



# Early Head Start – Child Care Partnerships

## *How State Policies Can Support EHS-CC Partnerships*





# Objectives for Bridging EHS and CCDF

- Align EHS and CCDF policies to encourage stability and continuity of care
- Streamline administrative procedures
- Identify opportunities to support the Partnerships and providers

# Presenters



**Nancy vonBargen**  
Project Director  
National Center on Child  
Care Quality  
Improvement



**Carol Pearson**  
Director  
National Center on Child  
Care Subsidy and  
Accountability



**Sue Wilson**  
Senior TA Research  
Associate  
National Center on Child  
Care Subsidy and  
Accountability



# Strategies that Support Infant and Toddler Continuity of Care

- Regulatory approaches
  - Licensing and Health and Safety requirements
- Quality Improvement efforts such as QRIS
- Professional Development and Workforce Initiatives
- *Infant and Toddler Continuity of Care Assessment Tool*
  - [https://childcareta.acf.hhs.gov/sites/default/files/201211\\_pdwcenter\\_infant\\_toddler\\_continuity\\_of\\_care\\_assessment\\_tool.pdf](https://childcareta.acf.hhs.gov/sites/default/files/201211_pdwcenter_infant_toddler_continuity_of_care_assessment_tool.pdf)



# Align State Policies and EHS Program Standards to Promote Continuity of Care

- Consistent practices and outcomes across programs
- Common provider qualifications, knowledge and competencies
- Shared findings from monitoring visits
- Clear path and expectations for quality initiatives

## Compare Standards

- Comparable – meaning that categories are covered, but specific requirements may be different
- Licensing requirements are comparable to EHS standards
  - Ratios, health and safety, nutrition, facilities, transportation
- QRIS standards are comparable to EHS
  - Child assessment, family engagement, staff qualifications



## Compare Standards

- Head Start Performance Standards not comparable to licensing or QRIS
  - Serving children with disabilities
  - Comprehensive services such as providing mental health services
  - Transitions

# Continuity of Care

- Primary caregiver
- Infant/toddler staff
- Center ratios/group size
- Family child care ratios

*Promoting Continuity of Care in Infant/Toddler Settings:  
What Can State/Territory Leaders Do?*

[https://childcare.gov/sites/default/files/20120913\\_it\\_cop\\_coc\\_minibrief\\_approved.pdf](https://childcare.gov/sites/default/files/20120913_it_cop_coc_minibrief_approved.pdf)

# Primary Caregiver

- HS Performance Standard 1304.21(b)(1)(i)
  - Encourage the development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time
- 23 States' licensing standards require that centers assign a primary, consistent caregiver to each child under age 3.

# Infant/Toddler Staff

- Head Start Act
  - Minimum of a child development associate credential, and training in early childhood development with a focus on infants and toddlers
- 17 States' licensing standards include specific qualifications for infant/toddler staff in centers
  - About half of these States require a state or national credential or college coursework related to infant/toddler care
  - Remaining States require experience or clock hours of training

## Infant/Toddler Staff

- 9 States' QRIS standards include specific qualifications or training for infant/toddler staff in centers
- Of the States that specify qualifications in licensing or QRIS standards, 16 have State-specific infant-toddler credentials or certificates





# Range of State Child-staff Ratio Requirements for Child Care Centers in 2011

Age of Children	Lowest Required Ratio	Number of States	Highest Required Ratio	Number of States	Most Common Ratio	Number of States	Head Start Performance Standards
<b>Infants</b>							
6 weeks	3:1	3	6:1	4	4:1	33	<b>4:1</b>
9 months	3:1	3	6:1	5	4:1	32	<b>4:1</b>
<b>Toddlers</b>							
18 months	3:1	1	9:1	3	6:1	14	<b>4:1</b>
27 months	4:1	4	12:1	2	8:1	10	<b>4:1</b>

N=50 States, including DC and excluding ID

Source: National Center on Child Care Quality Improvement. (2013). Research brief #1: Trends in child care center licensing regulations and policies for 2011. Retrieved from

[https://childcareta.acf.hhs.gov/sites/default/files/065\\_1304\\_center\\_licensing\\_trends\\_brief\\_final.pdf](https://childcareta.acf.hhs.gov/sites/default/files/065_1304_center_licensing_trends_brief_final.pdf).





# Range of State Group Size Requirements for Child Care Centers in 2011

Age of Children	Lowest Required Group Size	Number of States	Highest Required Group Size	Number of States	Most Common Group Size	Number of States	Head Start Performance Standards
<b>Infants</b>							
6 weeks	6	1	20	1	8	20	8
9 months	6	1	20	1	8	20	8
<b>Toddlers</b>							
18 months	8	8	20	2	12	12	8
27 months	8	2	22	1	12, 14	8, 8	8

N=50 States, including DC and excluding ID

Source: National Center on Child Care Quality Improvement. (2013). Research brief #1: Trends in child care center licensing regulations and policies for 2011. Retrieved from

[https://childcareta.acf.hhs.gov/sites/default/files/065\\_1304\\_center\\_licensing\\_trends\\_brief\\_final.pdf](https://childcareta.acf.hhs.gov/sites/default/files/065_1304_center_licensing_trends_brief_final.pdf).



# Family Child Care Ratios

- HS Performance Standard 1306.20(g)(1)
  - When there is one family child care provider, the maximum group size is six children and no more than two of the six may be under two years of age.
- While many allow more than 6 children, nearly all States that license family child care homes set limits on the number of infants and toddlers allowed in the group.
  - A common limit is no more than two children under age two with one provider
- State-by-state information is available at [https://childcareta.acf.hhs.gov/sites/default/files/DefFCC\\_2011.pdf](https://childcareta.acf.hhs.gov/sites/default/files/DefFCC_2011.pdf)



# Objectives for Bridging EHS and CCDF

- Align EHS and CCDF policies to encourage stability and continuity of care
- Streamline administrative procedures
- Identify opportunities to support the Partnerships and providers

# #1. ESTABLISH ELIGIBILITY

- Income – Children below Federal Poverty Level can be served by both CCDF and EHS (CCDF also serves a broader income range -- up to 85% SMI)
- Activities – States have flexibility to define employment, education, and training
- Flexibility for authorizing hours of care – does not have to be limited to parent work schedule



## #2. SERVE VULNERABLE POPULATIONS

- State CCDF Programs can offer special eligibility considerations for vulnerable populations such as homeless and migrant families.
  - Through the Protective Services category, States can waive the work, training and education requirement, and in some cases, the income requirement.



## #3. ALLOW JOB SEARCH

- Allow a period of job search that permits continued eligibility and subsidy payment following job loss

## #4. REFER DUALLY-ELIGIBLE FAMILIES

- Through the CCDF eligibility process, dually-eligible families can be referred to EHS-CC Partnerships. The eligibility process can be made more family-friendly by:
  - Offering extended office hours and call centers
  - Providing multiple application methods
  - Assigning a parent liaison to assist with subsidy issues



## #5. ALIGN LENGTH OF ELIGIBILITY

- Establishing CCDF eligibility while in EHS
- Establishing CCDF eligibility for 12 months
- Aligning eligibility periods with EHS
- Easing family reporting requirements



## #6. WAIVE PARENT FEES

- Lead Agencies may waive parent fees for families whose incomes are at or below poverty level



## #7. ESTABLISH CONTRACTS

States may use contracts to:

- Delegate eligibility determination to an EHS-CC Partnership contractor
- Negotiate reimbursement rates and payment rules
- Specify and formalize procedures in “scope of service” and other contract mechanisms



## #8. PAY PROVIDER RATES THAT SUPPORT QUALITY

- Establish base rates that support quality
- Offer higher rates for higher quality care
- Negotiate rates through contracting

## #9. SUPPORT PROVIDERS WITH PAYMENT POLICIES

- Design sustainable payment practices:
  - Implement flexible attendance policies (EHS allows for 85% attendance)
  - Make timely payments
  - Assign a provider liaison to assist with subsidy issues



## #10. LAYER FUNDING

- States, communities, and programs can layer EHS and CCDF subsidy funds for the same child as long as there is no duplication in payments for the exact same service





## Where To Go for More Information and Resources

**<https://childcareta.acf.hhs.gov>**



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## Resources

- For more information on the Early Head Start-Child Care Partnerships, visit:  
<http://www.acf.hhs.gov/programs/ecd/early-head-start-child-care-partnerships>
- Other Policy Guidance:
  - Policies and Practices that Promote Continuity of Child Care Services and Enhance Subsidy Systems (<http://www.acf.hhs.gov/programs/occ/resource/im2011-06>)
  - Head Start/CC Eligibility PIQ (<http://www.acf.hhs.gov/programs/occ/resource/piq-cc-99-02>)



## Are You Planning To Apply?

- **Register with Grants.gov**
  - Only the *Applicant organization* needs to register
  - The registration process can take one to three weeks depending on your organization, so start now!
  - You will receive notifications based on Funding Opportunity Number (FON)  
*A FON is a number that a federal agency assigns to each specific grant announcement*
- **Obtain Data Universal Numbering System (DUNS) Number**
- **Register in System for Award Management (SAM) Eligibility Requirements**
- **Visit: <http://www.acf.hhs.gov/grants/register-and-get-ready>**





**Email Questions To:**

**[ehs.ccpartnerships@acf.hhs.gov](mailto:ehs.ccpartnerships@acf.hhs.gov)**



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# STAY TUNED

## The next webinar in this series:

**Title:** Comprehensive Services Part I:  
Curriculum and Assessment

**Date:** Monday, March 24, 2014

**Time:** 2:00 p.m. – 3:00 p.m. EDT





# THANK YOU



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