

# EXECUTIVE SUMMARY



**T**he first few years of a child's life are critical for building the early foundation needed for success later in school and in life. Research shows that 85% of the brain is fully developed by a child's third birthday.<sup>1</sup> Early environments matter, and nurturing relationships are essential. Leading economists agree that high-quality early learning programs can help level the playing field for children from lower-income families on vocabulary and on social and emotional development, while helping students to stay on track and stay engaged in the early elementary grades. High-quality early childhood programs bring significant returns on investment to the public.<sup>2</sup> All infants and toddlers deserve high-quality, nurturing care that supports their healthy development. Most of these young children are served in a variety of child care settings while their parents have to work.

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

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

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

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

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

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

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

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

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

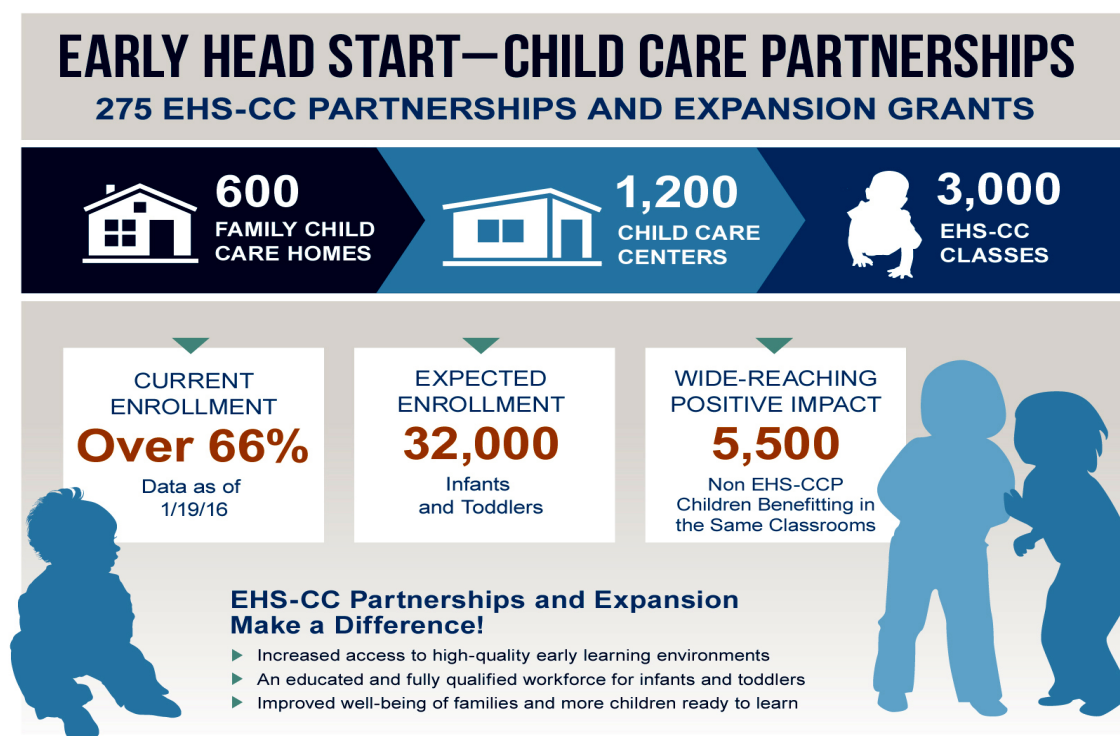
**DUE TO THIS HIGHLY VALUED PARTNERSHIP, WE WERE ABLE TO OPEN A STATE OF THE ART CLASSROOM WITH HIGHLY QUALIFIED TEACHERS AND OFFER THEM A HIGHER LIVABLE WAGE. BECAUSE OUR TEACHERS ARE PAID WELL AND HAVE GREAT BENEFITS, THEY ARE ABLE TO DEDICATE THEMSELVES TO THE CHILDREN IN THEIR CARE AND OUR CENTER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

**CHILD CARE PARTNER**

## EARLY SUCCESSSES

- More than 1,200 child care and 600 family child care partner sites benefitted from the infusion of resources provided to improve facilities and enhance learning environments.
- At least 3,600 classrooms at partner sites received new materials and supplies such as board books, toys, enhanced curriculum and other instructional materials.
- More than 6,600 teachers and staff in child care and family child care received professional development, coaching and enhanced training to meet EHS requirements. The number of qualified infant-toddler teachers continues to increase.
- More than 21,000 infants and toddlers received comprehensive services, health and developmental screenings and the enhanced curriculum offered through EHS. At full enrollment, 32,000 children will be served.
- Parents and families received family engagement, family support, referrals and linkages to other social and health services through EHS comprehensive services now available at partner sites.

<sup>3</sup> For more about the provisions in the CCDBG Act of 2014, visit: [www.acf.hhs.gov/programs/occ/ccdf-reauthorization](http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization)



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

## INNOVATIVE STATE CHILD CARE AND DEVELOPMENT FUND (CCDF) POLICIES THAT SUPPORT THE EHS-CCP<sup>4</sup>

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

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

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

### CCDF ADMINISTRATOR

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

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

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

## LESSONS LEARNED

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

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

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



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

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



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