education. Teachers could access scholarships to pay tuition via the QRIS to augment what Partnerships grantees could make available.

Piloted reforms that could be taken statewide to improve care for many more babies and toddlers.

- Tested a “layered funding” pilot so child care partners could use the new federal grants to raise quality and salaries for teachers and continue to receive a full child care subsidy. After positive evaluation results the state expanded this strategy.

USEFUL LINKS AND CITATIONS

Washington State Administrative Code regarding the Partnerships: <https://apps.leg.wa.gov/wac/default.aspx?cite=110-15>

Washington State Early Start Act: <https://www.dcyf.wa.gov/about/government-community/legislative-federal-relations/early-start-act>

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Glossary of Acronyms

- **Administration for Children and Families (ACF)**
- **Alabama State Department of Human Resources (DHR)**
- **Associate Degree (AA)**
- **Bachelor's Degree (BA)**
- **Child Care Development Fund (CCDF)**
- **Child Development Associate (CDA)**
- **DC Office of the State Superintendent for Education (OSSE)**
- **DC Public Schools (DCPS)**
- **Early Childhood Education and Assistance Programs (ECEAP)**
- **Early Head Start – Child Care Partnerships program (Partnership(s) / EHS-CCP)**
- **Early Head Start (EHS)**
- **Early Head Start / Head Start (EHS/HS)**
- **Federal Child Care and Development Block Grant (CCDBG)**
- **Federal Head Start Program Performance Standards (HSPPS)**
- **Federal Poverty Level (FPL)**
- **Fiscal Year (FY)**
- **Georgia's Child Care Subsidy Program (known in Georgia as CAPS)**
- **Georgia's Department of Early Care and Learning (DECAL)**
- **Louisiana Department of Education (LDOE)**
- **Louisiana Early Childhood Education Act (Act 3)**
- **Maryland State Department of Education (MSDE)**
- **National Association for Family Child Care (NAFCC)**
- **National Survey of Early Care and Education (NSECE), conducted in 2012**
- **Oklahoma Director of Child Care Services (CCS)**
- **Ounce of Prevention Fund (the Ounce)**
- **Partnership's Funding Opportunity Announcement (FOA)**
- **Quality Improvement Network (QIN)**
- **Quality Rating and Improvement System (QRIS)**
- **State Median Income (SMI)**
- **Temporary Assistance for Needy Families (TANF)**
- **Washington Department of Children, Youth and Families (DCYF)**
- **Washington Early Childhood Education and Assistance Programs (ECEAP)**
- **Washington's Department of Early Learning (DEL)**


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The Ounce of Prevention Fund (the Ounce) gives children in poverty the best chance for success in school and in life by advocating for and providing the highest-quality care and education from birth to age five. The Ounce envisions a world in which high-quality early learning opportunities beginning at birth are an integral part of our nation's education system. With commitment to quality as our guiding principle, the Ounce works at the intersection of practice, policy and research and forges public-private partnerships. Over the last 30 years, the Ounce has developed an effective approach to advancing knowledge, testing ideas in real-world settings, advocating for policy change, engaging champions and training practitioners and leaders.