Child Care, Head Start, & Prekindergarten Collaboration

A Closer Look
Policy Report

Diane Schilder, EdD
Stacy Ehrlich, PhD

Child Care, Head Start, & Prekindergarten Collaboration

A Closer Look
Policy Report

Diane Schilder, EdD
Stacy Ehrlich, PhD

EDC Learning transforms lives.

Contents

Preface

A research-study team at EDC, in partnership with the Ohio Department of Job and Family Services and the Ohio Department of Education, developed this report. These Ohio state agencies provided the team with data. In turn, EDC researchers provided research updates to key state stakeholders.

The research-study team works within the Learning and Teaching Division (LTD) of Education Development Center. LTD operates in partnership with government agencies, foundations, districts, and community programs to expand opportunities for children, adolescents, and adults—at home, at school, and at work—and to improve the institutions that serve them.

Acknowledgements

Child Care, Head Start, and PreK Collaboration

A Closer Look Policy Report

Early care and education programs that serve children from birth through school age have engaged in collaboration since the inception of separate child care, Head Start, and prekindergarten (preK) programs (Stebbins & Scott, 2007). Now collaboration is of critical importance in light of federal and state actions to support a systems approach that prepares children for school and offers services during hours when parents are working or attending school (Ohio Department of Education, 2010; Schilder et al., 2009a). To address questions about the nature of collaboration among early care and education providers, our team of researchers at Education Development Center, Inc. (EDC), in partnership with the Ohio Department of Education (ODE) and the Ohio Department of Job and Family Services (ODJFS), engaged in a multiphased study. EDC researchers performed secondary analysis of quantitative and qualitative data to better understand the nature of collaboration and the relationship between different types of collaboration and desired outcomes for programs, teachers, classrooms, and children.

Objectives, Scope, and Methods in Brief

The objectives of our research were to answer three distinct questions:

1.   What types of early care and education programs are engaged in collaboration, and what is the nature of collaboration among child care, Head Start, and preK providers?

2.   What factors at the federal, state, and local levels either promote or hamper efforts among programs to collaborate?

3.   What is the relationship between different types of collaboration and desired outcomes for programs, teachers, classrooms, and children?

We focused our inquiry on the years 2003–2009 but included historical information that helped to describe the nature of collaborations in existence. It is important to note that, during the time of our inquiry, the policy context changed, and therefore the implications of our results differ from those we originally intended. The recession led to unemployment and decreased funding for child care and early education, which affected the nature of the preK programs and child care subsidy systems (Ridley & Ganzglass, 2011). At the same time, the federal government was supporting a new funding opportunity called the Race to the Top Early Learning Challenge Grant, which encouraged states to take steps to support collaboration among child care and early education programs (Ohio Department of Education, 2010; U.S. Department of Education, n.d.). These changes were not the focus of our study, but we discuss the implications of our findings in light of these two important contextual factors.

State Focus

We focused our research on child care, Head Start, and preK providers in Ohio. Rather than selecting a nationally representative sample, we chose to study collaboration in a single state because each state is responsible for child care and preK regulations (Barnett et al., 2010; U.S. Department of Health and Human Services/Administration for Children and Families, 2008). We focused on Ohio in particular because its demographics are comparable to those

across the United States, and its child care licensing standards are comparable to those in many other states (DeNavas-Walt, Proctor, Smith, & U.S. Census Bureau, 2010). Moreover, Ohio had supported collaboration among child care, Head Start, and preK for more than a decade—ensuring that the sample of providers engaged in collaboration would be sufficiently large to examine different types of collaboration and the relationship between those different types and desired outcomes (Ohio Department of Education, 2008a, 2009a; Schilder, Chauncey, Smith, & Skiffington, 2005).

Definitions

While researching and developing this report, we defined key terms in the following ways.

Child Care. Child care administers to the needs of children outside of school hours by persons other than the children's parents or guardians on a less than 24-hour basis. Having legally adopted this definition, Ohio regulates some types of child care, including child care centers, and requires centers that serve seven or more children of any age to be licensed. The Ohio Department of Job and Family Services licenses over 3,500 child care centers, which care for over 215,000 children each day (Ohio Department of Job and Family Services, 2007b). Thus, child care includes care offered during the day for children who have not yet reached the age of school entry as well as before- and after-school care for school-aged children.

Child Care Subsidy. A child care subsidy is any financial resource, public or private, that lowers the cost of child care for a family. As in most states, Ohio offers subsidies for families that cannot afford child care. Eligibility is limited to parents or guardians who are working or in school. Subsidized providers include child care centers, Head Start, and home providers who are certified by the state. Parents or guardians must provide part of the payment for subsidized care. The amount of payment is based on income, family size, and number of children in child care (Ohio Department of Job and Family Services, 2007a).

Collaboration. We defined collaboration as the act or process of working with multiple stakeholders to reach a common goal (Paulsell et al., 2002; Ray, 2002; Schilder, 2003; Selden, Sowa, & Sandfort, 2006; Simpson, Jivanjee, Koroloff, Doerfler, & García, 2001). We recognize that many types of collaboration exist, both informal and formal (Paulsell et al., 2002; Schilder, 2003; Selden et al., 2006). Our study focused on formal collaboration in which monetary resources, such as funding, or non-monetary resources, such as books and supplies or teaching assistance, were exchanged. We specifically examined collaboration in which resources were exchanged between or among two or more of the following: child care, federally funded Head Start, and state-funded preK programs. We also included providers who were receiving multiple sources of state or local funding and were required to engage in collaboration as a condition of that funding. In some instances a single provider, such as a large community action agency, was receiving funding from multiple sources and was braiding the funds to offer services. These efforts assumed a form of collaboration that involved a single entity with different service providers or that involved multiple providers that collaborated in order to provide a wider range of more seamless services.

Early Care and Education. Historically, early care referred to child care that was available full time to support parents who were working or attending school. By contrast, early education referred to services that were designed to support young children's school readiness. Today, the term "early care and education" refers to services targeting children before the age of school entry and can refer to Head Start, preK, and child care.

Head Start. Head Start is a federally funded program that primarily targets children ages 3–5 and provides a variety of services, including preschool education and nutrition and medical services. Early Head Start offers similar services to pregnant women as well as to infants and toddlers. Children who are eligible for services must live in families with annual incomes below the federal poverty

level or have a documented disability. The federal government provides grants directly to providers, thus bypassing the state. Providers must adhere to strict monitoring and assessment regulations but are encouraged to tailor services to the local context (U.S. Department of Health and Human Services/Administration for Children and Families/ Administration on Children Youth and Families/ Office of Head Start, 2009).

PreK. The term preK refers to early education (prekindergarten) programs designed to provide children with quality early experiences that will prepare them for school (Barnett et al., 2010). For the purposes of this research, we focused on three programs in Ohio that provided preK services: Ohio Head Start (which differs from federal Head Start), the Early Learning Initiative (ELI), and the Early Childhood Education (ECE) program (See box 1 for more details about these programs). The eligibility criteria, service delivery approach, and standards differed among these programs. Yet each of them offered early learning to children aged three and four.

Program versus Provider. We use the term "program" to refer to a funding stream that is authorized by federal or state law. By contrast, we use the

---

Box 1: Ohio's Pre-K Programs

The Early Childhood Education (ECE) program provided free education to 3- to 4-year-olds living in low-income families (defined as those living below the federal poverty level). Services were offered during the school year. State funding was designed to cover 3.5 hours per day for 4 days per week, but local school districts determined the hours of services, and many offered full-day services. During the timeframe of our study, school districts received funds directly from the ODE and could subcontract with Head Start programs or private child care centers. The ECE program offered school-day, school-year education services to a total of 8,499 children in 2009 at a cost of $4,091 per child. Because of state budget cuts, the ODE reduced the per-child amount of funding, and the overall number of children who received services decreased to 5,700 in 2009–2010.

The Early Learning Initiative (ELI) provided free education to 3- to 4-year-olds living in families with annual incomes at or below 185% of the federal poverty level. Public schools, Head Start programs, as well as private and faith-based child care centers were eligible to participate in this state-funded program. These agencies could then further subcontract with like agencies or family child care providers. ELI provided full-day, full-year academic services to children whose parents were working. The program served 13,049 children at $8,491 per child, and it was available in 91 percent of the state's counties. The state child care agency was responsible for all aspects of the state contract and reimbursement for services, but the program was administered at the county level. The primary source of funding was Temporary Assistance to Needy Families. (TANF).

Ohio Head Start and Ohio Head Start Plus provided education to 3- and 4-year-olds from low-income families. Beginning in 1990, Ohio initiated state funding in addition to federal funding for Head Start through TANF funds and general state revenues. TANF funds of $76,156,175 and general state revenue of $25 million were spent to serve 18,000 children during the 2001–2002 school year. The program and its name changed to Head Start Plus in 2004. This newly named program offered full-day and full-year services designed to enhance school readiness for children from low-income families. Over the years, the state funding for Head Start decreased and enrollment rates declined. By the 2005–2006 school year, the state no longer funded Head Start.

---

term "provider" to refer to the individual agency that offers the service. For example, the Head Start program refers to the federal legislation, regulations, and funds, whereas a Head Start provider is the individual agency offering Head Start services. Similarly, preK program refers to ELI, ECE, or the State Head Start program, but preK provider refers to the school, child care center, or Head Start agency offering the preK services.

Quality Rating and Improvement System.
Quality Rating and Improvement Systems (QRIS) are coherent and comprehensive efforts to evaluate and improve the quality of child care (Massachusetts Department of Early Education and Care, 2011). These systems set criteria for standards of quality that are higher than those set by minimum licensing standards, and they provide accessible support and resources to assist programs to raise and maintain higher quality services (Tout, Zaslow, Halle, & Forry, 2009). The Ohio QRIS, Step Up To Quality, is a voluntary, three-star system created by the Ohio Department of Job and Family Services Bureau of Child Care and Development to improve the quality of early care and education programs in Ohio (Ohio Department of Job and Family Services, n.d.).

Data Sources and Sample Represented in Each Data Source

When addressing the first and second research questions—regarding the types of providers engaged in collaboration, the nature of their collaboration, and the barriers and facilitators to collaboration—and focusing on documents and resources from 2003 to 2009, we also included historical information from the 1990s that informed the development of the programs in existence during our focus years. The qualitative data we gathered included laws, regulations, hearing notices and minutes, memoranda of understanding, requests for proposals, proposals, budget documents, published reports, correspondence, and interview and focus group data gathered from other research projects. To triangulate our analysis of the qualitative data,

we interviewed an additional 36 preK, child care, and early education providers and an additional six state administrators, experts, and stakeholders. To determine the frequency of different types of collaboration, we analyzed the databases described immediately below.

To address our question about the relationship between collaboration and desired outcomes, we analyzed two different databases that included provider, classroom, and child-level data from a sample of providers engaged in collaboration. The first database was from the ODE and ODJFS and included providers participating in the state's largest preK program, ELI. The providers represented in this database were randomly selected, received ELI funds, and were collaborating as a condition of funding; however, a portion were also engaged in collaboration with the ECE program, Head Start, and child care (Ohio Department of Education, 2008b, n.d.). The auspices of the lead agency represented in the sample varied and included stand-alone child care centers, Head Start agencies, and school-based settings. From this database we selected providers, classrooms, teachers, and children and secured longitudinal data from multiple points in time in order to examine whether collaboration was correlated with growth in desired outcomes.

The second database was from the Child Care Quality (CCQ) study (Schilder et al., 2009b). All of the providers in this database were stand-alone child care centers (although some were also Head Start agencies and licensed by the state Department of Education). This database included child care providers that were randomly selected from throughout the state. Approximately half of the providers in the database were engaged in collaboration with at least one other provider, while approximately half were not engaged in any collaboration. The database had provider-level, classroom-level, and child-level data that had been collected from a representative sample of child care providers. This database included providers that were engaged in collaboration with Head Start,

state-funded and county-administered preK (ELI), and state-funded and school-base administered preK (ECE), as well as providers with no collaboration.

By analyzing the two different datasets we were able to examine collaboration that was occurring under different auspices and with differing groupings of partners. The programs studied within these two datasets had different eligibility criteria, quality standards, and funding requirements; and we were thus able to consider whether these differing conditions changed the nature or outcomes of the collaborative efforts. (For more information about the methodological issues and challenges of studying collaboration, see "A Closer Look: Issues to Consider in Studying Collaboration.") Table 1 below provides details about the sample represented in each database.

The State Administrative databases include a robust sample of teachers and children within each provider and classroom, since the teacher and child data were collected longitudinally. The Child Care Quality database targeted a subsample of providers for teacher and child data collection, and therefore the numbers of teachers and children is substantially smaller than in the State Administrative database.

Table 1: Database Description

	State Administrative Dataset	Child Care Quality Dataset
Years represented	2007–2009	2003–2005
Type of sample	Randomly selected to represent the state	Randomly selected to represent the state with matched comparison providers not engaged in collaboration
Number of providers	42*	148
Number of classrooms	32	63
Number of teachers	1,197	541
Number of children	7,317	231

Note: We selected a sample of providers that had 3 data points between 2007 and 2009 and that also had data regarding types of collaboration.

Analysis

To address questions about the nature and types of collaboration, we performed simple descriptive statistical analysis to determine the frequency of different types of collaboration. Yin's principles of qualitative research guided our analytic approach (Yin, 2003). Specifically, we used all relevant evidence, included major rival interpretations in our analysis, addressed the most significant aspects of concern, and used expert knowledge to refine and finalize the analysis. We used Huberman and Miles' (1998) open coding to categorize phenomenon and employed an iterative process of creating codes and coding findings as themes emerged. Axial coding was employed to create fine-grained analyses, to refine the coding, and to create vignettes and summaries (Huberman & Miles, 1998). To enhance the validity and credibility of the qualitative analysis, we triangulated key findings by examining multiple sources of qualitative data. To enhance the validity and credibility of the qualitative analysis, we triangulated key findings by examining multiple sources of qualitative data.

To address questions about the relation between differing types of collaboration and desired outcomes, we performed a variety of analyses depending on the structure of the data and the question being answered. These included correlations when looking at the relationship between two continuous variables (e.g., number of collaborations and number of screenings for children); analysis of variance (ANOVA) to examine differences among providers engaged in differing types of collaboration and continuous outcomes; and OLS regression analyses when we have one level of data (such as program-level) and want to look at the effect of one variable on a outcome while controlling for some other characteristic of the program. We also performed Hierarchical Linear Modeling (HLM) to analyze the relation between different types of collaboration and desired classroom, teacher, and child level outcomes. HLM is similar to the OLS regression analyses except that it allows for "nested" data, where there are children in the same classroom or teachers in the same program that need to be statistically accounted for (Raudenbush & Bryk, 2002). We employed HLM when examining teacher and child outcomes because we wanted to account for the shared variance. See the subsequent technical report for additional details regarding analytic models.

Findings: Types of Child Care, Head Start, and PreK Collaboration

Collaboration among child care centers, Head Start providers, and preK providers varied in terms of the number of collaborating partners, the types of collaboration, and the duration of the collaboration. The number of collaborating partners ranged from none (comparison group) to more than four. All of the providers represented in the State Administrative database had at least one partner, as these programs were participating in the state preK program that required collaboration. The Child Care Quality database included a stratified sample of child care centers that were selected as a comparison group. Table 2 below illustrates the range in the number of providers engaged in collaboration. The numbers represent the number of classrooms in each database.

Table 2. Number of Collaborating Partners for Sample of Classrooms

	Comparison Group (No Partners)	Two Partners	Three or More Partners
State Administrative Dataset	0*	26	11
Child Care Quality Dataset	27	18	18

Note: All ELI providers were engaged in collaboration with a consortium of providers as a condition of grant funding.

Lead Agency

Child care centers, family child care providers, school-based preK providers, and Head Start providers served as lead agencies in child care/early education collaboration. We had hypothesized that there would be a range of lead agencies in the various types of child care/early education collaboration in our study and found this to be the case. Yet we were surprised to find that in some instances the auspices varied, depending upon the licensor or lead funding stream. We found that providers' identification of primary auspices was more fluid than we anticipated. Below we present a series of vignettes with diagrams to illustrate the types of collaborations we found.

Example 1:
Two Providers Engaged in Collaboration*
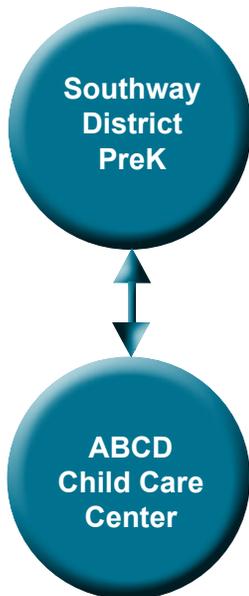
Southway School District received state Early Childhood Education funding to offer services to eligible young children. Because space was limited in the school building, the early childhood director of Southway approached the director of ABCD Child Care Center and asked if she was interested in offering preK through her quality center. The center was located across the street and had two preschool classrooms; both classrooms had openings. The ABCD director was eager to offer more enriched services to eligible children. The Southway School District developed a subcontract with ABCD to offer ECE services to eligible children in one of the preschool classrooms. The two collaborating partners met at the inception of the contract, talked on the phone when issues arose, and collaborated to ensure all of the state reporting requirements were met.

Example 2:
Three Providers Engaged in Collaboration*
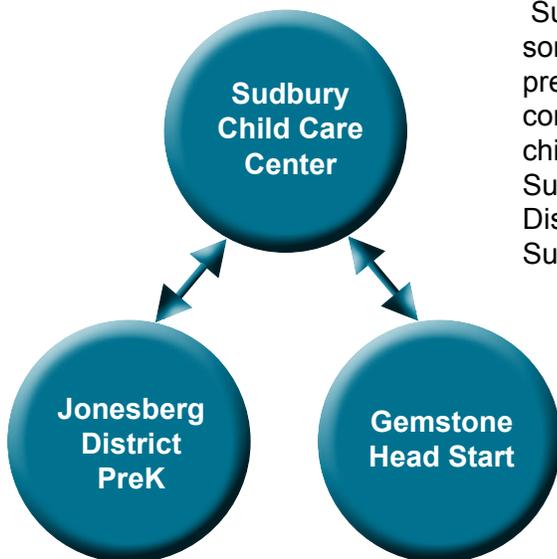
Sudbury Child Care Center was the lead agency in a consortium of providers applying for ELI funds to offer comprehensive services to eligible children and families in the community. Sudbury offered full-day child care services to children and families in need of full-day, full-year services. Sudbury awarded a subcontract to Jonesberg School District to hire a qualified teacher to provide preK services. Sudbury also awarded a subcontract to Gemstone Head Start to develop a family services plan that described comprehensive services referrals for the parents and the eligible children. Gemstone met regularly with parents and children to determine if service needs were being met. All three collaborating partners met on a monthly basis to further develop and enhance the system of collaboration they had in place, discuss the number of children who were being served by each provider, and examine ways to ensure the number of eligible slots were filled.

* These examples use pseudonyms, as all key informants were promised confidentiality.

Most of the providers in both samples were engaged in formal collaboration with either one or more child care/early education providers. The first diagram above illustrates a single lead provider—Southway School District preK collaborating with ABCD child care center to offer full-day, full-year services that also offered preK. The second example illustrates a single lead provider—Sudbury Child Care Center—engaged in collaboration with two partners, Jonesberg preK and Gemstone Head Start.

We also found that more than 10 percent of the providers in both samples were not simply one single type of provider but could be considered child care, preK, and/or Head Start. In these cases, the providers were listed in both the state department of education and the state child care licensing databases and/or were Head Start grantees. We found two primary models within this group. In the first, a large agency—such as a community-based organization or school district—had separate classrooms or venues for offering child care, Head Start, or preK; through collaboration, these classrooms or venues were brought together. In the second model, the provider collaborated with the federal and/or state programs funding the services and blended the funds within the agency.

Example 3:
Single Community Based Organization in Which Collaboration Occurs*

ABCD Community Action Agency is a large, community-based organization that offers multiple services to income-eligible families. ABCD child care center is one type of service that is offered. The child care center is open all day and year round. ABCD is also a Head Start grantee and has a separate set of buildings that offer Head Start services. In 2008, ABCD applied for and received ELI funding. The development of the ELI application prompted ABCD to develop a detailed plan for how the child care, Head Start, and preK services would be offered through the agency. The directors of each of the separate programs meet on a bi-weekly basis to review family action plans and determine how to best coordinate the services. As a result, some children who had been receiving child care services only are now receiving blended child care and Head Start services. Other children who were not eligible for Head Start are receiving all-day, year-round services through ELI funding.

---

* This example uses pseudonyms, as all key informants were promised confidentiality.

Child Care, Head Start, and Prekindergarten Collaboration: A Closer Look Policy Report

Example 4:
Single Organization, Multiple Identities*
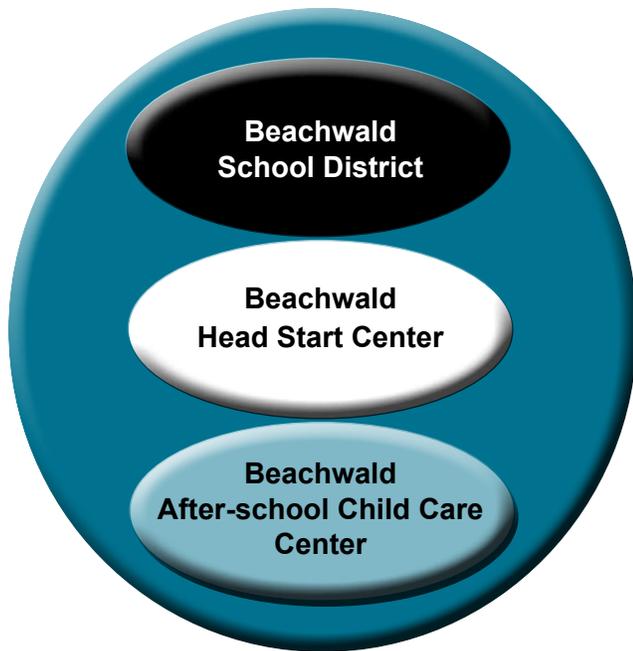
Beachwald School District is a small school district and has been a federally funded Head Start grantee since 1985. In 2008, the district began offering preK services with ECE funds and also slots to children with special needs. To meet the scheduling needs of parents who required full-time, year-round care, the district worked with a local family child care provider who was interested in offering services in the school. With assistance from this provider, who understood how to become a licensed child care provider, the district applied to become a licensed child care center. Beachwald is listed in the ODE licensing database and the child care licensing database, and it is listed as a federally funded Head Start grantee. The directors of each service meet regularly to collaborate to ensure seamless services are offered to participating children and families.

Beachwald School District

Beachwald Head Start Center

Beachwald After-school Child Care Center

Auspices

When we began our study, we assumed that the auspices of the provider would be static. For example, we assumed a child care center would consistently be a child care center, a preK would consistently be a preK provider, and a Head Start provider would consistently be a Head Start provider. We were surprised to find that for some providers, the source of funding dictated whether the provider considered itself child care, Head Start, or preK. As noted above, some providers were licensed by both ODE and ODJFS. Moreover, some Head Start grantees were licensed by both ODJFS and ODE. Analysis of interview data revealed that some providers referred to themselves as child care when describing services offered with child care

subsidy funds, as preK when describing services funded through state preK dollars, and as Head Start when describing services funded through Head Start. One director explained that when a child care licensing agency visits, she considers herself a child care center; when she applies for preK funding, she considers herself a preK provider; and when she is offering Head Start services she considers herself a Head Start grantee. Similarly, she reported that the families receiving services think that her center is either child care, Head Start, or preK, depending on the services each family receives. And she noted that the families that receive multiple services simply think of her center by its name.

---

* This example uses pseudonyms, as all key informants were promised confidentiality.

Changes and the Dynamic Nature of Collaboration

We found that the number of collaborating partners and the nature of collaboration changed over time. When eligibility requirements changed, the providers who were engaged in collaboration had periods during which all of the children they were serving suddenly were not eligible to participate in a program, even when the providers had a formal agreement to offer services. Moreover, the nature of service delivery changed over time. In some instances, a single child was served in a classroom along with children who were not funded through the program, but over time more children received the services through funding from the collaborating provider. In other instances, one classroom was devoted to serving children whose services were funded through multiple programs.

We also found instances in which a provider would coordinate with other providers to ensure children received services that were provided in separate locations. For example, we found cases where a child care provider collaborating with Head Start would transport children to the Head Start center for the "Head Start" portion of the day. In these instances, we found that it was more likely that the teachers and family service coordinators at the Head Start site would offer the comprehensive services. This might explain why the small sample of providers collaborating with federally funded Head Start alone reported somewhat lower levels of referrals and comprehensive services than those collaborating with both federally funded Head Start and the state preK program.

Factors That Facilitate and Promote Collaboration

Some federal, state, and local factors—such as incentive funding, specific types of technical assistance, and leadership that values collaboration—facilitate collaboration among child care, Head Start, and preK.

Federal Factors That Facilitate and Promote Collaboration

Federal funding and guidance prompted the state to support collaboration through the Head Start State Collaboration Grant information memoranda, which also provided technical assistance to further enhance collaborative efforts (U.S. Department of Health and Human Services/Administration for Children and Families/Administration on Children Youth and Families/Head Start Bureau, 2001; U.S. Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2008, 2009). Ohio was one of the first states to obtain a Head Start State Collaboration grant and used these funds to conduct a needs assessment and to develop a strategic plan to support collaboration between federally funded Head Start and other programs at the provider levels (Ohio Department of Education, 2009b).

Federally funded research informed Ohio's actions to support early care and education collaboration. Researchers who had received grant funding through the Department of Health and Human Services, Office of Planning, Research and Evaluation presented findings about the relationship between collaboration and desired outcomes to Ohio's legislators and program directors who were considering how to best support collaboration at the provider level (Brandon, Maher, Joesch, & Wiechel, 2004; Department of Health and Human Services, Administration for Children and Families, Office of Planning Research and Evaluation, 2007; Schilder, 2004; Schilder, Kiron, & Elliott, 2003). From these studies, research findings about how to develop strong collaboration and develop systems through the types of collaboration that are associated with positive outcomes have been disseminated by the Ohio Head Start State Collaboration Director and

by ODE to providers engaged in collaboration. Moreover, research on child care quality improvement informed the design of the state's child care Quality Rating and Improvement System, which created heightened quality standards for child care providers, thus addressing one previous barrier to collaboration (Tout & Boller, 2010; Tout et al., 2009; Schilder, 2003; Selden et al., 2006).).

State Factors That Facilitate and Promote Collaboration

A state-level coordinating body that included representatives from child care, preK, and Head Start has met regularly over the past two decades to address barriers to collaboration. By including the perspectives of multiple stakeholders at different levels, members communicated what state policies posed challenges to collaboration at the provider level, and the state agencies were able to respond. Moreover, stakeholders in the Governor's Office, the Department of Job and Family Services, and the Ohio Department of Education regularly met to collaborate on shaping state policies that would support provider-level collaboration.(S. Miller, personal communication, January 4, 2010; Ohio Department of Job and Family Services, 2007b; Schilder, Kimura, Elliott, & Curenton, 2011; J. Scott, personal communication, January 4, 2010).

The consistent participation of stakeholders participating on state-level collaboration resulted in policies informed by what had and had not worked in the past. Many individuals who participated in state-level collaborating bodies were the same over time. For example, the individual who oversaw the state child care agency had previously been the Head Start state collaboration director. The individual who had been the director of the state's resource and referral association became the governor's early childhood policy advisor. This consistency of individuals and the ongoing knowledge of programs and policies across agencies and systems led to specific actions to support provider-level collaboration (T. Hare, personal communication, January 4, 2010;

A. Leatherman, personal communication, April 16, 2007; S. Miller, personal communication, January 4, 2010; C. Stoneburner, personal communication, December 22, 2009).

Collaboration between state agencies responsible for child care and preK (ODJFS and ODE) created policies to support collaboration at the local level that addressed the dual goals of parents' workforce participation and children's school readiness. Over time, the collaboration increased as the state preK laws changed and required collaboration. Informal collaboration occurred during the years Ohio funded Ohio Head Start; but with the creation of the ELI, the two agencies began to collaborate more formally as the law creating ELI required agency collaboration.

State laws required collaboration as a condition of funding. The state laws that created the state Head Start program, the Ohio Head Start Plus program, and the ELI each required providers to collaborate as a condition of funding (Ohio Department of Education, 2007b; Schilder et al., 2005). Moreover, the law that created ELI mandated that the ODE oversee the implementation of ELI and that ODJFS provide funding (Ohio Department of Education, 2006, n.d.).

Technical assistance that focused on performance monitoring and continuous quality improvement, as opposed to sanctions, led to enhanced quality and collaboration. Published research has suggested that one barrier to collaboration is differences in program quality standards (Schilder, 2003; Selden et al., 2006). The ODE provided regular technical assistance in the development of goals, creation of strategic plans, and implementation of continuous quality improvements to child care, Head Start, and school-based providers that received state preK funds through Head Start Plus, ECE, and ELI (S. Miller, personal communication, January 4, 2010; S. Rohrbough, personal communication, April 10, 2009; J. Scott, personal

communication, January 4, 2010). Some technical assistance provided through the ELI program was designed specifically to support collaboration, and other technical assistance was designed to enhance overall quality. Separately, ODJFS provided technical assistance to child care providers participating in the state's Quality Rating and Improvement System process, and a portion of these providers were engaged in collaboration (T. Hare, personal communication, September 10, 2007; Zellman & Perlman, 2008). The focus of the technical assistance was to ensure that providers engage in a continuous improvement process in which data were used to inform future strategic directions (T. Hare, personal communication, January 4, 2010; S. Miller, personal communication, January 4, 2010). Providers who received technical assistance and used this support to enhance quality across programs reported stronger collaboration than those who viewed the assistance offered by the different state agencies as supporting somewhat different or competing aspects of quality.

Alignment of eligibility requirements helped providers focus on the dual goals of supporting parental employment/education and children's school readiness. Over time, the state took a number of actions that supported the alignment of eligibility. The first state-funded Head Start program had eligibility requirements that were identical to those of the federal program (J. Scott, personal communication, January 4, 2010). As a result, Head Start providers offering blended state and federally funded services could offer families seamless services.[1] Similarly, two years after ELI was created, the state changed eligibility requirements to support children's school readiness and parents' sched-

uling needs and to better align eligibility with other programs' eligibility requirements (Barnett, Hustedt, Friedman, Boyd, & Ainsworth, 2007; T. Hare, personal communication, January 4, 2010; Schilder et al., 2011). This aligned eligibility enabled providers to predict enrollment and associated budgets in a way that was not possible when restrictive eligibility resulted in unpredictable enrollment. The more predictable enrollments in turn allowed providers to budget for such quality improvements as hiring more qualified teachers, offering research-based curriculum, and purchasing developmentally appropriate supplies and materials.

State policies that supported blended funding helped providers engaged in collaboration. Head Start, child care, and preK providers in Ohio reported that over the past decade they have been able to offer families full-day, full-year services by using child care subsidy dollars to offer "wrap around" care for children receiving Head Start or preK. With the ELI program, Ohio combined TANF funds with Child Care and Development Fund (CCDF) dollars for eligible families to create a full-day, full-year program; and the state regularly posted clarification in response to appeals from providers and families regarding eligibility for both child care subsidies and ELI services (Cabell, Justice, Vukelich, Buell, & Han, 2007; S. Miller, personal communication, January 4, 2010; Ohio Department of Education, n.d.).

Phase-in period for meeting teacher professional development standards helped providers engaged in collaboration meet differing standards. The various preK programs in existence during the time-frame of our study had somewhat similar teacher

---

1. The state later shifted the funding source to TANF, and eligibility criteria differed from federal Head Start (Schilder et al., 2005), thus creating a barrier. As a result, providers needed to carefully consider which children were eligible for state-funded as opposed to federally funded Head Start. Children who were receiving services through state Head Start potentially lost eligibility when their parents' employment or job training status changed (Schilder et al., 2005). Similarly, ELI had many elements similar to those of the state Head Start and relied on TANF funding, which initially led to narrow eligibility criteria linking participation to parents' employment or job training (State of Ohio/ Ohio Department of Job and Family Services, 2008). In some instances the restrictive eligibility resulted in terminating collaborative efforts, and in other cases it led to reductions in the number of children served through the collaboration.

professional development requirements and allowed collaborating providers to work toward meeting the standards. For example, in fiscal year 2008 ELI required that teachers hold an associate's degree or higher in Early Childhood Education or be enrolled in a program leading to an associate's degree in Early Childhood Education. For the ECE program, the minimum requirement in public school settings was a Prekindergarten Associate License, which required at least an associate's degree.[2] For all types of settings, the Ohio Revised Code specified a timeline by which a percentage of teachers must attain certain degree levels. By July 1, 2009, all teachers in programs that began in fiscal year 2006 were required to have an AA or higher in ECE. By July 1, 2011, all teachers in programs that began in fiscal year 2007 or later were required to have an AA or higher in ECE (Code, 2012).

Community and Provider Factors That Facilitate and Promote Collaboration

We examined the factors that providers and community stakeholders report being associated with stronger collaboration. A review of stakeholder interviews, focus group data, and documents reveal that certain factors appear correlated with stronger collaboration and with collaboration that is sustained over time.

A history of collaboration among providers paved the way for successful child care, Head Start, and preK collaboration. An analysis of applications for state preK funding, a reanalysis of interview data, and follow-up interviews revealed that providers who participated in regular meetings with other providers, who were members of local consortia funded through other projects, or who had worked with one another previously reported early success through new collaborations. By contrast, providers who collaborated only in response to new funding opportunities reported lower levels of early success

in jointly delivering services (S. Gerber, personal communication, November 5, 2010; A Leatherman, personal communication, April 16, 2007; Ohio Department of Education, 2007a, 2009a, n.d.; Ohio Department of Job and Family Services, 2007a; Pre-K Now, 2009; K. Weir, personal communication, October 25, 2010).

An understanding of the unique strengths and contributions of child care, Head Start, and preK helped collaborative efforts achieve desired outcomes. Collaborators who had an understanding of the strengths of child care, Head Start, and preK demonstrated greater success in enrolling children and meeting desired short-term outcomes compared with those who did not understand the contributions and strengths of each partner (Anonymous 1, 2003; Anonymous 2, 2003; Anonymous 3, 2004; Anonymous 4, 2003). For example, some providers in collaboration with child care who reported an understanding that child care centers could offer early education experiences as well as full-day care demonstrated greater success than those reporting that child care would simply offer extended day services. Similarly, those collaborating with Head Start whose applications demonstrated an understanding that the program could also offer comprehensive services demonstrated greater early success when compared with those partners who simply indicated Head Start could offer part-day preK services (Applicant 1 Early Learning Initiative, 2003; Applicant 3 Early Learning Initiative, 2004).

An understanding of each program's regulations and requirements was critical to successful collaboration. Providers whose applications demonstrated a detailed understanding of the regulations and requirements of each collaborating partner appeared to demonstrate greater early success than those who lacked such an understanding. For example, one consortia of early education providers

---

2. Many school districts required that lead teachers had a bachelor's degree in ECE, but the state did not mandate this level of education.

simply stated that child care would offer extended day services, Head Start would offer preK services, and the state preK funds would be used to offer service referrals through a nonprofit organization (Applicant 2 Early Learning Initiative, 2003). By contrast, another applicant stated that all collaborating partners began their work by reviewing the regulations and requirements and determining ways to reconcile differences in eligibility, teacher credentials, and reimbursements (Applicant 4 Early Learning Initiative, 2003). Analysis of monitoring and survey data revealed that the first applicant was less successful in carrying out planned activities than the second applicant. Moreover, providers who understood the unique strengths of each collaborating partner reported that they could offer the range of services that met the specific needs of the children and families they served.

Ensuring children and families maintain continuity of services when eligibility for a single program is disrupted was a critical value and benefit of collaboration. Providers with multiple collaborating partners reported that if a family lost eligibility for one program—such as ELI—but was eligible for child care subsidies, the program could help the family apply for the new source of funds so children could maintain services. Similarly, when ELI was discontinued, some providers that were collaborating with Head Start worked with families to determine if they were eligible for Head Start and in some instances shifted the child into the Head Start program (T. Hare, personal communication, January 4, 2010). This positive outcome sustained providers' activities to continue to engage in collaboration, even when incentive funding was no longer available.

Factors That Impede Collaboration

Certain federal, state, and local factors—such as restrictive eligibility requirements, narrow interpretations of laws and regulations, and conflict in monitoring and reporting requirements—act as barriers to collaboration. We also found that whether a factor is a facilitator or barrier depended on the context, the actors, and the timing.

Federal Barriers and Challenges to Collaboration

Differences in the legislative focus of each child care and early education funding source created barriers and challenges to collaboration. Both the child care program and the Temporary Assistance to Needy Families (TANF) program focused on parents' workforce participation rather than on school readiness. This focus created challenges and mixed messages (described in more detail below).

The monitoring and eligibility requirements of federally funded Head Start created some challenges in reconciling different systems. Providers collaborating with Head Start reported that HS monitoring requirements differed from the requirements of state preK and of the state QRIS. As a result, a single provider might be responsible for

participating in three or more monitoring systems. Moreover, during years of low unemployment and little economic growth, some providers collaborating with Head Start reported that the eligibility threshold, which required a lower family income than the income required by child care or by the state preK, created difficulties in efforts to serve sufficient numbers of children (State of Ohio/ Ohio Department of Job and Family Services, 2008).

State Barriers and Challenges to Collaboration

The priorities of state agencies differed as they reflected federal laws and regulations. These differences resulted in challenges for providers engaged in collaboration. ELI and Ohio Head Start Plus were funded through the TANF program. Because of the federal focus of TANF on support for working parents, initial state-level interpretation of

federal regulations regarding TANF receipt resulted in eligibility requirements that linked program participation to parents' employment, schooling, or job training. With this definition, children's early education services were tied to parents' employment, leading to disruptions (Ohio Department of Education, 2008b; State of Ohio/ Ohio Department of Job and Family Services, 2008). As a result, the most vulnerable group of children—those who were poor and in need of supplemental early education to prepare them for school—faced disruptions in preK. The state ultimately changed the eligibility requirements, but the earlier narrow interpretation that was based on federal law led to lower enrollment numbers in the initial years of ELI (Ohio Department of Education, n.d.).

Changes in gubernatorial and legislative priorities resulted in changes to preK programs and some service disruptions for providers engaged in collaboration (Schilder et al., 2011). Between 1990 and 2009, Ohio authorized a variety of preK programs, which, while similar in some features, held among them different priorities and goals. The state Head Start program morphed into the Ohio Head Start Plus program, and again in 2004 the state changed this program into the ELI. The state Head Start program mirrored federal Head Start in terms of eligibility and program requirements. The Ohio Head Start Plus program allowed non-Head Start providers such as child care centers to serve as the lead agency. Ohio Head Start Plus followed many of the federal guidelines; but it did not require federal monitoring, and children in families with slightly higher incomes could participate.

Many aspects of ELI were similar to Head Start Plus, with non-Head Start providers, including child care centers, allowed to serve as the lead agency. However, ELI's standards and monitoring requirements were not the same as the Head Start Program Performance standards. Document reviews and analyses of interview and focus group data reveal that the changes led to some service

disruptions. While many of the changes over time were viewed positively, the shifting regulations and eligibility requirements led to uncertainty and associated challenges for directors engaged in collaboration. Decisions were also being made that changed regulations and guidelines related to staffing, enrollment, and budgets. Many directors felt that the resulting lack of certainty around these issues made administering programs challenging.

State budget fluctuations resulted in problems for providers engaged in collaboration. Child care directors and school-based preK providers experienced dramatic reductions in funding as a result of the 2008 recession and reductions in state funding (National Child Care Information and Technical Assistance Center, n.d.; Schilder et al., 2011). Child care providers engaged in collaboration experienced the largest reductions; state child care subsidy reimbursements decreased, and eligibility requirements were tightened. At the same time, Ohio eliminated the ELI program, resulting in large reductions in funding for centers that were participating in ELI. Many school districts also experienced reductions in local district preK funding. Head Start providers engaged in collaboration were less negatively affected than other types of providers, since Head Start funding remained stable even as the other funding sources decreased. As a result, Head Start providers reduced the number of full-day, year-round slots; but because they did not experience the significant funding cuts that other programs experienced, they did not have to eliminate professional development opportunities for teachers, lay off the more educated teaches whose wages were higher than those of less educated teachers, or close classrooms.

A lack of clear messages about which regulations could be waived and what guidelines for each program required strict adherence created challenges. Analysis of records from counties revealed that at times state and county administrators had different interpretations of program eligibility

and offered a range of interpretations regarding program guidelines (Ohio Department of Job and Family Services/Bureau of State Hearings, 2005, 2007). An analysis of dozens of hearings involving families that were requesting eligibility for the state preK program revealed that interpretations of eligibility varied by county and over time. This lack of consistency created problems for providers who did not have adequate information to plan for full enrollment or anticipate associated budgets.

Different programs' definitions of quality and associated measures of quality created challenges for collaborating providers. The Ohio Head Start Plus, ECE, ELI, and the Step Up to Quality child care QRIS each used different measures of quality. Each of these programs had multiple dimensions of quality, ranging from structural indicators of quality to measures of classroom quality. One example of the range of measures of quality involves the various tools required: Ohio Head Start Plus used Galileo, the ELI used the Early Learning Classroom Observation toolkit, the Early Childhood Education program uses IMPACT, and the Quality Rating and Improvement System used the Early Childhood Environment Rating Scale-Revised Edition (Ohio Department of Education, 2008a, 2009a; Ohio Department of Job and Family Services, n.d.; U.S. Department of Health and Human Services/ Administration for Children and Families/Office of Head Start, 2007).

One program director reported, "I have four different binders in my office that reflect the requirements of the licensing agency, funding source, or source of accreditation. When the ODE comes in, I am a preK program; when the child care licensing office comes in, I am a child care program; and when the Head Start monitors come in, I am a Head Start program. I have another binder for the National Association for the Education of Young Children accreditation. By receiving funds from different agencies and being accredited, I am able to offer higher quality and more comprehensive

services. However, I do have different regulations and guidelines I need to follow, and I need to spend a lot of my time making sure we reconcile the different regulations and guidelines."

Different messages from each program's training and technical assistance providers create challenges to collaborative efforts. Training and technical assistance providers from different programs emphasized their program's priorities, and at times these priorities did not match or they actually conflicted with those of collaborating programs or providers. For example, one child care director who was participating in the state Quality Rating and Improvement System and offering state-funded preK reported that "One technical assistance provider came in and told us to focus on global classroom quality and said that pencils were sharp objects and should be moved from the dramatic play area. A few weeks later we received technical assistance from our preK program, and we heard that we should have pencils in the dramatic play area to get our ELLCO scores up. It is a challenge, but what can you do?" Many providers reported that these competing messages created challenges but that the quality enhancements made the challenges of collaboration worth the effort. One provider noted that she was able to support teachers' language and literacy practices after reviewing ELLCO data, and then her review of ECERS-R results led her to make administrative and programmatic improvements.

The timing of appeals processes created problems for providers and families receiving services. Families seeking services through ELI, child care subsidies, or ECE were allowed to appeal denial decisions, although the timeframe for making decisions about eligibility varied. The typical appeals process would be resolved within 90 days; however for families with multiple appeals the process could take more than a year. In some instances the child may be denied services for a full year while awaiting notification. Moreover, in some cases, providers were left with open slots while awaiting a decision

from the county or state on an eligibility appeal (Ohio Department of Job and Family Services/Bureau of State Hearings, 2005, 2007).

Community and Provider Barriers and Challenges to Collaboration

Juggling different quality and monitoring requirements created potential challenges for directors and program staff. A program director reported that she had four different sets of requirements and needed to schedule each classroom observation, child assessment, and monitoring visit carefully to ensure that each program's requirements were met and staff and children were not overly taxed. She reported spending much of her time addressing the conflicting and competing requirements but feels it is worth the effort because she is able to offer seamless services to children and families (C. C. C. Director, 2011). Other providers reported similar challenges (C. B. O. Director, 2011).

Fluctuations in children's eligibility created challenges for providers in collaboration and led in some instances to a negative impact on the providers' bottom line. Some providers reported finding out that families were no longer eligible for services *after* the children had received the services in question (Stakeholders, 2011). As a result, the provider could not receive funds for the service that had been delivered. Working with families that had lost eligibility for one program, some providers reported completing paperwork to help these families become eligible for services through a different program—for example, to help families change from ELI to Head Start. Providers who were able to help families in this way and to obtain for them eligibility reported lower child turnover when compared with those who did not have the resources to assist parents. Nonetheless, providers reported that securing the resources devoted to addressing changes in eligibility was itself a challenge (Stakeholders, 2011).

Myths about services and differences in culture created challenges. Providers who reported a respect for their collaborating providers, regardless of auspices or program type, also reported success with collaboration. By contrast, some reported that collaborating providers viewed child care as just "babysitting" and that the quality of Head Start services was lower than those in school-based programs. In such cases, collaborating providers reported initial problems with service delivery (Stakeholders, 2011). In light of the fact that child care funds require a monitoring tool (ECERS) that emphasizes the safety of the environment, and preK funds use a tool that stresses the importance of learning (ELLCO), one provider stated, "Some people think child care has lower standards, and this just isn't true. Of course early literacy is important, but if you have broken windows and a child gets hurt, you aren't going to have any learning going on. Sometimes I feel like the school people think we just babysit. If I don't feel respected, it is hard to work with that person."

The context of the county and school district influenced collaboration. Stakeholders reported that local interpretation of state laws and regulations has led to differences in collaboration across counties and districts (Stakeholders, 2011). Some county departments of job and family services were very strict in their interpretation of eligibility, whereas others were less so. For example, one county denied services to a 5-year-old, claiming that even though the child's kindergarten readiness scores were low, he could attend public school based on age eligibility (Ohio Department of Job and Family Services/ Bureau of State Hearings, 2007). This child was denied services for many months. Services were only reinstated after the state overruled the county, determining that the child was in need of the services because of his learning deficits.
School district policies and contexts also influenced collaboration. Some school district superintendents were very supportive of early education in

general and of collaboration in particular as a way of extending the learning day. In other districts, the climate toward early education was quite negative. One preK provider engaged in collaboration stated, "Even though I am housed in a school, it is very clear that people here think I am not a *real* teacher.

I am not invited to the teacher professional development days, and I have heard the principal say that it would be a waste since I am working with such young children. Our districts' budget is very tight, and I worry about what will happen with our preK classrooms next year" (S. B. P. Director, 2011).

Relationship Between Types of Collaboration and Desired Outcomes

Early care and education providers engaged in most types of collaboration are significantly more likely to offer some aspects of better program and classroom quality and growth in child outcomes than providers not engaged in any collaboration. Providers in any type of collaboration were significantly different from comparison providers who were not engaged in any collaboration on a number of structural indicators of quality. Below we highlight key differences in quality.

Health and developmental screenings are significantly related to the number of partners. Specifically, the number of collaborating partners predicts the likelihood that a provider will offer health and developmental screenings ($N = 149$, $r^2 = .42$, $p < .001$). In other words, as the number of collaborating partners increases, there is a corresponding increase in the number of health and developmental screenings offered. Interestingly, those collaborating with the state preK program were the most likely to offer health and developmental screenings. We found that those collaborating with both Head Start and preK were more likely to offer referrals than those collaborating with only the state preK or only Head Start.

Parental supports and linkages to comprehensive resources are related to the number and type of partners. The number of collaborating partners significantly predicts parental supports and linkages to resources ($N = 98$, $r^2 = .23$, $p < .05$). As the number of partners increases, the number of supports and services increases. Those collaborating with two of the state preK programs reported significantly more services than those collaborating with only Head Start or only one preK program. Qualitative analysis revealed that when providers collaborated with Head Start, the teachers were more likely to develop a family service plan and coordinate the

receipt of services, whereas those collaborating with the state preK program were more likely to give parents written materials about where they could find access to services.

The use of a standard curriculum is related to the number and type of collaborating partners. Providers in collaboration are significantly more likely to use a standard curriculum than providers that are not collaborating (χ^2 (12, $N = 92$) = 28.88, $p < .01$). Those collaborating with Head Start were more likely to report using Creative Curriculum than those not in collaboration. However, multiple providers collaborating with Head Start as well as those with no collaboration reported using a teacher-designed curriculum. Regardless of collaboration, many providers reported using multiple curricula.

Assessment and monitoring instruments and approaches are related to the number and types of collaborating partners. Providers in collaboration were significantly more likely to report using assessment tools than those with no collaboration (χ^2 (2, $N = 91$) = 7.63, $p < .05$). Those collaborating with Head Start were more likely to report using Galileo, Creative Curriculum assessments, and *Get it, Got It, Go*. Those in no collaboration were more likely to report using center-designed tools.

Teacher job satisfaction is related to the type of collaborating partners. Providers collaborating with Head Start reported significantly higher job satisfaction ($N = 46$, $M = .74$, $SD = .14$) than those not collaborating ($N = 52$, $M = .67$, $SD = .19$). But providers collaborating with both Head Start and preK reported the lowest levels of job satisfaction ($N = 6$, $M = .67$, $SD = .19$). Differences among each type of collaboration were statistically significant: $F(2, 104) = 3.56$, $p < .05$.

Teacher beliefs are not associated with the type of collaborating partners. We examined whether the type of collaboration was associated with developmentally appropriate beliefs regarding teaching and learning and literacy instruction and found no relationship ($F(2, 102) = .82$, $p > .05$). The teaching and learning composite is based on a series of such questions as whether children should select their own learning activities and whether children learn through active exploration. Analysis of these individual items revealed that providers collaborating with Head Start were more likely to report some developmentally appropriate responses than those partnering with other partners or than those not collaborating. For example, those collaborating with Head Start were less likely to report that young children should color within the lines $F(2, 102) = 5.33$, $p = .03$)

Classroom quality is positively associated with the number and type of collaborating partners. Analysis of classroom data from two different databases revealed that collaborating providers demonstrate some aspects of higher classroom quality than noncollaborating providers, but the subscales are not consistently higher for providers in collaboration. Analysis of global classroom-quality data that were collected from child care centers using the Early Childhood Environment Rating Scale-Revised (ECERS-R) revealed higher scores for collaborating providers. Specifically, collaborating providers demonstrated higher scores on the space and furnishings subscale and on the program structure

subscale, and they demonstrated nearly significant improvements in the activities subscale and on the overall ECERS-R.

Analysis of data on the literacy environment (based on data collected using the *Early Language and Literacy Classroom Observation* toolkit) revealed that providers collaborating with multiple partners or with state Head Start demonstrated trends towards higher subscores on writing. Collaborating with state Head Start predicted higher scores on the book selection scale ($\beta = 0.75$, p = .08) than noncollaborating programs, and collaboration with multiple partners predicted higher scores on the writing materials scale ($\beta = 1.06$, $p = .09$). Interestingly, the small sample of providers collaborating with federal Head Start only demonstrated lower scores on the writing subscale ($M = 0.50$, $SE = 0.58$, $n = 4$) than noncollaborating providers ($M = 2.81$, $SE = 1.92$, $n = 27$). This finding was in contrast to the results previously published on Head Start collaboration, but that set of analyses did not separate out those that were collaborating with federal Head Start only from those collaborating with Head Start and other partners. Analysis of classroom quality data collected from centers, Head Start, and district-based providers that had at least one collaborating partner (state preK) revealed that most providers demonstrated improved language and literacy environments over time, regardless of the type of collaboration.

The education levels of lead teachers differ according to the auspices of the lead agency. Lead teachers working in collaborating school-based settings were more likely to have a bachelor's degree than those working in Head Start and child care centers (49% vs. 35% and 41%, respectively). Teachers working in Head Start and engaged in collaboration are more likely to have an associate's degree (52%) than teachers working in other settings engaged in collaboration (38%). Finally, teachers at collaborating child care centers were more likely than those working in other settings to hold a high

school diploma as their highest level of education (18% vs. 7.9%), although a sizable percentage also had associate's and bachelor's degrees.

Child outcomes are positively associated with collaboration. Multilevel analyses of child outcome data that were collected using the Phonological Awareness Literacy Screen (PALS) revealed that providers that were engaged in collaboration with multiple partners demonstrated higher outcome scores when compared with other noncollaborating providers on some subscales. Specifically, providers engaged in collaboration with multiple partners demonstrated higher scores on children's ability to recognize beginning letter sounds ($\beta = 1.14$, $SE = .51$, $p = .03$) and in children's print awareness ($\beta = .93$, $SE = .38$, $p = .02$), and a trend towards higher scores on rhyming skills ($\beta = 1.19$, $SE = .68$, $p = .09$), showing a trend toward significance. Regardless of the auspices, children in school-based, Head Start, and child care settings that were engaged in collaboration all demonstrated improvements in *Get it, Got It, Go* scores between the fall and spring. We found that when controlling for fall scores, children who received services in school-based or Head Start settings that were engaged in collaboration performed better than those in child care centers engaged in collaboration.

Discussion and Recommendations

We examined the relationship between collaboration and the desired outcomes for providers, classrooms, teachers, and children and found that multiple collaborating partners yielded many positive outcomes; but the type of collaborating partner also mattered.

Collaboration is dynamic. The number and type of collaborating partners change over time, as do the providers' primary auspices. Moreover, we found that the types of collaboration are much more complex than we had originally hypothesized, as some providers blend funds as a form of collaboration whereas others actively engage with other providers to blend services.

Unlike a single "intervention," we found that changes in collaboration over time created challenges not only for those engaged in collaboration but also for our research. We faced challenges in defining collaborative efforts in which partners shifted over time and in which providers defined themselves as having multiple auspices. Our mixed-methods approach, in which we analyzed qualitative data as well as survey data, provided useful insights regarding how and why the desired outcomes were or were not met.

Our findings—that the number of collaborating partners is positively associated with many of the desired outcomes for programs, classrooms, and children—suggest that the resources and capacities each collaborating partner shares can yield positive results. We also found that classroom quality scores were higher for providers with multiple partners.

As we reflected on our findings, we developed specific recommendations for actions at the federal, state, and local levels.

Federal Actions

▶ **Continue to take actions to align eligibility requirements across early care and education programs.** Our qualitative analysis revealed that regulations that require collaborating partners to meet the highest quality standard and regulations that meet the needs of both children and families appeared to yield positive results. For example, eligibility for child care subsidies is reassessed every 3 months. However, when these same children are being served in a program that is collaborating with Head Start, federal guidance allows their eligibility to be extended to one year without reassessment. This extended eligibility creates developmentally vital consistency for children and important predictability for programs.

▶ **Explore opportunities to align federally funded training and technical assistance with state training and technical assistance efforts.** Providing consistent messages across federal and state funding sources could address a challenge that collaborating providers face in trying to reconcile differing messages.

▶ **Continue to support separate early education programs.** Our qualitative analysis revealed that, despite the challenges of collaboration, many providers engaged in collaboration believe that the unique strengths of child care, Head Start, and preK can be combined in a way to yield benefits. Moreover, our quantitative analysis revealed that collaboration among these programs predicts desired outcomes for programs, classrooms, and children. Supporting separate programs creates a more likely safety net for children who would not be served if any single program were eliminated.

▶ **Take steps to align monitoring and assessments systems.** Reviews of separate monitoring requirements suggest that waivers for providers that are adhering to more stringent federal or state monitoring requirements might create efficiencies at the provider level while maintaining quality.

▶ **Support state's efforts to align data systems and create unique identification numbers for providers, regardless of the local auspices and early education program.** When we began our study, Ohio did not have a Race to the Top Early Learning Challenge Grant but has since received a Challenge Grant award. With this funding, Ohio and other states are taking steps to create comprehensive data systems that will enable policymakers to better understand the auspices of early education programs in which children are being served. Our finding that a single auspices can identify itself differently and participate in different programs is important for states to consider when designing these data systems.

▶ **Continue to support federally funded research that provides details about promising approaches to collaboration.** These research findings are useful to state and local stakeholders designing collaboration with the aim of meeting the needs of both children and families. While the findings from this report offer a more nuanced view of collaboration than previous research, additional research is needed to understand whether the number of collaborating partners is simply an indicator of increased quality or if there is a causal link. Further study of the nature and impact of collaboration can help state leaders and local providers understand how to best engage in collaboration that achieves desired outcomes.

State Actions

▶ **Engage state-level early learning coordinating bodies.** Strategically address barriers to collaboration and craft policies and procedures to address such barriers through joint planning and action of coordinating bodies that have oversight and/or coordination responsibilities over child care, preK, Head Start, and other child and family services. Our qualitative analysis suggests that while the name of the state-level coordinating body differs from state to state and may change over time, consistent leadership in supporting an inclusive and expansive approach to advancing services to children and families is an essential component for long-term support of collaboration among child care, Head Start, and preK.

▶ I**ncentivize collaboration at the state agency and provider levels.** Our comprehensive analysis of state policy revealed that state and federal early education programs that supported and/or required collaboration among programs frequently established incentives to stimulate collaboration among and between state agencies and child care, Head Start, and preK providers. In turn, these incentives prompted collaboration.

▶ **Support efforts to coordinate state child care and preK training and technical assistance with training and technical assistance offered through Head Start.** The different information provided by each training and technical assistance effort suggests that coordination of such assistance could yield efficiencies through which providers could receive greater dosages of assistance and more consistent messages across technical assistance providers.

▶ **Take steps to align eligibility requirements across programs and develop systems of transitioning children and families.** When children/families are no longer eligible for a program, ensure that service continues through the transition to another program. For example in Ohio, children and families were able to enroll in the Head Start program after losing state-funded ELI eligibility, thus maintaining stable early education experiences.

▶ **Create phase-in periods for all providers across the system to meet common heightened standards.** The phase-in period appeared beneficial for teachers working under auspices that had traditionally required lower levels of education and professional development.

▶ **Work with counties, districts, and providers to provide consistent messages about ways that programs can blend funding at the provider/community level to reach heightened standards.** We found that some counties and districts held a more limited view of blended funding than others, creating challenges for the providers and families participating in collaborative programs.

▶ **Take steps to shorten the review period for children and families whose eligibility for a single program is questioned by the county or school district.** In some instances when eligibility for a program was in question, the hearing review process took nearly a year. For low-income children with school readiness needs, the review period essentially blocked their participation in a collaboratively funded program. Shortening the review process would ensure that those children who were ultimately deemed to be eligible would receive the needed services.

Community/Local Actions

▶ **Reach out to multiple collaborative partners to blend funds.** By blending funding, providers can offer services that better meet the school readiness needs of children and support the workforce participation needs of their parents. Our finding that the number of collaborating partners is associated with many positive child-learning outcomes suggests that each partner can offer unique resources to enhance services to children.

▶ **Continue child care, Head Start, and preK collaborative activities regardless of shifts in funding or policy.** We found that at the community level, consortia of providers who had a history of collaboration despite shifts in funding were more likely to demonstrate success than those that formed their collaborative only in response to funding opportunities. As such, we recommend that even when funds are not available to offer blended services to children and families, regular conversations among providers about how to best serve all children and families appears to be beneficial, especially when future funds eventually become available.

▶ **Engage state, school district, and county decision makers and provide information about challenges faced by providers in collaboration.** Each type of care and education

provision for children held different eligibility requirements for participating children and families, as well as different requirements for providers. Providers reported that families that had changed from one program to another—from preK to child care, for example—often were not fully aware of important differences in paperwork requirements and eligibility rules. An ongoing feedback process from providers to agencies and policymakers that gives concrete examples of the challenges and barriers faced in offering services through blended funding helps the state, counties, and districts work to create a system that supports rather than impedes collaboration. By giving state and county policymakers this kind of information, providers have the opportunity to inform and shape policy changes that remove the barriers to collaboration and thus support efforts to better serve children and families.

▶ **Devote sufficient resources to understanding the unique strengths and contributions of child care, Head Start, and preK.** Providers reported on the importance of understanding the unique contributions that every entity brings to a collaborative effort. This understanding served to sustain those efforts, even when incentive funding was no longer available.

References

Anonymous 1. (2003). *Early Learning Initiative grant application proposal for funding.* Waltham, MA: EDC Library Archives.

Anonymous 2. (2003). *Early Learning Initiative grant application proposal for funding.* Waltham, MA: EDC Library Archives.

Anonymous 3. (2004). *Early Learning Initiative grant application proposal for continuation funding.* Waltham, MA: EDC Library Archives.

Anonymous 4. (2003). *Early Learning Initiative grant application for grant funding.* Waltham, MA: EDC Library Archives.

Barnett, W. S., Epstein, D. J., Carolan, M. E., Fitzgerald, J., Ackerman, D. J., & Friedman, A. H. (2010). *The state of preschool 2010: State preschool yearbook.* Retrieved from National Institute for Early Education Research website: http://nieer.org/yearbook/pdf/yearbook.pdf

Barnett, W. S., Hustedt, J. T., Friedman, A. H., Boyd, J. S., & Ainsworth, P. (2007). T*he state of preschool 2007: State preschool yearbook.* Retrieved from National Institute for Early Education Research website: http://nieer.org/yearbook2007/pdf/yearbook.pdf

Brandon, R. N., Maher, E. J., Joesch, J. M., & Wiechel, J. (2004). *Ohio's school readiness goal: Starting early to close the achievement gap* (Summary of findings from the Financing High-Quality Early Care and Education for Ohio's Children Project). Retrieved from Ohio Department of Education website: http://hspc.org/publicreport.pdf

Cabell, S. Q., Justice, L. M., Vukelich, C., Buell, M. J., & Han, M. (2007). Strategic and intentional shared storybook reading. In L. M. Justice & C. Vukelich (Eds.), *Achieving excellence in preschool literacy instruction* (pp. 198–220). New York, NY: Guilford Press.

Preschool Licensing, (Rule 3301-37-02 (D) C.F.R. § Sections 3301.52 to 3301.59 (2012).

DeNavas-Walt, C., Proctor, B. D., Smith, J. C., & U.S. Census Bureau. (2010). *Current population reports, P60-238—income, poverty, and health insurance coverage in the United States: 2009* (Table B-2, pp. 62–67). Retrieved from U.S. Census Bureau website: http://www.census.gov/prod/2010pubs/p60-238.pdf

Department of Health and Human Services/Administration for Children and Families/ Office of Planning Research and Evaluation. (2007). *Child care policy research grants* (Funding Opportunity Number: HHS-2007-ACF-OPRE-YE-0013). Retrieved from http://www.acf.hhs.gov/grants/open/HHS-2007-ACF-OPRE-YE-0013.html

Director, C. B. O., Telephone interview. March 18, 2011, 2011.

Director, C. C. C., Telephone interview. February 17, 2011, 2011.

Director, S. B. P., Telephone interview. May 9, 2011, 2011.

Greenberg, M., & Schumacher, R. (2003). *Financing universal pre-kindergarten: Possibilites and technical issues for states in using funds under the Child Care and Development Fund and Temporary Assistance for Needy Families block grant.* Retrieved from Center for Law and Social Policy website: http://www.clasp.org/publications/universal_prek.pdf

Huberman, A. M., & Miles, M. (1998). Data management and analysis methods. In N. Denzin & Y. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 428–445). Thousand Oaks, CA: Sage.

Massachusetts Department of Early Education and Care. (2011). *What is a quality rating and improvement system?* Retrieved from http://www.mass.gov/?pageID=eduterminal&L=5&L0=Home&L1=Pre+K+-+Grade+12&L2=Early+Education+and+Care&L3=Provider+and+Program+Administration&L4=Quality+Rating+and+Improvement+System+(QRIS)&sid=Eoedu&b=terminalcontent&f=EEC_qris_20110119_qris_intro_a&csid=Eoedu

National Child Care Information and Technical Assistance Center. (n.d.). *State profiles: Ohio.* Retrieved from http://nccic.acf.hhs.gov/statedata/statepro/display.cfm?state=Ohio

Ohio Department of Education. (2006). *Ohio's early learning initiative.* Retrieved from http://jfs.ohio.gov/cdc/docs/earlylearninginitiative.pdf

Ohio Department of Education. (2007a). *2008 Early Learning Initiative application process*. Retrieved from http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=466&ContentID=26439&Content=27297

Ohio Department of Education. (2007b). *Early learning initiative program report: State fiscal year 2007*. Retrieved from http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=466&ContentID=393&Content=62521

Ohio Department of Education. (2008a). *Early childhood education*. Retrieved from http://www.ode.state.oh.us/GD/DocumentManagement/DocumentDownload.aspx?DocumentID=47166

Ohio Department of Education. (2008b). *Early learning initiative program report*. Retrieved from http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=466&ContentID=393&Content=62521

Ohio Department of Education. (2009a). *Early learning initiative program details*. Retrieved from http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=466&ContentID=4996&Content=62518

Ohio Department of Education. (2009b). *Head Start state collaboration office*. Retrieved from http://ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=470&ContentID=1950&Content=66282

Ohio Department of Education. (2010). *Race to the Top application assurances* (Ohio). Retrieved from http://www2.ed.gov/programs/racetothetop/phase2-applications/ohio.pdf

Ohio Department of Education. (n.d.). *Early learning initiative program report*. State fiscal year 2008: July 1, 2007 to June 30, 2008. Retrieved from http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=466&ContentID=393&Content=62521

Ohio Department of Job and Family Services. (2007a). *Comparison of eligibility requirements for early childhood programs*. Retrieved from http://jfs.ohio.gov/cdc/docs/Chart_Earlycarecomparison10-07.pdf

Ohio Department of Job and Family Services. (2007b). Ohio Department of Job and Family Services Web site. Retrieved from http://jfs.ohio.gov/

Ohio Department of Job and Family Services. (n.d.). *Step Up to Quality info session*. Retrieved from http://www/jfs.ohio.gov/cdc/docs/SUTQInfoSession10-25-07/pdf

Ohio Department of Job and Family Services/Bureau of State Hearings. (2005). *Administrative appeal decision*. Retrieved from http://www.bsh.jfs.ohio.gov/03Mar2005/Appeals/2005-AA-0235.pdf

Ohio Department of Job and Family Services/Bureau of State Hearings. (2007). *State hearing decision*. Retrieved from http://www.bsh.jfs.ohio.gov/09Sep2007/Decisions/1365396_1.pdf

Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research.

Pre-K Now. (2009). *State profiles: Ohio*. Retrieved from http://www.preknow.org/resource/profiles/ohio.cfm

Raudenbush, S. W., & Bryk, A. S. (2002). *Hierarchical linear models* (2nd edition). Thousand Oaks: Sage Publications.

Ray, K. (2002). *The nimble collaboration: Fine-tuning your collaboration for lasting success*. St. Paul, MN: Amherst H. Wilder Foundation.

Ridley, N., & Ganzglass, E. (2011). *Responding to the Great Recession: How the Recovery Act boosted training and innovation in three states*. Retrieved from Center for Law and Social Policy website: www.clasp.org/admin/site/publications/files/Responding-to-the-Great-Recession-ARRA-and-WIA-2011.pdf

Sandfort, J. R., & Selden, S. C. (2001). Blurring the boundaries: Local collaborations among Head Start, preschool, and child care programs. *Policy & Practice*, March, 18–23. Retrieved from http://www.lynchburg.edu/business/i-piece/Blurring.pdf

Schilder, D. (2003). *State strategies to support early care and education partnerships* (Research Brief Vol. 1, No. 3).

Retrieved from Education Development Center website: http://ccf.edc.org/documents/PDF/StateBrief.pdf

Schilder, D. (2004). *Head Start/child care partnerships: Partnering programs more likely to provide comprehensive services* (Research Brief Vol. 2, No. 1). Retrieved from Education Development Center website: http://ccf.edc.org/documents/PDF/EDC_ComprehensiveBrief.pdf

Schilder, D., Broadstone, M., Chauncey, B., Kiron, E., Miller, C., & Lim, Y. (2009a). *Child care quality study: The impact of Head Start partnership on child care quality* (Final report). Newton, MA: Education Development Center.

Schilder, D., Broadstone, M., Chauncey, B., Kiron, E., Miller, C., & Lim, Y. (2009b). *Child care quality study: The impact of Head Start partnership on child care quality* (Executive summary). Retrieved from Education Development Center website: http://ccf.edc.org/PDF/ExecSumm_HSPartnership.pdf

Schilder, D., Chauncey, B., Smith, A., & Skiffington, S. (2005). *Ohio Head Start Plus Study: Final report.* Retrieved from Education Development Center, Inc. website: http://ccf.edc.org/pdf/OhioHeadStartPlusReport-EDC.pdf

Schilder, D., Kimura, S., Elliott, K., & Curenton, S. (2011). *Perspectives on the impact of pre-K expansion: Factors to consider and lessons from New York and Ohio.* Retrieved from National Institute for Early Education Research website: http://nieer.org/resources/policybriefs/22.pdf

Schilder, D., Kiron, E., & Elliott, K. (2003). *Early care and education partnerships: State actions and local lessons* (Research Brief Vol. 1, No. 1). Retrieved from Education Development Center website: http://ccf.edc.org/documents/PDF/EDC_ExecBrief.pdf

Selden, S. C., Sowa, J. E., & Sandfort, J. (2006). The impact of nonprofit collaboration in early child care and education on management and program outcomes. *Public Administration Review, 66*(3), 412–425.

Simpson, J., Jivanjee, P., Koroloff, N., Doerfler, A., & García, M. (2001). *Promising practices in early childhood mental health. Systems of care: Promising practices in children's mental health, 2001 Series, Volume III.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Stakeholders, O. E. C., Focus Group. May 6, 2011, 2011.

State of Ohio/ Ohio Department of Job and Family Services. (2008). *Temporary Assistance to Needy Families (TANF) program: State Title IV-A plan.* Retrieved from http://jfs.ohio.gov/owf/tanf/070107tanfplanamendment_011708final%20draft.pdf

Stebbins, H., & Scott, L. C. (2007). *Better outcomes for all: Promoting partnerships between Head Start and pre-K.* Retrieved from Pre-K Now website: http://www.preknow.org/documents/HeadStartPre-KCollaboration_Jan2007.pdf

Tout, K., & Boller, K. (2010, August). What does research say about quality rating and improvement systems (QRIS)? Presentation at Early Childhood 2010: Innovation for the Next Generation, Washington, DC.

Tout, K., Zaslow, M., Halle, T., & Forry, N. (2009). *Issues for the next decade of quality rating and improvement systems* (Issue Brief 3). Retrieved from Child Trends website: http://www.childtrends.org/Files/Child_Trends-2009_5_19_RB_QualityRating.pdf

U.S. Department of Education. (n.d.). Race to the Top—Early Learning Challenge. Retrieved from http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html

U.S. Department of Health and Human Services/Administration for Children and Families. (2008). *Child care and development fund fact sheet, November 2008.* Retrieved from http://www.acf.hhs.gov/programs/ccb/ccdf/factsheet.htm

U.S. Department of Health and Human Services/Administration for Children and Families/Administration on Children Youth and Families/Head Start Bureau. (2001). *Information memorandum: Financial management issues in Head Start programs utilizing other sources of funding* (Log No. ACYF-IM-HS-01-06). Retrieved from http://www.headstartinfo.org/publications/im01/im01_06.htm

U.S. Department of Health and Human Services/Administration for Children and Families/Administration on Children

Youth and Families/Office of Head Start. (2009). *Head Start program fact sheet (FY 2008)*. Retrieved from http://www.acf.hhs.gov/programs/ohs/about/fy2008.html

U.S. Department of Health and Human Services/Administration for Children and Families/Office of Head Start. (2007). *FY 2007 PRISM Protocol: Program design and management*. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PRISM_2007/Program%20Design%20and%20Management.pdf

U.S. Department of Health and Human Services/Administration for Children and Families/Office of Head Start. (2008). *Information memorandum: Head Start risk management process* (Log No. ACF-IM-HS-08-06). Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/IMs/2008/resour_ime_006_020508.html

U.S. Department of Health and Human Services/Administration for Children and Families/Office of Head Start. (2009). *Information memorandum: Certifying eligibility for enrollment in Head Start programs—revision* (Log No. ACF-IM-HS-09-03). Retrieved from http://www.acf.hhs.gov/programs/ohs/policy/im2009/acfimhs_09_03.html

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Zellman, G. L., & Perlman, M. (2008). *Child-care quality rating and improvement systems in five pioneer states: Implementation issues and lessons learned*. Retrieved from RAND Corporation website: http://www.rand.org/pubs/monographs/2008/RAND_MG795.pdf