

Early Head Start Child Care Partnerships: Annotated Bibliography

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Introduction

Partnerships between Early Head Start (EHS)/Head Start and child care programs have existed for many years. In 2014, the Administration for Children and Families (ACF) granted funds to establish Early Head Start-Child Care Partnerships (EHS-CCPs) with the goal of expanding access to high-quality early learning programs to meet the needs of low-income working families with infants and toddlers. ACF has funded 275 grantee partnerships across all states and in all 10 ACF regions.¹

This annotated bibliography highlights the existing literature available on EHS/Head Start child care program partnerships. It is intended for early care and education (ECE) researchers, policymakers, and practitioners interested in using best practices and research to inform their work. We also draw attention to forthcoming research on EHS-CCPs that received federal funding in 2014, including the *National Study of Early Head Start-Child Care Partnerships*² and several local EHS-CCP evaluations currently underway.

Methodology

As a starting point for the bibliography, we used the publication—*Early Care and Education Partnerships: A review of the literature*—developed as part of the national study of EHS-CCP conducted by Mathematica Policy Research (MPR) to identify 19 studies that focused on EHS/Head Start child care partnerships³ and met our bibliography criteria.⁴ We also conducted searches in Google Scholar, EBSCOhost, and Research Connections to identify additional studies on EHS/Head Start child care partnerships published after 2014. The online searches only yielded one additional research study not included in the MPR review. Additionally, we identified eight policy reports through a search on Research Connections.

To highlight forthcoming research on EHS-CCPs, we also requested project descriptions and preliminary findings from the peer-learning network of EHS-CCP evaluators organized by ACF. A total of five of six local evaluation teams responded to our request.⁵ We also requested an abstract for the *National Study of Early Head Start-Child Care Partnerships*.

In total, this annotated bibliography summarizes 27 research studies. For each study included in the annotated bibliography, we reviewed and summarized the following information:

- objective of the research,
- study sample and location,

¹ The 10 ACF regions are listed here: <https://www.acf.hhs.gov/oro/regional-offices>

² For more information, see: <https://www.acf.hhs.gov/opre/research/project/early-head-start-child-care-partnerships-study>

³ The Mathematica review included a total of 78 studies (published from 1999 through 2014) on a number of topics including: Head Start and EHS partnerships with child care programs, partnerships between school districts and child care providers and Head Start agencies to deliver state preschool programs, partnerships with home-based providers to enhance quality, and partnerships between early intervention and other ECE organizations to serve children with disabilities in inclusive environments.

⁴ Published studies (from the last 20 years, 1998 to 2018) and policy reports (within ten years, 2008 to 2018) that focused on the topic of partnerships between EHS/Head Start and child care providers were included for this bibliography.

⁵ One of the local EHS-CCP evaluations published findings and is therefore included in the Research Studies section with other published studies.

- method of data collation,
- measures used,
- findings of the study, and
- recommendations for future research.

Six studies included in this bibliography have not yet published findings but have initial information available. We include these initial annotated entries in a separate section labeled “forthcoming research.” The annotated information for these studies lacks a full citation of a report (in most cases) but does identify the project name and may only include preliminary findings or have no findings available at this time.

For each of the eight policy reports included in this annotated bibliography, we reviewed and summarized the objective and key points of the report.

Key Findings

Overall, the research on EHS/Head Start and child care partnerships is mostly descriptive (17 of 21 studies for which we have complete, published information). Most of the descriptive studies include interviews, focus groups, or surveys of partnership administrators and staff and child care partners. Five descriptive studies also include interviews, focus groups, and/or surveys with parents. The remaining four studies use an experimental design. Additionally, six studies included quality observations of partnership program classrooms and two studies included information on child outcomes (see Appendix A for a table of study characteristics and themes by research study).

The research addresses topics including: how EHS and Head Start programs are partnering with center and home-based child care providers; the successes, challenges, and lessons learned from the partnerships; whether partnerships improve program quality; and whether children participating in partnerships have better outcomes.

Eleven studies reported successes of EHS/Head Start child care partnerships, including:

- Increases in providers’ professional credentials (e.g., earning a CDA) (Buell, et al., 2002; Buell, et al., 2001; Edwards, et al., 2002) and professional development (Buell, et al., 2002; Ceglowski, 2006; Del Grosso, et al., 2011; Edwards, et al., 2002; Etter & Cappizano, *no date*; Paulsell, et al., 2003; Schilder, et al., 2005);
- Acquisition of additional materials and equipment for child care programs (Buell, et al., 2001; Ceglowski, 2006; Paulsell, et al., 2003; Schilder, et al., 2005);
- Support for staff around curriculum implementation and program organization and structure (Buell, et al., 2002; Buell, et al., 2001; Etter & Cappizano, *no date*; Schilder, et al., 2003); and
- Increases in the availability of high-quality care for families, offering families comprehensive services (Del Grosso, et al., 2011; Etter & Cappizano, *no date*; Lim, et al., 2007; Schilder, et al., 2005), and parents’ satisfaction with the care provided for their children (Ceglowski, 2006; Etter & Cappizano, *no date*).

Eight studies reported challenges of the partnerships, including:

- Child care providers having trouble meeting Head Start Program Performance Standards (HSPPS) (Buell, et al., 2001; Rohacek, 2001);
- Differences in aligning child care and Head Start program cultures, operating hours and days, and fiscal requirements (California Head-Start State Collaboration Office, 2000; Kiron, E., 2003; Rohacek, 2001); and
- Misalignment of policies across EHS/Head Start, licensing, and child care subsidy regulations, such as policies on ratios and group size, absences, and family eligibility criteria (Buell, et al., 2001; California Head-Start State Collaboration Office, 2000; Campbell, 2002; Ceglowski, 2006; Paulsell, et al., 2002).

Lessons learned from the partnerships include:

- EHS/Head Start and child care programs with existing relationships might be able to begin collaborating more quickly (Ceglowski, 2006), whereas partners with a more limited history of collaboration should invest time in creating agreements that set clear roles and expectations (Rohacek, 2001; Schilder, et al., 2005; Schilder, et al., 2003); and
- Fiscal knowledge of Child Care and Development Fund (CCDF) and Head Start can be critically important to child care providers' ability to meet new standards (Kiron, 2003).

With regard to partnerships and observed program quality, some studies found greater improvements in observed quality associated with longer participation in a partnership (Etter & Cappizano, *no date*; Ontai, et al., 2002; Schilder, et al., 2009). In addition, comparative studies show differences in observed quality between centers involved in a partnership and centers not involved in a partnership. Classrooms in child care centers partnering with EHS or Head Start demonstrated significantly higher observed classroom quality than comparison classrooms (Edwards, et al., 2002; Schilder, et al., 2009; and Schilder, et al., 2015).

While only two studies examined child outcomes, the findings are promising. One study found that on average, children at Head Start partnership centers were more likely than children at centers not participating in a partnership with Head Start to demonstrate significant improvements on some language and literacy sub-scales of child assessment measures. These sub-scales included measures of phonological awareness and upper-case letter recognition (Schilder, et al., 2009). Another comparison of Head Start partnerships in family child care and center-based settings found that by the end of the program year, children participating in family child care homes performed as well as those in center-based classrooms on cognitive measures and social-emotional scales (Faddis, et al., 2000).

Finally, the majority (6 of 8) of policy reports included in this bibliography address the state role in supporting EHS-CCPs and how states can better align Child Care and Development Fund (CCDF) and EHS policies. One report examines how CCDF and EHS programs can better align policies at the federal level to support EHS-CCPs, and one report describes the first year of implementation of the EHS-CCPs nationwide.

Forthcoming local Early Head Start-Child Care Partnership evaluation findings

All five of the forthcoming EHS-CCP local evaluations are descriptive and include interviews, focus groups, and surveys. Two of these evaluations also included a document review, and two included observations of classroom quality (using the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT)). Researchers conducting one of these evaluations also plan to conduct an impact study with a quasi-experimental design that will include an assessment of child outcomes.

Four of the local EHS-CCP evaluations had preliminary findings from their studies available to share. Key findings on partnership successes included:

- Increased staff education and training, improvements in physical settings, and increased opportunities to offer comprehensive services (Younoszai, *forthcoming*; Chazan Cohen, et al., *forthcoming*; Jones-Harden & Tirrell-Corbin, *forthcoming*; Zaslow & Halle, *forthcoming*)⁶;
- Decreased feelings of isolation and increased feelings of belonging among child care partners (Younoszai, *forthcoming*);
- Easier processes for enrolling children with subsidies (Jones-Harden & Tirrell-Corbin, *forthcoming*); and
- Parental satisfaction with care (Younoszai, *forthcoming*; Zaslow & Halle, *forthcoming*) and increased feelings of empowerment (Zaslow & Halle, *forthcoming*).

Partnership challenges identified in the local evaluations included:

- Meeting the required adult-child ratios, meeting enrollment requirements, and finding and maintaining qualified staff (Chazan Cohen, et al., *forthcoming*; Zaslow & Halle, *forthcoming*);
- Finding and retaining family engagement specialists (Jones-Harden & Tirrell-Corbin, *forthcoming*); and
- Misalignment of standards and regulations across systems and increased, duplicative paperwork (Chazan Cohen, et al., *forthcoming*; Zaslow & Halle, *forthcoming*).

To address some of the challenges that partnerships experience, one evaluation suggests that federal and state agencies need to better coordinate EHS funding in communities across the country. The evaluators also recommend increasing partnership start-up time to two years (Chazan Cohen, et al., *forthcoming*). Another study suggests that building strong relationships between grantee staff and child care partners facilitates successful partnerships (Zaslow & Halle, *forthcoming*).

⁶ Only the principal investigators are listed in the references in this section since publication citations are not yet available.

Annotated Bibliography

Early Head Start and Head Start Child Care Partnership Research Studies

Buell, M. J., Pfister, I., & Gamel - McCormick, M. (2002). Caring for the caregiver: Early Head Start/family child care partnerships. *Infant Mental Health Journal*, 23(1 - 2), 213-230.

Objective: This qualitative study of four family child care partners participating in an EHS child care partnership, explores how family child care partners can benefit from partnerships with EHS program and ways in which EHS can increase the benefits of partnering for family child care providers.

Methods: Researchers interviewed four family child care providers partnering with a Northern Delaware EHS program. In open-ended interviews, providers discussed why they entered the field of ECE, their perceptions of caregiving as a profession, and instrumental and emotional support received through the partnership. They also shared remaining unmet needs and suggestions for how Northern Delaware EHS could meet them. Providers also reported on professional development activities they participated in since the partnership began.

Findings: 1) Providers reported that their work required a certain level of professionalism, but that providing care felt like more than “just a job.” They also mentioned, however, that the general public and at times the parents they provided care for saw them as babysitters not as professionals. 2) Providers reported receiving both instrumental and emotional benefits from participating in the partnership. Instrumental benefits included help structuring and organizing their programs, new materials, and help with lesson planning and curriculum development. All four providers were also able to earn their CDA certificates as a result of participation and collectively participated in over 580 hours of training. Emotional benefits included support from mentoring relationships with EHS partnership staff. 3) When asked about additional support needed, providers said services provided by the partnership should be expanded to more providers. They also said services should be available to families who earn slightly more than the income eligibility cap but who are in need of parenting support and information.

Authors’ conclusions/recommendations: This study revealed that family child care providers can form strong partnerships with EHS and that providers benefit from professional relationships with knowledgeable colleagues. It also found, however, that EHS programs must meet the needs of providers in order for providers to meet the needs of the children they serve.

Buell, M. J., Hallam, R. A., & Beck, H. L. (2001). Early Head Start and child care partnerships: Working together to serve infants, toddlers, and their families. *Young Children* 56(3), 7-12.

Objective: This descriptive report outlines strategies used to create formal partnerships between child care programs and Northern Delaware EHS.

Methods: No methods reported.

Findings: Several partnership strategies supported quality programming. 1) EHS provided child care partners with a monthly stipend for materials, equipment, and professional development. 2) All

providers, including family child care partners, were able to earn their CDAs within their first year of partnering. 3) EHS required uniform group sizes and ratios across all partnering programs. 4) An ECE coordinator made weekly site visits to support providers and work individually with children. The ECE coordinator also assisted with curriculum development and helped caregivers incorporate learning opportunities into daily tasks. 5) Finally, EHS encouraged programs to increase family involvement through parent workshops and advisory boards. Challenges faced by Northern Delaware EHS included differences in professional culture across programs and discrepancies between Head Start performance standards and state child care licensing regulations.

Authors' conclusions/recommendations: Partnerships between EHS and child care programs, like as the ones described in northern Delaware, can effectively meet the needs of young children and families. Collaboration and integration of services and funding streams across multiple programs is a strategic way to provide quality early childhood education.

[California Head-Start State Collaboration Office. \(2000\). *Collaborative partners: California's experience with the 1997 Head Start expansion grants*. Sacramento, CA: California Department of Education.](#)

Objective: To better understand the experiences of Head Start expansion grantees, including best practices, program barriers, program solutions, and unresolved issues.

Methods: Researchers sent surveys by mail to 31 organizations that received Head Start expansion grants in California in 1998. Surveys asked grantees about staff, children served, successes and challenges in developing partnerships, and funding sources. A total of 17 grantees returned completed surveys.

Findings: 1) Head Start grantees in California formed partnerships with child care programs that served an additional 4,177 children across 91 expansion sites. 2) Meeting with partners early in the process and frequently throughout the partnership was the most common strategy for success. Grantees also shared the importance of setting common goals and objectives and a mission for the collaborative. Additional successful strategies included joint trainings among partners and getting buy-in or approval from management, staff, and parents. 3) Grantees identified local planning councils and resource and referral agencies as the most important sources of support. 4) Differences between federal and state requirements (e.g., income eligibility, staff ratios) were the most pervasive barriers mentioned by grantees. Other differences between EHS and child care programs, such as staff culture or hours of operation, were also identified as barriers. 5) Similar to barriers identified, unresolved issues identified by grantees included differing state and federal guidelines or regulations. Grantees identified a need for coordinated policy guidance from both the state and federal levels. 6) Grantees reported positive outcomes from their expansion efforts. They felt that their partnerships supported families by increasing access to quality ECE programs. Grantees also had positive feelings about the process of sharing and maximizing resources and the improved relationships with partnering agencies.

Authors' conclusions/recommendations: *None provided.*

Campbell, D. C. (2002). Southern regional initiative on child care. Collaboration among child care, Head Start, and pre-kindergarten: A telephone survey of selected southern states. Columbia, SC: The Southern Institute on Children and Families.

Objective: Child care administrators and Head Start state collaboration directors were asked to provide a brief description of up to three collaborative projects across child care, Head Start, and pre-kindergarten in their states and the impetus behind the collaboration.

Methods: Child care administrators in 15 states and the District of Columbia responded to a written survey on quality child care. In addition, seven child care administrators and eight Head Start state collaboration directors from eight southern states completed a telephone survey about collaboration in early childhood settings.

Findings: Surveys identified several areas of collaboration across child care, Head Start, and pre-kindergarten, including: professional development (4 states); extending Head Start hours with child care funds (3 states); forming state planning committees to improve family and child indicators related to school readiness (2 states); and developing written materials to improve parents' knowledge of child development (1 state). States formed collaborations to: improve school readiness rates; maximize funds; respond to gaps in the early education system; respond to a federal or state priority or mandate; and fulfill grant opportunities requiring collaboration. States identified several policies that caused barriers to collaboration: child care subsidy policies that provide funding based on attendance when collaborating with Head Start programs where attendance does not determine funding; misalignment between subsidy enrollment and eligibility renewals and Head Start enrollment periods; co-pays for families receiving child care subsidies who are participating in extended day or year Head Start programs; using child care subsidy vouchers rather than contracts; and families losing eligibility due to job loss or other reasons.

Authors' conclusions/recommendations: States should: establish more flexible absentee policies for child care funding that better align with Head Start policies; align child care subsidy eligibility enrollment and renewal time frames with Head Start; eliminate co-pays for parents who are enrolled in Head Start programs; and extend subsidy eligibility for the Head Start school year regardless of job loss.

Ceglowski, D. (2006). Head Start-operated full-day services: Successes, challenges, and issues. *Journal of Research in Childhood Education*, 20(3), 189–206.

Objective: To understand how three full-day Head Start programs operated in partnership with child care centers, the strengths and challenges of full-day Head Start programs, and how working parents and parents receiving public assistance perceived these services.

Methods: Researchers held focus groups with parents (n=30), child care partners (n=5), Head Start staff (n=24), and Head Start administrators (n=22) of three Minnesota Head Start programs providing full-day services.

Findings: Parents enrolled in full-day Head Start programs at the three sites had positive feelings about their experiences and the services offered. Parents described the programs as convenient, educational, stable, and high quality. Parents also reported that the combination of full-day Head Start services and postsecondary education tuition offered through one of the partnerships was important to their families' economic security. However, participating in the full-day Head Start program alone was not

enough to support families' financial stability. Some families needed additional child care during non-standard hours. In addition, families identified challenges due to Head Start not providing transportation to program sites and a lack of information about the full-day option and child care assistance. Other challenges identified by staff and administrators included concerns about the quality of some child care programs, inadequate financial and Head Start staffing support for child care partners, and a lack of understanding about the differences between Head Start and child care (i.e., child care subsidy and licensing) regulations.

Authors' conclusions/recommendations: Key elements of successful programs included establishing long-term partnerships with child care programs, providing substantial financial support to participating child care programs, and providing training, equipment, and renovation funding to participating programs.

Colvard, J., & Schmit, S. (2012). *Expanding Access to Early Head Start: State Initiatives for Infants & Toddlers at Risk*. Washington, DC: Center for Law and Social Policy (CLASP).

Objective: To report on the diverse strategies that states used to expand or enhance EHS and offer recommendations for states interested in expanding EHS services.

Methodology: Researchers sent a preliminary email to Head Start directors in every state and the District of Columbia to determine if they had existing or planned initiatives to expand or enhance EHS services. Twenty-three states responded that they did, and the authors followed up with these states via email or phone to gather information on how states were implementing these initiatives.

Findings: 1) Nineteen states implemented initiatives to increase the number of children and pregnant women served by EHS. Many of these states used funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to implement the EHS home-visiting program option. 2) Nine states had initiatives that extended the day or year of existing EHS services. These initiatives were funded through a variety of sources, including tobacco settlement funds, state general revenue, Child Care Development Block Grant (CCDBG) funds, and private foundation funds. 3) Six states supported EHS and child care partnerships by either establishing policies that decreased the burden of the partnership or providing funding to EHS programs that partnered with child care providers. 4) Two states provided resources to child care providers to help them meet the HSPPS.

Authors' conclusions/recommendations: To expand EHS services, states should leverage existing funding systems, such as CCDBG, Temporary Assistance for Needy Families (TANF), and MIECHV, in addition to providing state funding to support EHS services. The authors also recommended that states identify key stakeholders who will encourage and facilitate successful partnerships between EHS and child care programs and EHS and other home visiting programs.

Del Grosso, P., Akers, L., & Heinkel, L. (2011). *Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project*. Princeton, NJ: Mathematica Policy Research.

Objective: To design, implement, and evaluate a framework to support partnerships between EHS and family child care providers. The study aimed to collect data on the characteristics of 22 partnership teams and the communities they served, describe how grantees and child care partners implemented the

framework, identify the types of partnerships formed and assess their sustainability, and highlight lessons learned.

Methods: Twenty-two partnership teams across 17 states, funded under the American Recovery and Reinvestment Act of 2009, participated in a 10-month demonstration project. Partnership teams included EHS representatives, child care partner agency representatives, and child care partner coordinators. Data sources for the study included administrative data from the EHS for Family Child Care Project's web-based system, descriptive quality indicators and Head Start Program Information Report (PIR) data, project documents, and telephone interviews with 13 teams.

Findings: 1) Partnership implementation barriers included policies around ratios and group size, subsidy eligibility, and licensing regulations that required teams to engage state-level stakeholders. While partnership teams initially experienced some feelings of competition between agencies, teams were ultimately able to work together successfully to serve more families and support communication among staff. 2) Key partnership successes included supporting quality in family child care homes by increasing providers' access to trainings, improving family child care providers' ability to meet the needs and preferences of families they served, and increasing the availability of high-quality care to families.

Authors' conclusions/recommendations: The authors highlight a need for future research to examine the extent to which partnerships support higher-quality care in family child care homes, coordinated and comprehensive services for families, increased capacity for family child care providers, and coordinated service delivery in communities.

Edwards, C. P., Knoche, L., Raikes, A., Raikes, H., Torquati, J., Wilcox, B., & Christensen, L. (2002). *Child care characteristics and quality in Nebraska. Publication of the Center on Children, Families, and the Law (and related organizations)*. 20.

Objective: To measure quality indicators in child care programs in the Midwest and determine if there were systematic differences based on type of provider, state, receipt of child care subsidies, and participation in an EHS/Head Start child care partnership.

Methods: The study used a mixed-methods approach to examine quality across programs. Of the 40,000 regulated providers who received child care subsidy funding in Iowa, Kansas, Missouri, and Nebraska, 2,022 completed a survey consisting of items that predict quality and workforce characteristics and conditions. The sample of providers surveyed worked in a variety of settings, including: licensed infant/toddler child care centers, licensed preschool centers, licensed family child care homes, registered family child care homes, license-exempt family child care homes, and EHS/Head Start child care partnership sites. Of the providers that completed the survey, researchers observed 385 for follow-up observations using the Infant/Toddler Environment Rating Scale (ITERS), the Early Childhood Environment Rating Scale (ECERS), the Family Day Care Rating Scale (FDCRS), and the Arnett Caregiver Interaction Scale. Data also included centers' self-reported quality practices.

Findings: The study found that providers who participated in an EHS or Head Start partnership experienced a number of training, education, accreditation, and professional advantages (i.e., increased pay and benefits). EHS/Head Start partners completed more training and had higher observed quality of care than other providers in Nebraska and across the Midwest. In addition, the quality of infant and toddler center-based care was also higher for EHS/Head Start partners than for other infant and toddler

providers. EHS/Head Start partners were also somewhat more likely to view their work as a profession, participate in their state's food program, and say their program kept children and teachers together throughout infancy than nonparticipating providers. The study also found, however, that EHS partners were only slightly more likely to receive higher salaries than other providers, often had less positive views about their workplace, and were no more likely to say they received the training they needed or received paid time off for professional development.

Authors' conclusions/recommendations: The study provides guidance for other states looking to establish a baseline for tracking quality over time. To improve child care quality, the authors recommend states consider increasing funding for EHS/Head Start partnerships to ensure more resources reach the frontline program staff. They also recommend funding for child care partners to receive paid time to attend trainings.

Etter, K. and Cappizano, J. (No Date) [Early Learning Venture Early Head Start–Child Care Partnership Model: Final Evaluation Report](#). Washington, DC: The Policy Equity Group.

Objective: To evaluate changes in child care partners participating in the Early Learning Ventures (ELV) EHS-CCP model from before the implementation of the to one year into implementation in the following areas: capacity to comply with the HSPPS; business foundations; organizational climate; classroom quality; family needs and satisfaction with program.

Methods: During the first year of implementation, researchers evaluated the model using several program, classroom, and family measures, including: the Modified HSPPS Monitoring Protocol, the Program Administration Scale (PAS)/Business Administration Scale (BAS), the Early Childhood Work Environment Survey/Early Childhood Job Satisfaction Survey, the Classroom Assessment Scoring System (CLASS), and a family outcomes survey. Researchers assessed participants at the beginning of participation and again 10 months later, on average.

Findings: Child care partners experienced growth in several areas between the first and second assessment, including: substantial progress toward HSPPS compliance; improved business and leadership practices; provision and tracking of comprehensive services, supported by partnerships with local social service agencies; family engagement and parent satisfaction; supports for teachers (especially compensation and professional development); and classroom quality (particularly supports for learning and development). Areas in which partners made less progress included: teacher benefits; qualifications for some staff, which may be due in part due to measures used; workplace environment (partnerships may need more targeted intervention and/or more time); and some elements of business practices for family child care providers, which is an area for further exploration and work.

Authors' conclusions/recommendations: As ELV moves forward with implementing their EHS-CCP model, they will need to explore areas where providers made less progress or where the study found inconsistent results. Future research efforts should focus on both documenting whether providers maintain changes over time and examining child outcomes.

Faddis, B. J., Ahrens-Gray, P., & Klein, E. L. (2000). *Evaluation of Head Start Family Child Care Demonstration. Final report*. Portland, OR: RMC Research Corporation.

Objective: To determine, through a randomized control trial, whether services provided in family child care homes participating in the Head Start family child care demonstration projects met HSPPS and how outcomes for children and families participating in family child care homes compared to those participating in center-based programs.

Methods: In the fall of 1992 the Administration for Children, Youth, and Families (ACYF) funded 18 Head Start family child care demonstration projects in 10 states for a three-year period. In their second and third years, each local site aimed to serve a cohort of 40 four-year-old children who were randomly assigned to either family child care homes or center-based settings. The first cohort (winter 1990 through spring 1995) served as a pilot, while the second cohort (fall 1994 through spring 1996) served as the focus for the report. Researchers collected data at three time points: in the fall of the children's Head Start year, in the spring of their Head Start year, and when they moved into kindergarten. Data sources included parent interviews, quality observations, interviews with agency staff and caregivers, agency records, individual child assessments, and caregiver ratings of children's social development. The final sample for the study included 745 children (346 in family child care and 399 in center-based settings).

Findings: Implementation challenges included an inadequate amount of support and trainings for family child care providers and limited contact between family child care providers and Head Start staff (i.e., education, health, social service, and parent involvement coordinators). There were no significant differences between the total number of Head Start On-Site Program Review Instrument items implemented successfully in family child care settings compared to center-based settings. On average, family child care homes maintained lower child to staff ratios than center-based classrooms. They were less likely, however, to have dramatic play props, science materials, books, or health and nutrition materials. Family child care centers increased the number of developmentally appropriate practices they used between the fall and the spring (as measured by the Developmental Practices Inventory). In fact, there were no significant differences in the number of developmentally practices used when compared to centers. In addition, by the end of the program year children assigned to family child care homes performed as well as those in center-based settings on various cognitive assessments. Children's primary language, the primary caregivers' educational level, and the quality of the program influenced children's cognitive outcomes. Both positive social-emotional outcomes and children's physical development were influenced by program quality, not by the setting in which children received care. Parents of children in the two settings did not differ significantly on any of the parent outcomes. According to kindergarten teachers, children from both Head Start settings were equally likely to participate in programs such as Chapter 1 or ESL, be recommended for promotion to first grade, and have parents who participated in parent-teacher conferences or kindergarten activities.

Authors' conclusions/recommendations: Findings from this evaluation demonstrate that family child care homes have the potential to deliver comprehensive Head Start services. The authors stress the importance of program quality in improving child outcomes and provide a few recommendations for agencies interested in partnering with family child care homes. These include assessing the need for

family child care in their communities to ensure there is appropriate demand, allocating adequate funds for materials and equipment, and developing strategies to involve parents in meaningful ways.

Kiron, E. (2003). *Blending early care and education funds: Issues, opportunities, and strategies*. Research Brief, 1(2). Newton, MA: Center for Children & Families, Education Development Center.

Objective: To explain the challenges of financial management for partnerships and offer several key strategies for overcoming them. This brief summarizes finance-related findings from a larger qualitative study of 200 providers in ECE partnerships and 78 Head Start-child care partnerships. The full report describes state and local issues affecting partnerships and describes the role of finance in partnerships. This brief focuses on providers' motivation to partner, competence, strategies for partnerships, and lessons learned.

Methods: Researchers conducted interviews with a sample of 200 providers in ECE partnerships across 36 states, Puerto Rico, a tribal nation, and each federal region in the country. Researchers also administered questionnaires and telephone interviews to a sample of 78 randomly selected directors at Head Start-Child Care Partner centers to collect data on financing mechanisms and practices.

Findings: 1) The authors identified the following key finance issues: challenges with planning and managing finances due to funding streams' different eligibility and reimbursement criteria across CCDF, pre-K, and Head Start; lack of familiarity with these different criteria, and difficulty estimating the full cost of partnership services per child. 2) Finance opportunities from partnership participation included: additional resources for partners; knowledge of different requirements across funding streams that contributed to meeting new standards; and shared responsibility for various costs allowing providers increased ability to stretch existing financial resources further.

Authors' conclusions/recommendations: To help overcome the challenges of blending multiple funding streams, the authors suggest that partners understand the requirements of funding streams and programs from the outset, revisit the financial terms of the partnership agreement regularly, create systems to track and report on funds and services, and establish communication processes that quickly inform partners about eligibility changes.

Lim, Y., Schilder, D., & Chauncey, B. W. (2007). *Supporting parents through Head Start-child care center partnerships*. *International Journal of Economic Development* 9(3), 205-238.

Objective: To understand the characteristics of parents who select child care centers partnered with Head Start and the types of comprehensive services offered to parents through these partnerships.

Methods: This study used a quasi-experimental design. Researchers collected data from a random sample of child care centers in Ohio, stratified by those participating in a Head Start partnership and partnered centers. Between 2002 and 2004, a total of 1,193 parents across 141 centers filled out survey questionnaires by mail. Surveys asked parents questions about demographics, available services, and employment. Parents were split into three groups for analysis: Head Start parents in partnering centers, non-Head Start parents in partnering centers, and non-Head Start parents in unpartnered centers.

Findings: Parents were more likely to select a partnership center if they had a high school diploma or less, had monthly incomes below the federal poverty line, or were non-white. Attending job training,

searching for a job, or being in school also increased the probability of a parent selecting a partnership center. Head Start parents at partnering centers received more information and referrals to outside services than non-Head Start parents at unpartnered centers. The most common referrals were for parenting education and health care services. Education and employment services were less common, but still significantly more likely to be offered to Head Start parents at partnered centers. Non-Head Start parents in partnered centers experienced a spill-over effect: They were significantly more likely to access information about parenting education, health care services, education, and employment services than non-Head Start parents in unpartnered centers. Because nearly 20 percent of low-income families from the study sample did not participate in Head Start but *did* send their children to partnership centers, this spillover effect may allow partnerships to improve resource access for a broader range of parents than those directly participating in the program.

Authors' conclusions/recommendations: The benefits of Head Start partnerships and the comprehensive services they provide extend beyond just the families that directly participate. These partnerships can provide benefits especially for low-income parents.

Ontai, L.L., Hinrichs, S., Beard, M., & Wilcox, B.L. (2002). Improving Child Care Quality in Early Head Start Programs: A Partnership model. *Infant Mental Health Journal*, 23(1-2), 48-61.

Objective: To systematically identify changes in quality made in center-based child care classrooms within an EHS program as the result of a partnership between the EHS program and a community child care agency in a Midwestern community.

Methods: The evaluation team assessed each classroom using the ITERS and the Arnett Caregiver Interaction Scale (CIS). Quality data were collected at two time points from the 11 center-based child care classrooms (6 infant and 5 toddler) across the four child care partner sites. Initial baseline assessments were collected at the beginning of the partnership effort and posttest observations were conducted 9 months later. Child care staff also completed questionnaires about their professional background, professional intentions, and beliefs about training.

Findings: While baseline ITERS and CIS data indicated that infant and toddler classrooms were scoring within an acceptable (i.e. minimal) range of quality overall, classrooms on average showed significant improvement in a post-test on the ITERS as well as Arnett scales. Across classrooms, overall ITERS scores moved from the minimal quality range into the good quality range (i.e. a score of 5 and above) and the CIS scores showed significant improvement, increasing almost one-half point. Classrooms demonstrated lower rates of improvement in certain ITERS subscales, including the areas of "listening/talking," "adult needs," "learning activities," and "social interaction." There were also differences in improvements made in infant classrooms compared to toddler classrooms. Infant classrooms showed significant improvements only for the ITERS areas of "furnishings" and "personal care routines," and for caregiver interaction as indicated by a one-half point increase in Arnett scores for infant teachers. Toddler classrooms, on the other hand, showed significant improvement in the ITERS areas of "personal care routines," "listening/talking," and "learning activities," and Arnett scores increased about 0.3 points for toddler teachers.

Authors' conclusions/recommendations: Partners may need additional resources or to spend more time working with program liaisons to target areas that needed further improvement, such as furnishings in the toddler rooms, learning activities for infants and toddlers, and adult needs. Future research on

partnerships' impact on program quality should include research within communities and across communities.

Paulsell, D., Mekos, D., Del Gross, P., Rowand, C., & Banghart, P. (2006). *Strategies for supporting quality in kith and kin child care: findings from the Early Head Start Enhanced Home Visiting pilot evaluation*. Princeton, NJ: Mathematica Policy Research.

Objective: To describe and evaluate the implementation of the EHS Enhanced Home Visiting pilot project, an initiative to support quality kith and kin care (i.e. unregulated family, friend, and neighbor caregivers) for infants and toddlers.

Methods: EHS selected 24 programs providing home-based services to families to participate in the pilot. In addition to regular home-based programming, sites provided training, resources, and support to kith and kin caregivers. Sites were also required to collaborate with community partners. Researchers collected data through two rounds of site visits, phone interviews with key program staff, and two rounds of focus groups with parents and caregivers. Site visits included quality observations and interviews in a randomly selected subsample of caregivers' homes using the Child Care Assessment Tool for Relatives (CCAT-R) and Arnett CIS. Researchers also analyzed administrative records.

Findings: 1) More than two-thirds of caregivers were related to the children in their care in some way and nearly half were grandparents. The average duration of care was 17 months, with the majority of children in care for over 20 hours/week. Only 10 percent of caregivers were licensed family child care providers. Half of the caregivers had annual household incomes below the federal poverty level. 2) Sites used one of three staffing approaches: dual home visitor (i.e., a pilot home visitor worked with the caregiver and an EHS home visitor worked with a parent), single home visitor (i.e., an EHS home visitor worked with both the caregiver and parent), or community partner (i.e., community partner staff worked with the caregiver and an EHS home visitor worked with a parent). Recruiting, enrolling, and retaining caregivers was challenging. Ninety percent of caregivers received at least one home visit, with caregivers receiving an average of nine visits across all sites. A third of caregivers (33 percent) attended at least one group event. All sites recruited at least one community partner, most commonly the local CCR&R agency. 3) Overall, homes met most health and safety criteria. The most common safety hazards were unsecured cords, unprotected electrical sockets, and dangerous substances within reach. Quality varied widely on each measure of the CCAT-R but was good overall: caregivers talked to children in 70 percent of observation periods and were engaged with children during 80 percent of observation periods. The total Arnett score for the sample was 3.1 out of a possible 4.

Authors' conclusions/recommendations: Though sites faced many implementation challenges (e.g., EHS program staff turnover, low enrollment), they made progress in several areas aimed at improving quality. EHS pilot program staff encouraged consistency in caregiving, improved parent-caregiver relationships, and supported caregivers' needs. This pilot represents an important first step in supporting kith and kin caregivers of EHS children.

Paulsell, D., Nogales, R., & Cohen, J. (2003). *Quality child care for infants and toddlers: Case studies of three community strategies*. Washington, DC: Zero to Three. Retrieved July 30, 2018, from <https://www.mathematica-mpr.com/our-publications-and-findings/publications/quality-child-care-for-infants-and-toddlers-case-studies-of-three-community-strategies>

Objectives: To identify collaborative community strategies, including child care partnerships with EHS, that improve access to high-quality infant/toddler care for low-income families.

Methods: This exploratory, qualitative study involved two rounds of data collection. First, key informant interviews and focus groups identified promising community collaborations. Next, researchers selected four communities for in-depth study: El Paso County, CO; Kansas City, KS; Sedalia, MO; and Buncombe County, NC. At each site, researchers conducted individual interviews or focus groups with parents, child care providers, child care resource and referral staff, early intervention providers, and staff from other early childhood initiatives, such as EHS. Telephone interviews were conducted with state-level early childhood staff and administrators.

Findings: 1) EHS partnerships allowed centers that struggled to cover the cost of infant and toddler care through subsidies to pay providers at a higher rate, deliver trainings, and buy new equipment. Family child care providers also received support. At all study sites, building strong partnerships across stakeholders was essential to their success. 2) Partners needed sustainable financial and technical support to provide quality care. Examples of successful support included weekly technical assistance visits, scholarships for staff training, wage supplements for additional education, and investments in equipment. With additional support from early intervention programs, providers also cared for children with special needs.

Authors' conclusions/recommendations: Communities face numerous challenges in providing quality infant-toddler care to low-income families. By pooling resources and coordinating services, community partnerships can increase the number of available, high-quality infant and toddler slots. When providers have a steady source of funding and support, they are able to provide better care to more children.

[Paulsell, D., Cohen, J., Stieglitz, A., Fenichel, E., and Kisker, E. \(2002\) *Partnerships for Quality: Improving Infant-Toddler Child Care for Low-Income Families*. Princeton, NJ: Mathematica Policy Research, Inc.](#)

Objective: To examine partnerships as a community strategy to improve the quality of infant-toddler child care used by low-income families.

Methods: Researchers conducted telephone interviews with approximately 80 respondents, including:

- 18 interviews with key informants, including federal staff from the Child Care and Head Start Bureaus, technical assistance staff from the EHS National Resource Center and The QUILT (Quality in Linking Together) Project, child care researchers, and other child care policy experts;
- 16 state-level informants about their initiatives; and
- interviews with 39 community-level informants representing 27 communities in 15 states.

Findings: Researchers identified three main types of partnerships: subsidy enhancement partnerships, comprehensive partnerships, and technical assistance partnerships. 1) Subsidy enhancement partnerships were the most common type of partnership. In these partnerships, EHS programs partnered with community child care providers who received child care subsidy funds and used supplemental funds from EHS to work toward compliance with HSPPS. 2) Comprehensive partnerships provided existing EHS grantees with funding for programs that were identical to the federal EHS program, except that child development services had to be provided through community child care providers. These state grants provided the funds necessary to cover the cost of full-day child care that

met the requirements of the HSPPS, as well as funds for EHS staff who supported the partnerships. 3) Technical assistance partnerships increased the financial support offered to child care partners in recognition of the additional costs associated with meeting HSPPS. Program staff were involved in all aspects of the partnerships, from recruiting providers and developing contracts to offering technical assistance, support, and training to child care teachers.

Successes identified by partnerships included: improved program quality (e.g., reduced child to adult ratios, increased professional development, greater continuity of care), expanding the supply of infant-toddler care, additional resources for child care partners, and increased community collaboration. Challenges identified included: meeting the HSPPS (especially if there were differences between standards and licensing regulations), staff obtaining CDAs, maintaining continuity of care (due to factors like child care staff turnover and subsidy eligibility issues), and matching child care arrangements to families' needs (such as providing care during non-standard hours and in a convenient location).

Authors' conclusions/recommendations: Federal policymakers and program administrators should:

- Increase coordination at the federal level to align program standards and requirements for programs that fund infant and toddler care;
 - encourage states to implement policies that support partnerships; and
 - coordinate and streamline record-keeping and reporting requirements to ease the paperwork burden associated with combining funding streams.
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Rohacek, M. (2001). *Child care & Head Start: Incentives, challenges & models for successful collaboration*. Los Angeles: Los Angeles County Child Care Planning Committee.

Objective: To provide child care providers interested in forging collaborations with Head Start programs with information about the benefits of collaboration, descriptions of potential collaborative models, and potential implementation issues. To summarize information gathered from case studies of nine child care Head Start partnerships in Los Angeles County.

Methods: Not reported

Findings: Most partnership models designed to offer full-day, full-year care fell into one of three categories: connected care, wrap-in services, and blended funding. In a connected care model, Head Start offers its program and services during part of the day, and other agencies connect with the program to supplement services and cover days and times when Head Start is unable to provide care. This type of model benefits families because it does not require parents to find part-time care for their children outside of Head Start hours, but it can be financially challenging for the programs involved. The wrap-in services model extends Head Start services to a full-time, year-round ECE program. This allows for Head Start expansion, but it can be difficult to maintain continuity of care and supplemental services for children who become ineligible for a child care subsidy. The blended funding model involves combining funding from numerous sources to provide the same, or similar, services to all the children in the program, some of whom may not be Head Start eligible. This allows for services to reach the largest number of children, but financial management can be a challenge.

Potential implementation issues include challenges meeting the Head Start program standards (including child-to-adult ratios, staff qualifications and training, and requirements for parent participation and nutrition) and differences in funding constraints between Head Start and child care programs.

Authors' conclusions/recommendations: Findings from the case studies indicate that child care providers who might be interested in partnering with Head Start should assess the needs of children and families in their program and community. They should also identify what the agency hopes to gain and what they have to offer to the partnership, and determine how the child care program is different from and similar to Head Start. They should also determine how the partnership will affect their budgeting and allocation of expenses and take time to plan and develop written agreements and policies.

Schilder, D., & Smith Leavell, A. (2015). Head Start/child care partnerships: Program characteristics and classroom quality. *Early Childhood Education Journal* 43(2), 109-117.

Objective: To assess whether child care centers that partner with Head Start demonstrate higher quality than comparison centers.

Methods: Researchers conducted secondary data analysis using data from a longitudinal study of child care centers in Ohio between 2002 and 2004. A total of 61 centers were randomly selected--approximately half of which were engaged in partnership with Head Start. The sample included 37 partnerships and 24 comparison centers, matched by subsidy use patterns and geographic area. Researchers used three types of data for analysis: background information about the centers, staff, and services from a survey of directors; the Early Childhood Environment Rating Scale (ECERS-R) to assess process quality (i.e. the quality of interactions between children and providers) in the classroom; and the Early Language and Literacy Classroom Observation tool (ELLCO) to measure the quality of language and literacy supports in the classroom.

Findings: Classrooms in Head Start partnership centers demonstrated significantly higher classroom quality than those in comparison centers. Partnership centers had higher observed classroom quality in all six subscales of the ECERS-R and in seven out of 10 subscales of the ELLCO. Regression analysis indicated that partnership status predicted observed quality. The only other significant predictor of quality was number of teachers per classroom.

Authors' conclusions/recommendations: The results of this data analysis suggest that engagement in Head Start partnerships contributes to higher classroom quality. Specifically, Head Start classrooms demonstrate greater quality in areas like stimulating language or literacy development, which require substantial changes in staff knowledge and behaviors. By partnering with Head Start, child care centers can significantly improve the quality of early childhood education in their community.

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

Objective: To address whether child care providers in partnership with Head Start demonstrate quality improvements compared with similar child care providers not partnering with Head Start.

Methods: The research team collected observational data using the ELLCO and ECERS-R in child care centers and the Family Day Care Rating Scale (FDCRS) and the CIS in family child care homes. They also

collected survey data from family child providers, conducted child assessments, and analyzed existing survey data. Researchers collected data from providers who were and were not in a partnership with Head Start in order to examine differences in quality by partnership involvement. All child care centers and family child care homes in this study were located in Ohio. After analyzing the initial data, the research team conducted focus groups with key early child care decision-makers to get their perspectives on the findings and analyzed this focus group data to identify key themes.

Findings: 1) Classrooms in child care centers partnering with Head Start had higher observed global quality as measured by the ELLCO and ECERS-R. 2) Regression analysis revealed positive associations between the length of time a center has participated in the partnership and its observed quality. 3) Child assessment scores revealed that children who attended partnership centers were more likely than children attending non-partnership centers to demonstrate improvements in language and literacy skills such as beginning sounds, print awareness, upper case recognition, and rhyming awareness. Length of partnership involvement was also positively linked to children's school readiness. 4) Family child care centers in a partnership were more likely to offer comprehensive services to families and providers were more likely to participate in professional development than those who were not. There was no difference, however, in observed quality between partnership and comparison family child care centers.

Authors' conclusions/recommendations: Stakeholders that participated in the focus groups had several recommendations for actionable steps to take based on the study's findings, including blending funds at the point of service delivery and encouraging states to use incentive funds, quality dollars, and training and technical assistance to support partnerships.

Schilder, D., Chauncey, B. W., Broadstone, M., Miller, C., Smith, A., Skiffington, S., et al. (2005). *Child care/Head Start partnership study: Final report*. Newton, MA: Education Development Center.

Objective: To conduct a longitudinal survey of child care centers to address questions about ECE partnerships.

Methods: This report shares results from the first phase of the study, which took place between 2001 and 2005. Researchers analyzed differences between 78 centers partnering with Head Start and 63 that had not partnered with Head Start, all located in Ohio. The study team administered three rounds of surveys to Head Start partners, center directors, teachers, and parents. The surveys contained questions about structural indicators of quality, services provided, professional development, and parents' perceptions of quality. The surveys were similar for all three rounds; however, in some instances the researchers added questions to address new areas of interest.

Findings: 1) A range of child care center types participated in partnerships, including non-profit, for-profit, religiously affiliated, small, large, urban, and rural. 2) Child care centers engaged in partnerships provided services to children who came from both low- and high-income families. 3) Child care centers received various resources from Head Start, including classroom materials, additional trainings, and funding to increase teacher wages. Child care centers received an average of \$3,600 in funding through the partnership each year. Many of the benefits that centers experienced from these resources spilled over to children who attend the program in non-partnership classroom slots. 4) Participation in a partnership predicted increased comprehensive services, including screenings and referrals, for children and their families. These services often extended to all families attending centers, not just those in partnership slots. 5) The nature of the partnership had an impact on the benefits that the child care

center received. Partnerships with strong agreements and good communications were more likely to report increased benefits.

Authors' conclusions/recommendations: The study's findings indicate a strong relationship between partnership with Head Start and improved outcomes for partnering centers due to the additional resources provided to centers, increased access to screenings and referrals for children, and increased opportunities for teacher development. The study did not explore whether the benefits received through the partnership had any impact on children's school readiness, but the study team intended to explore this question in future phases of their study.

Schilder, D., Kiron, E. & Elliott, K. (2003). *Early care and education partnerships: State actions and local lessons*. Waltham, MA: Education Development Center.

Objective: This report presents findings from the first year of a three-year partnership impact study of QUILT, a national training and technical assistance project. The study looked at how states across the country are supporting and promoting ECE partnerships, and how local ECE providers are engaging in partnerships.

Methods: Researchers analyzed state and local data from the QUILT partnership profiles database between October 2001 and October 2002. The database included state-level information from all 50 states and the District of Columbia and provider-level information from a convenience sample of over 200 providers across 65 partnerships in 36 states, Puerto Rico, and a tribal nation. Researchers also reviewed literature about partnerships and studies of state ECE funding and policies.

Findings: 1) State-level analysis revealed that state leaders across the country took a variety of actions to support ECE partnerships. These included review of state early education program goals, services, regulations, and policies and dissemination of partnership implementation strategies, challenges, and structures. These actions ensured: that partnerships were tailored to state context and addressed the unique needs of local providers; there was coordination among state agencies on professional development, training, and technical assistance standards; and that there were incentives to encourage providers to engage in partnerships. 2) Provider-level analysis found that providers entered partnerships to maximize funding and cost-effectiveness, meet parents' changing needs, and improve the quality of education services available to children and families. Researchers identified many successes, such as improved educational and professional development opportunities; enhanced education and family services for non-Head Start eligible children; planning that enabled partners to learn more about each other's practices and regulations; partnership agreements that clearly documented expectations and roles, shared educational philosophy, and partnership vision; communication within and across partnering organizations; and technical assistance that stimulated partnership development, maintenance, and/or growth.

Authors' conclusions/recommendations: Findings from this state and local analysis demonstrate that respondents perceived many benefits to partnering, including enhanced educational curriculum, improved access to comprehensive services (e.g., health and nutrition services), expanded child care services (e.g., care during non-traditional hours of operation) to support low-income parents' self-sufficiency, increased availability of child care slots for low-income children, and improved quality at all program levels. Overall, the authors found that state and local leaders perceived that the advantages of partnership outweighed the challenges.

Early Head Start Child Care Partnership Policy Analysis

Capizzano, J., & Boyle, K. (2014). *Deciding the state role in Early Head Start Expansion and Early Head Start-Child Care Partnership grants: What are the different levels of potential state involvement?* Boston: BUILD Initiative.

Objective: To present various ways states could be supportive of local programs applying for an EHS-CCP grant. The brief includes discussion on how states can more effectively participate in the EHS-CCP grant application process within the context of the Office of Head Start's Funding Opportunity Announcement (FOA) application criteria. It also provides tables outlining ways the state could help applicants achieve each of the criteria in the EHS-CCP FOA.

Key summary points: States can support local organizations applying for EHS-CCP grants by: 1) Sharing data gathered by the state, such as information on children receiving subsidies, market rate surveys, and the quality of child care programs included in the state QRIS, with local organizations; 2) Providing guidance on how child care subsidy dollars can and cannot be used for Head Start children in the state and offering assistance with better aligning subsidy policies to EHS requirements to support stable funding and continuity of care; 3) Providing guidance on the state's quality improvement, workforce development, and professional development initiatives; 4) Providing applicants with access to pre-existing collaborative structures, such as the State Early Childhood Advisory Councils and other early childhood committees; and 5) Helping applicants form relationships with other state institutions, such as institutions of higher education and philanthropic organizations, and assisting with convening relevant groups.

Center for Law and Social Policy. (2014). *State child care subsidy policies that support Early Head Start-Child Care Partnerships: A tool for states*. Washington, DC: Center for Law and Social Policy.

Objective: To provide a tool that helps children in partnerships apply for and maintain child care assistance funding, assists child care providers with providing high-quality care, and identifies changes in state subsidy policy that could be made to financially support EHS-CCP.

Key summary points: Although EHS-CCP offer states a chance to expand access to high quality child care for infants and toddlers, partnerships will not run smoothly unless states streamline relevant policies. States should review existing policies to ensure alignment between programs that support EHS-CCP, making the partnership process more efficient. For example, states could examine their subsidy eligibility requirements and adjust the process if needed to ensure that parents only have to report on changes in life circumstances that are relevant to their eligibility status during the recertification process. The tool also recommends that states develop direct subsidy contracts with child care providers that include higher payment rates, rather than relying on funding from parent copayments, to ensure more stable funding.

Fuentes, Y., & Troe, J. (2016). *Developing a high-quality early learning continuum: The need for Early Head Start-Child Care Partnerships*. Washington, DC: Center for American Progress. Retrieved from: <https://cdn.americanprogress.org/wp-content/uploads/2016/01/06112227/Troe-EHS-brief.pdf>.

Objective: To outline next steps in collaboration and coordination for EHS-CCP programs to meet the unique needs of low-income working families. The authors highlight several challenges of EHS-CCPs, including: differences in teacher and staff requirements, eligibility requirements and classroom requirements between EHS and child care programs; funding decreases for partnership grantees that happen when children become ineligible for child care subsidies; and staffing challenges related to providing non-standard hours of care and ratio and group-size requirements.

Key summary points: To reduce the burden on local EHS-CCP providers, the authors recommend that the Office of Head Start and the Office of Child Care work together to align program standards. They also suggest that ACF involve EHS-CCP grantees in documenting lessons learned by asking for regular status updates and provide technical assistance funds to grantees to meet the unique coaching needs for partnership implementation. Finally, the authors recommend that ACF review and revise their monitoring protocol to consider the efforts and processes grantees have implemented to meet EHS regulations.

Matthews, H., & Schmit, S. (2014). *What state leaders should know about Early Head Start*. Washington, DC: Center for Law and Social Policy.

Objective: To outline key aspects of the federal EHS program including: federal-to-local structure and funding process; eligible populations; comprehensive services in EHS; program delivery options; training, technical assistance, and professional development; and monitoring and oversight. The brief highlights several coordination considerations for state leaders, including policy changes states should consider to better coordinate and leverage EHS resources.

Key summary points: Recommendations highlight ways that states can identify similarities and differences between EHS program elements and other state activities and initiatives, and identify opportunities to coordinate services, leverage resources, and establish partnerships. The authors recommend that state leaders track the number and location of EHS grantees and EHS partners in their states, the types of services they deliver, and the number of children they serve to better align resources and leverage expertise and services at the community level. They also suggest that subsidy administrators consider aligning their states' eligibility requirements to make it easier for programs to use multiple funding sources and their licensing requirements for ECE programs to better meet EHS requirements. Additionally, they recommend requiring EHS grantees to be licensed through the state child care licensing system, which may help states support the program quality of EHS grantee sites. Finally, they suggest state leaders conduct an inventory of available data to ensure programs are not being asked to submit the same information in multiple places or formats.

National Infant & Toddler Child Care Initiative & Early Head Start for Family Child Care Project. (2011). *Promoting local partnerships between child care and Early Head Start: Ideas for state leaders*. Washington, DC: United States. Office of Child Care.

Objective: To review state policy options and strategies for developing EHS-CCPs. This policy brief is organized according to the six key functions of a comprehensive state early childhood system and provides recommended strategies and state-level implementation for each. It includes examples from West Virginia, Minnesota, Region 1 (New England), Oregon, Vermont, and Pennsylvania.

Key summary points: Recommendations fall within each of the six key functions:

- Define and coordinate leadership: Coordinate partnerships at the state level with regular communication between state agency leaders. States should build cross-system connections between potential partners, such as EHS, child care leaders, and technical assistance providers, with opportunities for collaboration and shared leadership.
- Finance strategically: Quality infant and toddler care is expensive, and many families cannot afford copays. Consider policies that prioritize access and funding for communities in need and make it easier for providers to combine funding sources (e.g., child care subsidies and federal EHS money).
- Enhance and align standards: Promote partnerships by aligning state licensing, quality improvement, and workforce development standards with Head Start.
- Create and support improvement strategies: Use investments in quality improvement, such as infant and toddler specialists, equipment upgrades, and wage enhancements, to support partnering agencies.
- Recruit and engage stakeholders: Gather input from a variety of stakeholders with shared priorities, including families, local partners, EHS grantees, and state program administrators, to develop strong EHS-CCP partnerships.
- Ensure accountability: Plan strategies to best monitor for compliance and accountability early in the partnership process. If possible, states should use existing monitoring systems to reduce administrative burden and redundancy.

[Schumacher, R. \(2011\). Cross system collaboration: A fresh look at working together: Increasing access to quality early learning – state examples. Washington, D.C.: Office of Child Care.](#)

Objective: To identify the themes, ideas, and examples that emerged from an April 2011 meeting of state and local early education leaders (Working Together: Increasing Access to Quality Early Learning Opportunities).

Key summary points: The brief identifies key themes and examples that emerged from meeting discussions. 1) Align quality standards across early childhood initiatives and find creative combinations of funding sources. For example, state agencies in Minnesota worked to combine CCDF subsidy and federal EHS and Head Start funding to offer full-day programs that supported continuity and coordinated services. 2) Ensure that eligibility and payment rules allow for creative collaboration that improves quality and continuity. 3) Develop a continuum of services that meet families' diverse needs and connect these resources to a range of care settings. For example, the EHS Family Child Care Demonstration Project is supporting 22 communities in 17 states to design and implement frameworks for EHS-family child care partnerships. 4) Build and expand early childhood expertise and ownership among stakeholders. 5) Work across sectors to continually improve the quality of collaboration and services delivered.

The brief identifies several ongoing challenges: embedding collaboration requirements into federal early education programs, balancing local control with consistency in standards, and aligning monitoring and assessment requirements across different initiatives. Federal, state, and community leaders should work together to continue to promote collaboration. Two federal activities that could address challenges

include federal-state partnerships in Learning Laboratories and federal-state collaboration across national technical assistance centers.

Schumacher, R. (2008). *Building on the promise: State initiatives to expand access to Early Head Start for young children and their families*. Washington, DC: Center for Law and Social Policy. Zero to Three. Policy Center.

Objective: To present approaches, opportunities, challenges, and recommendations for states interested in expanding the reach of EHS.

Key summary points: Interviews with Head Start Collaboration administrators in 10 states (Illinois, Iowa, Kansas, Maine, Maryland, Minnesota, Missouri, Nebraska, Oklahoma, and Vermont) identified four ways that states expand EHS in one of four ways. 1) Extending the day and/or year of existing EHS services. This approach was most common and often involved making additional funds available to programs or implementing policies to help blend funding from multiple state sources. 2) Expanding the capacity of existing EHS programs to increase the number of children and pregnant woman served. States achieved this by providing additional grants to programs or by allowing state supplemental funding for Head Start programs to include EHS slots. 3) Providing resources and assistance to child care providers to help them deliver services meeting EHS performance standards. Two states, Illinois and Oklahoma, leveraged new funds and supports to help providers implement most EHS standards. 4) Supporting partnerships between EHS and center-based and family child care providers to improve the quality of child care. Five states used this strategy, which included activities like facilitating EHS-CCPs and partnerships between EHS and family, friend, and neighbor care.

States interested in expanding the reach of their EHS services should: provide sufficient state funding and resources to their EHS initiatives, partner with existing child care programs to better increase the quality of care for infants and toddlers, build in additional training and monitoring to ensure partners meet the HSPPS, and work with key stakeholders who can help move the initiative forward.

Office of Early Childhood Development, Administration for Children and Families. (2016). *Early Head Start-Child Care Partnerships: Growing the Supply of Early Learning Opportunities for More Infants and Toddlers. Year One Report. January 2015–January 2016*. Washington, DC: Office of Early Childhood Development, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/ecd/ehs_ccp_report.pdf.

Objective: To examine first year data from all 275 EHS-CCP grantees across 10 regions. Topics covered include: an overview of the grantees; technical assistance and support provided; start-up activities; supportive CCDF state policies; early successes and lessons learned; and research and evaluation activities.

Key summary points: ACF reported several successes in the first year of the EHS-CCP grant. More than 21,000 infants and toddlers received comprehensive services, health and developmental screenings and the enhanced curriculum offered through EHS. Parents and families of these children received family support, referrals, and connections to other social and health services through EHS comprehensive services available at partner sites, as well as access to family engagement opportunities. 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.

More than two thirds (67.8 percent) of grantees intended to enroll children who receive child care subsidies in at least 40 percent of available slots. Some states implemented more flexible CCDF eligibility policies than others. For example, Connecticut allowed children enrolled in an EHS-CCP program to receive subsidies for the full length of their enrollment in EHS-CCP, and Washington and Oregon passed legislation to enact 12-month eligibility for CCDF before this became required under the CCDBG Act of 2014. Additionally, some states agreed to pay the full-time, full-day rate for children participating in EHS-CCP (e.g., Louisiana, Minnesota, Oklahoma), and others waived co-payments for families who are at or below poverty and had children enrolled in EHS-CCP (e.g., New York and Oklahoma).

The report also includes several lessons learned from states. Strong partnership agreements that clearly outlined roles and responsibilities and had reasonable budgets to support child care partners supported partnership success. Mutually beneficial partnerships took time to build, and grantees spent more time on organizational and capacity-building activities with partners than originally anticipated. The EHS-CCP 18-month start-up period was critical in allowing child care programs sufficient time to phase into meet HSPPS. Partnership sites also had a high need for technical assistance and support around fiscal issues, budgeting, and layering funds. Finally, partnerships need a long-term plan for sustainability and capacity-building to continue to increase access to high-quality care for infants and toddlers.

Forthcoming Research on Early Head Start-Child Care Partnerships

Forthcoming research on EHS-CCP with preliminary findings

Project title: Ohio State University Early Head Start Child Care Partnership: 2017-2018 Evaluation Report

Principal investigator(s): Tina Younoszai

Objective: To evaluate the extent to which partners in Ohio State University's EHS-CCP collaborated successfully and to learn about the effects the partnership had on child outcomes, family outcomes, and quality of care.

Methods: Researchers used a mixed methods design, including questionnaires, surveys, and reviews of administrative records. To evaluate collaboration among partners, researchers sent surveys to key staff from 17 community partner organizations, 11 child care centers, and eight family child care providers. Surveys were also sent to 160 enrolled families asking about their goals, health, well-being, services received, and parent engagement. Finally, researchers assessed quality using a combination of provider/teacher surveys, classroom observations using the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCITT), and a review of teacher training records.

Preliminary findings: In 2016-17, the Ohio State University's EHS-CCP successfully established a network of community partners to serve low-income infants and toddlers and their families. Parents reported high levels of satisfaction with the services they received. Child care providers reported decreased feelings of isolation and increased feelings of belonging. Researchers observed improvements in classroom quality based on Q-CCITT scores.

Project title: Evaluation of Early Head Start-Child Care Partnerships in an Educare Context

Principal investigator(s): Rachel Chazan Cohen, Helen Raikes, and Ellen Kisker

Objective: To contribute new knowledge to the field about Early Child Care Partnerships by examining EHS-CCPs in the context of the Educare⁷ program. Specifically, this study explores what partnership models look like across Educare organizations, the successes and challenges they faced in the first years of implementation, and the perceived impacts of the partnership on participating organizations, staff, children, families, and communities.

Methods: This qualitative study consists of three in-depth case studies of partnerships in Washington, Maine, and Colorado. Researchers collected information through interviews and focus groups with grantee leadership, partner organization leadership, and liaison staff and coaches, as well as through document review.

Preliminary findings: Partnership sites reported an increase in high quality infant and toddler care and improvements in their physical settings, staff education and training, and ability to provide comprehensive services. Reported challenges included meeting the adult-child ratios required by the HSPPS, meeting enrollment requirements, and finding and maintaining qualified staff.

Conclusion: Policy recommendations include lengthening the 18-month start up period for partnership programs to two years, improving coordination of EHS and child care funding, and additional flexibility in the HSPPS for partnership programs.

Project title: University of Maryland Center for Early Childhood Education and Intervention's (CECEI) Quality Improvement Network Impact Evaluation (Years 3 to 5)

Principal investigator(s): Brenda Jones-Harden and Christy Tirrell-Corbin

Objective: To evaluate the implementation and impact of the Quality Improvement Network (QIN) on infant, toddler and family outcomes and the quality of care in infant and toddler programs in Washington, D.C.

Methods: This evaluation will use a quasi-experimental study design to explore outcomes. The intervention group consists of 200 infants and toddlers enrolled in 13 QIN sites. The comparison group consists of 200 infants and toddlers enrolled in non-QIN child care sites, selected to match the intervention group based on demographics, geographic location, and child care subsidy status. All children and families will be assessed during home visits at two points: prior to enrollment and at the child's third birthday. Pre- and post assessments consist of instruments to measure child development and social-emotional functioning; survey questions about children's health, parenting practices, demographics, services received, parents' mental health, and children's adverse childhood events; and observations of the home environment and parent-child interactions. In addition, researchers are measuring classroom quality annually using the CLASS and the Program for Infant Toddler Care Program Assessment Rating Scale (PITC PARS) and interviewing directors and teachers about their perceptions of QIN. Finally, the study is tracking attendance and dosage using administrative records.

⁷ For more information on the Educare program see: <https://www.educareschools.org/>

Preliminary findings: Outcome findings from this study will be published in June 2021. Preliminary findings indicate that people involved in the QIN, including hub leadership, teachers, and child care directors, see its value in improving the quality of care available for children. They also report positive attitudes about the training, technical assistance, and professional development provided through the QIN. One program-level success of the QIN collaboration has been the facilitation of an easier process for enrolling children with subsidies. A challenge for programs has been finding and retaining family engagement specialists.

Project title: [Expanding comprehensive services for infants and toddlers: Implementation approaches and lessons learned from six Early Head Start-Child Care Partnerships](#)

Principal investigator(s): Martha Zaslow and Tamara Halle

Objective: To better understand EHS-CCPs' effective partnership development and implementation practices, including partners' approaches to quality improvement, experiences in the partnership, and approaches to offering comprehensive services to infants, toddlers, and their families.

Methods: During the summer of 2017, the Child Trends research team conducted site visits with six EHS-CCP grantees receiving support from the Kellogg Foundation. The site visits included: interviews with EHS-CCP grantee directors and staff; interviews with child care partner directors, teachers, and family child care partners; and focus groups, or interviews, and surveys with parents whose children attend a child care center or family child care center in the partnership. The team also conducted one-time quality classroom observations using the Q-CCIT for infant classrooms or the CLASS for toddler classrooms.

Preliminary findings: The sites shared similar motivations for applying to the partnership, including expanding access to affordable high-quality infant and toddler care in their communities and serving special populations, such as homeless families, children with special needs, children who have experienced abuse and neglect, and children of teen parents. Parents expressed high levels of satisfaction with their children's care and were especially appreciative of the materials and services that they received through the partnerships. They also felt empowered to advocate for their needs. Grantee and child care staff identified professional development opportunities, upgraded classroom materials, and opportunities to offer comprehensive services to children and their families as benefits of the partnership. However, they also experienced challenges with increased paperwork and with meeting multiple standards and regulations across systems. Some also reported that they experienced financial challenges and did not have enough funds to achieve the HSPPS. In working to overcome challenges, grantee staff and child care partners learned that relationship building and flexibility were key aspects to partnership success, and that building trust between grantee staff and child care partners takes time and open lines of communication.

Forthcoming research on EHS-CCP with preliminary findings not yet available

[Del Grosso, P., Thomas, J., Makowsky, L., Levere, M., Fung, N., and Paulsell, D. \(forthcoming\). Working Together for Children and Families: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships, OPRE Report #2019-xx, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.](#)

In 2015, the Administration for Children and Families (ACF) awarded 250 grants for Early Head Start-Child Care (EHS-CC) Partnerships. The national descriptive study of EHS-CC Partnerships aimed to better understand the characteristics and activities of the Partnerships during the first 12 to 18 months of implementation (2016 to 2017). The study was commissioned by the Office of Planning, Research, and Evaluation in ACF and carried out by Mathematica Policy Research.

Research topics explored include:

- The characteristics of the EHS programs and child care providers engaged in the partnerships
- How the partnerships were developed and maintained
- The levels of funding used to support the partnerships
- How the partnerships recruited and enrolled infants, toddlers, and families
- How partnerships provided comprehensive services to infants, toddlers, and families
- The activities the partnerships engaged in to improve the quality of child development services
- Families' experiences with partnership services

The study gathered data from three sources:

1. A web-based survey of the 250 2015 EHS Expansion and EHS-CC Partnership grantees that received funding for EHS-CC Partnerships or funding for both EHS-CC Partnerships and EHS Expansion.
2. A web-based survey of a sample of 470 child care providers, including child care center directors and family child care providers. The study identified the child care providers using information collected from the grantee survey.
3. In-depth data from case studies of 10 partnerships that varied in their characteristics and approaches to implementation. The case studies included in-person and telephone interviews with EHS program directors and key staff, child care staff, parents, and state and local stakeholders (such as child care administrators).

The final report documents findings from the web-based surveys of 220 EHS-CC Partnership grantees and 386 child care partners, as well as data collected as part of the case studies. It provides detailed information about the EHS-CC Partnerships and the activities they engaged in to develop and maintain partnerships and deliver services to infants, toddlers, and their families. This is the first study of EHS-CC Partnerships to include a representative sample of the child care providers engaged in the partnerships. As such, the report has a particular focus on the perspectives of child care partners and how child care centers and family child care homes implemented partnerships. The information and lessons learned can inform ongoing and future activities of partnerships in early care and education programs as well as training and technical assistance efforts.

Project title: [National Study of Family Child Care Networks](#)

Principal investigator(s): Juliet Bromer

Objective: To conduct a national scan of staffed family child care networks within 43 states that serve both licensed and license-exempt home-based child care providers. This study identifies multiple types of networks and methods for delivering services to family child care providers, including EHS-CCP, child care resource and referral agencies, and Migrant Head Start Programs.

Methods: This mixed methods study includes surveys of over 200 network directors, staff, and child providers to identify multiple perspectives on how networks support providers, children, and their families. It also includes in-depth interviews with 49 network directors to gather information on how networks work.

Preliminary Findings: *Not yet available.*

Appendix A

Table A.1- Study characteristics and themes

	Study characteristics				Research findings: Successes				Research findings: Challenges		
Citation	Study design	Type of partnership studied (Early Head Start or Head Start)	Included observations of classroom quality	Included child outcome measures	Increase in providers' credentials	Increase in professional development	Additional materials and equipment	Support around curriculum implementation and program organization/structure	Meeting Head Start Program Performance Standards	Aligning childcare and EHS/Head Start program cultures, operating hours/days, and fiscal requirements	Misalignment across EHS/Head Start, licensing, and child care subsidy regulations
Published research studies											
Buell, M. J., Hallam, R. A., & Beck, H. L. (2001). Early Head Start and child care partnerships: Working together to serve infants, toddlers, and their families. <i>Young Children</i> , 56(3), 7-12.	Descriptive	EHS			X		X	X	X		X
Buell, M. J., Pfister, I., & Gamel-McCormick, M. (2002). Caring for the caregiver: Early Head Start/family child care partnerships. <i>Infant Mental Health Journal</i> , 23(1-2), 213-230.	Descriptive	EHS			X	X		X			
California Head-Start State Collaboration Office. (2000). Collaborative partners: California's experience with the 1997 Head Start expansion grants. Sacramento, CA: California Department of Education.	Descriptive	HS								X	X
Campbell, D. C. (2002). Southern regional initiative on child care. Collaboration among child care, Head Start, and pre-kindergarten: A telephone survey of selected southern states. Columbia, SC: The Southern Institute on Children and Families	Descriptive	HS									X
Ceglowski, D. (2006). Head Start-operated full-day services: Successes, challenges, and issues. <i>Journal of Research in Childhood Education</i> , 20(3), 189-206.	Descriptive	HS				X	X				X

	Study characteristics				Research findings: Successes				Research findings: Challenges		
Citation	Study design	Type of partnership studied (Early Head Start or Head Start)	Included observations of classroom quality	Included child outcome measures	Increase in providers' credentials	Increase in professional development	Additional materials and equipment	Support around curriculum implementation and program organization/structure	Meeting Head Start Program Performance Standards	Aligning childcare and EHS/Head Start program cultures, operating hours/days, and fiscal requirements	Misalignment across EHS/Head Start, licensing, and child care subsidy regulations
Published research studies											
Colvard, J., & Schmit, S. (2012). Expanding Access to Early Head Start: State Initiatives for Infants & Toddlers at Risk. Center for Law and Social Policy, Inc.(CLASP).	Descriptive	EHS									
Del Grosso, P., Akers, L., & Heinkel, L. (2011). Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project (No. cccfab59de644de8ad304d36b999e043). Mathematica Policy Research.	Descriptive	EHS				X					
Edwards, C. P., Knoche, L., Raikes, A., Raikes, H., Torquati, J., Wilcox, B., & Christensen, L. (2002). Child care characteristics and quality in Nebraska. Publications of the Center on Children, Families, and the Law (and related organizations), 20.	Descriptive	EHS	X		X	X					
Etter, K. and Cappizano, J. (No Date) Early Learning Venture Early Head Start–Child Care Partnership Model: Final Evaluation Report. Washington, DC: The Policy Equity Group	Descriptive	EHS	X								
Faddis, B. J., Ahrens-Gray, P., & Klein, E. L. (2000). Evaluation of Head Start Family Child Care Demonstration. Final report. Portland, OR: RMC Research Corporation.	Experimental (RCT)	HS		X							
Kiron, E. (2003). Blending early care and education funds: Issues, opportunities, and strategies. Center for Children & Families Research Brief, 1(2), 1–4.	Descriptive	HS								X	

	Study characteristics				Research findings: Successes				Research findings: Challenges		
Citation	Study design	Type of partnership studied (Early Head Start or Head Start)	Included observations of classroom quality	Included child outcome measures	Increase in providers' credentials	Increase in professional development	Additional materials and equipment	Support around curriculum implementation and program organization/structure	Meeting Head Start Program Performance Standards	Aligning childcare and EHS/Head Start program cultures, operating hours/days, and fiscal requirements	Misalignment across EHS/Head Start, licensing, and child care subsidy regulations
Published research studies											
Lim, Y., Schilder, D., & Chauncey, B. W. (2007). Supporting parents through Head Start-child care center partnerships. Southern Public Administration Education Foundation.	Quasi-experimental	HS									
Ontai, L.L., Hinrichs, S., Beard, M., & Wilcox, B.L. (2002). Improving Child Care Quality in Early Head Start Programs: A Partnership model. <i>Infant Mental Health Journal</i> , 23(1–2), 48–61.	Descriptive	EHS	X								
Paulsell, D., Mekos, D., Del Grosso, P., Rowand, C., and Banghart, P. (2006) Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Princeton, NJ: Mathematica Policy Research, Inc.	Descriptive	EHS	X								
Paulsell, D., Nogales, R., & Cohen, J. (2003). Quality child care for infants and toddlers: Case studies of three community strategies. Washington, DC: Zero to Three.	Descriptive	EHS				X	X				
Paulsell, D., Cohen, J., Stieglitz, A., Fenichel, E., and Kisker, E. (2002) Partnerships for Quality: Improving Infant-Toddler Child Care for Low-Income Families. Princeton, NJ: Mathematica Policy Research, Inc.	Descriptive	EHS									X

	Study characteristics				Research findings: Successes				Research findings: Challenges		
Citation	Study design	Type of partnership studied (Early Head Start or Head Start)	Included observations of classroom quality	Included child outcome measures	Increase in providers' credentials	Increase in professional development	Additional materials and equipment	Support around curriculum implementation and program organization/structure	Meeting Head Start Program Performance Standards	Aligning childcare and EHS/Head Start program cultures, operating hours/days, and fiscal requirements	Misalignment across EHS/Head Start, licensing, and child care subsidy regulations
Published research studies											
Rohacek, M. (2001). Child care & Head Start: Incentives, challenges & models for successful collaboration. Los Angeles: Los Angeles County Child Care Planning Committee.	Descriptive	HS							X	X	
Schilder, D., & Smith Leavell, A. (2015). Head Start/child care partnerships: Program characteristics and classroom quality. <i>Early Childhood Education Journal</i> , 43(2), 109-117.	Secondary data-analysis of data from an experimental study	HS	X								
Schilder, D., Broadstone, M., Chauncey, B. W., Kiron, E., Miller, C., & Lim, Y. (2009). Child care quality study: The impact of Head Start partnership on child care quality final report. Newton, MA: Education Development Center	Experimental	HS	X	X							
Schilder, D., Chauncey, B. W., Broadstone, M., Miller, C., Smith, A., Skiffington, S., et al. (2005). Child care/Head Start partnership study: Final report. Newton, MA: Education Development Center	Descriptive	HS				X	X				
Schilder, D., Kiron, E. & Elliott, K. (2003). Early care and education partnerships: State actions and local lessons. Waltham, MA: Education Development Center.	Descriptive	HS						X			