Common Facilitators and Barriers to Early Head Start-Child Care Partnership Implementation

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Overview

In 2014, the Administration for Children and Families (ACF) granted funds to establish Early Head Start-Child Care Partnerships (EHS-CCPs) to expand access to high-quality child care. Through these partnerships, EHS grantees partnered with center-based and family child care providers to implement EHS Program Performance Standards and provide comprehensive services and resources to meet the needs of low-income families with infants and toddlers in community child care settings.

In 2016, the W.K. Kellogg Foundation commissioned Child Trends to conduct in-depth case studies of six EHS-CCPs across six communities nationwide to learn more about their experience implementing the partnership model. As part of the work, Child Trends conducted interviews and facilitated group discussions with grantee staff and child care partners to learn more about the nature of the partnerships, including their strengths and challenges faced. In 2018, Child Trends convened partnership representatives in a two-day meeting to provide an opportunity for partners to share experiences and learn from one another.

In developing successful partnerships, particularly between agencies with differing structures and funding sources (e.g., child care with private and public funding), parties encountered several situations that either enabled or challenged their success. This resource highlights common facilitators and barriers to successful partnership implementation between EHS and community-based child care providers and shares a tool that may be useful to existing or new partnerships.

What are EHS-CCPs?

Early Head Start-Child Care Partnerships (EHS-CCPs) extend EHS services by partnering with independent community child care providers to offer high-quality and comprehensive services. EHS supports children and families using a two-generation approach that includes early childhood education, health and developmental screenings for children, support for parents in finding a job or pursuing further education, and other resources to help meet families' needs. Partnering programs agree to follow EHS standards (for example, adhering to certain teacher-to-child ratios and conducting home visits for children in partnership slots); in return, programs gain access to professional development resources for staff and other materials from the EHS-CCP grantee agency (including food and diapers for children in partnership slots as well as materials for classrooms). The EHS-CCP model helps extend high-quality child care to the youngest children (from birth through age 3) within communities.

Study Participants
- Six EHS-CCPs, including one state grantee and five local grantees across five states
- Partnerships varied in size from 2 to 70 childcare partners (with between 2 and 20 childcare center partners and 0 to 50 family childcare partners)
- Number of funded EHS-CCP slots varied from 38 to 566

Facilitators of EHS-CCP Implementation

Based on interviews with grantee directors and staff, as well as partnership center directors, teachers, and family child care providers, three salient strategies emerged for facilitating successful EHS-CCPs. They included: (1) partnership preparation, (2) ongoing and open communication, and (3) clarification of and respect for differing roles and responsibilities.

Partnership preparation

Effective collaboration requires organizations to successfully prepare. In the case of the EHS-CCPs, careful consideration of the goals of potential collaborators, and a determination of how well their efforts align with what organizations want to accomplish, were thought to be critical in developing partnerships and considering where compromise and/or changes might be required. Although there were opportunities for flexibility in the way EHS requirements were met, the inherent partnership structure required child care providers to change aspects of their programs or daily operations to reach and maintain compliance (e.g., changes to the physical environment, curriculum, records/paperwork) with Head Start regulations. These changes could be a potential source of discord and/or angst for collaborators.

A grantee director of one partnership suggested mitgating this potential source of stress by thoughtfully selecting child care partners from the onset of the collaboration. In particular, the director articulated it was vital to recruit partners who were ready and willing to make significant changes in their programs in order to meet Head Start Program Performance Standards (HSPPS). In addition to communicating with child care partners to assess their willingness to make program modifications, it was also suggested that reviewing partners' licensing compliance history served as a helpful indicator of readiness for change and/or compromise.

A respondent from a different partnership suggested increasing partners' involvement in the development of the partnership agreement[1] as an important initial step to successful collaboration. Joint involvement in developing the partnership agreement provided an opportunity for each organization to fully understand the terms of the agreement and ensured that prospective partners had an opportunity to share their perspective on key activities before the partnership began.

Clearly outlining the expectations of each partner in the partnership agreement was emphasized by one EHS-CCP grantee as another way to decrease partners' surprise and potential dissatisfaction (for more information about developing partnership agreements, see the toolkit resource: [Resources for Developing Early Head Start-Child Care Partnership Agreements](#)). Delineating roles and responsibilities helped ensure that partners were informed on what activities were required of them, what supports they would receive, and what expectations were related to their participation in the collaboration (e.g., what services they were expected to provide).

Respondents from two partnerships noted that familiarizing child care partners with the HSPPS as early as possible was optimal, while respondents from another partnership shared it was also helpful to share the reasoning behind the regulations. This strategy was particularly helpful when talking to teachers about implementing changes. Respondents felt that conveying the rationale for regulations helped alleviate frustrations and challenges when child care partners were asked to comply with standards they had not been aware of and/or did not fully understand.

In summary, partners identified several strategies as useful in laying a foundation for collaborative, trusting partnerships and protecting against the possibility of strained relations: assessing readiness to change,

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[1] Partnership agreements are legally binding, written documents that serve as a basis for the collaborative relationship between EHS grantees and their childcare partners. They are meant to outline the responsibilities and rights of each party along with other key topics (https://eclkc.ohs.acf.hhs.gov/publication/developing-partnership-agreements).

ensuring that all collaborating agencies are involved in the partnership agreement planning, including clarification of roles and expectations, and clearly articulating HSPPS and their rationale.

Additional insights from the field

Prior to the initiation of the EHS-CCPs, a longitudinal study of partnerships between Head Start and child care programs suggested strong partnership agreements were also related to increased partnership benefits.[i] Two reports from the Administration for Children and Families (ACF), focusing specifically on EHS-CCPs, also underscored the importance of partnership agreements. For example, a report based on data from the first year of EHS-CCP implementation, conducted by ACF, found that partnership agreements with clearly outlined roles and responsibilities facilitated partnership success.[ii] An additional report from ACF noted that preparing for partnerships and developing partnering agreements also included the following activities: agreeing on the programmatic and fiscal roles and responsibilities of grantees and partners; determining how to meet health, safety, and educational standards that are developmentally, culturally, and linguistically appropriate, and supportive of children's growth and school readiness; determining how to integrate parent and family engagement strategies into program services; and determining the best ways to manage programs, including the implementation of ongoing monitoring and continuous quality improvement processes.[iii] Prior research has also noted that previous collaboration experience matters for successful EHS-CCPs, as grantees with past partnership experience and an established reputation in the community may have an easier time finding partners and initiating their partnership programs.[iv] Although it is not one of the more salient findings, there is some suggestion that grantees in the current study engaged in pre-partnership relationships and recruited partners through them, which may have strengthened their EHS-CCP.

Open and ongoing communication

Open and ongoing communication also emerged as an important theme for helping to build trust and establishing strong relationships between grantee and child care partners. Grantee and child care staff members from five of the six EHS-CCPs emphasized the importance of maintaining open lines of communication between the grantee and child care partners. However, they also noted that communicating to develop trust and strong relationships was not a singular occurrence, requiring both parties to be willing to devote time and be open to change, learning, and compromise. Despite the need for ongoing effort, open and continuous communication was valued, and interviewees shared strategies to facilitate the process.

For example, routine meetings or calls between grantees and partners was a strategy identified in interviews with respondents from two of the six partnerships. One EHS-CCP grantee instituted a weekly call with all partners to discuss their progress and raise questions and concerns. They also established communication protocols within the partnership agreement that outlined who to contact for specific concerns or issues, as well as a timeframe in which to expect a response. The weekly calls and communication protocols ensured that the exchange of information did not fall solely on the grantee director or a child care partner, but was instead shared between the grantee and partners.

More formal communication like regularly scheduled face-to-face meetings or phone conversations with mentors, educational specialists, and others were reported to occur more frequently at the beginning of the partnership. These methods of communication occurred with less frequency as the partnership progressed, and providers became more comfortable with Head Start expectations and ways of doing business. Emails and text messaging supplemented meetings and calls and were reported as an effective and efficient way to keep providers updated and on track with partnership expectations. Additionally, family child care providers indicated that the content of the communication mattered for successful collaboration. They cited, specifically, the opportunity to set small, incremental goals jointly, and being tasked as ECE professionals who were accountable for their part in achieving partnership goals.

In addition to communication between the EHS-CCP grantee and child care partners, communication between different child care partners also emerged as an important facilitator to partnership implementation. Child care partner staff from all six partnerships felt that it was helpful to have opportunities to connect with staff from other centers and family child care homes in the partnership. These opportunities allowed partners to share successes, challenges, and ideas for activities to bring back to their own programs. While some partnerships intentionally scheduled regular director meetings, events, and/or structured trainings and workshops to facilitate relationship building between child care partners (e.g., by encouraging staff to sit with people from other centers or family child care homes, allowing time for networking, or building in time for people to share with the full group of child care partner staff), most child care partner staff wished there were more opportunities and supports to connect. Child care partner staff from four partnerships noted that while they had relationships with other centers and family child care homes in their partnership, communication was often driven by the partners themselves, who would reach out to providers they had connected with at an event or training, or that they knew prior to joining the partnership. In addition to more facilitated opportunities to connect with other child care partners, two child care partner staff members from different partnerships valued being able to tour or observe classrooms in other partnership centers and family child care homes.

Additional insights from the field

The findings on open and ongoing communication also align with other research on Head Start partnerships. In 2000, a study on Head Start partnership grantees in California conducted by the state's Department of Education found that early and frequent meetings, over the course of the partnership, helped facilitate successful collaboration. These meetings were identified as crucial for relationship and trust building and developing the rapport needed to work through challenges.[v] Similarly, the recent National Descriptive Study of EHS-CCPs (2019) found that routine meetings, development of communication protocols, and frequent informal communication were strategies for successful partnership implementation in newly established EHS-CCPs. [vi]

A 2002 study found that partnerships between family child care providers and EHS programs in Delaware facilitated strong interpersonal relationships between participating family child care providers and the partnership's EHS early care and education (ECE) coordinator. While the ECE coordinator was only tasked with providing technical assistance to providers, the study found that the unanticipated development of strong relationships provided a foundation for the coordinator to also offer emotional support and mentorship to providers. While not a key finding in this study, the development of relationships between family child care providers and the ECE coordinator also resulted in more effective caregiving to children in family child care homes.[vii]

Understanding of and respect for differing roles and responsibilities

Each EHS-CCP entered into the collaboration with its own perspectives, needs, and agendas, as well as differing levels of organizational expertise, strengths, and challenges. Although these unique identities are typically thought to be assets that strengthen collaboration, child care partners were also required to meet standards set by Head Start in order to receive resources and support. These standards were often unfamiliar to child care partners, and in some cases conflicted with other programmatic and/or policy expectations under which they operated. This reality created a hierarchal structure to the collaboration process, where in certain instances, child care partners had to give up their own ways of operating to "rise up" to Head Start standards. In some situations, this resulted in perceptions by EHS programs that they had a better understanding of how to provide high-quality child care and were more capable providers than the child care setting partners.

For example, during a convening of the EHS-CCPs, grantee staff members from two partnerships (who were initially not familiar with community child care settings) shared their surprise about differences between Head Start and child care classroom layouts and resources. They discussed their perceptions that child care partner playground structures were unsafe. For example, they felt that classrooms were not appropriately set up for mixed age groups; settings lacked natural light and/or windows; and furniture, toys, and other materials for children were lacking and/or unsuitable for facilitating children's development. Over the course of their partnerships, as staff members became more familiar with the way in which child care partners operated, they came to understand that, while the program and classroom infrastructure in partner programs was not typical of Head Start, child care partners were providing high-quality care and using the resources they had appropriately. However, shifting perceptions took time and was not always easy. One grantee stressed the importance of continuously working against the inclination to fall into a monitoring role—remembering that the partners had been providing care for children for years before the EHS-CCP and had a lot to contribute to the partnership and teach EHS grantees. This grantee recognized, for example, that child care partners were connected to and able to engage families that were not typically linked to EHS (e.g., families may not live in the vicinity of an EHS center, may want to send their child to a program that is culturally similar to their own, or may prefer a home-based setting).

As such, for this grantee and others, acknowledging the strengths and contributions of partners and respecting that child care partners had their own identities in advance of the EHS-CCP emerged as a key strategy for success, helping grantees adhere to the ideals of a true collaborative partnership. Respondents from multiple partnerships noted the importance of this strategy, indicating that it required connecting in ways that allowed partners to spend time with and talk to each other. These interactions helped manage power dynamics and facilitated a process through which partners could not only develop an understanding of the others' skills, strengths, and challenges, but also respect each other's capabilities.

Additional insights from the field

Prior research has highlighted the importance of working to establish highly collaborative partnerships that facilitate successful EHS-CCPs. Interviews with staff from one EHS-CCP in Rhode Island revealed the importance of ensuring that grantee staff were not seen as being in charge within the partnership. Given that monitoring requirements often contribute to the hierarchical structure of EHS-CCPs, this partnership developed a "cross-monitoring process" that allowed grantees *and* child care partner staff to collaboratively conduct monthly monitoring visits.[viii] Similarly, the National Descriptive Study of EHS-CCPs revealed that partnerships ran more smoothly when grantees and community providers engaged as equal partners. Respondents from one partnership, who attributed their success to close collaboration between the grantee and partners, had worked as a team even before the partnership began, each contributing to the development of the grant application.[vi]

Barriers to EHS-CCP Implementation

While the strategies identified above assisted partners in addressing potential challenges in advance of partnering, the implementation process brought several partnership barriers to the fore. Barriers to successful implementation fell most often in one of three categories: (1) administrative, (2) operational, and (3) compliance challenges. Administrative challenges included increased paperwork and reporting requirements; operational challenges involved maintaining enrollment, providing adequate support to partners, and securing enough funding; and compliance challenges were related to difficulties meeting Head Start quality standards and training requirements, as well as navigating conflicting regulations.

Administrative challenges

Because Head Start is federally funded, there are requirements related to record keeping, budgeting, and other administrative tasks that are mandated as a condition of funding receipt. Child care partners frequently shared that the amount of time spent on paperwork was an ongoing concern.They also reported that complex EHS documentation requirements created unique administrative challenges for their programs. Parents with children who had attended partner centers before the EHS-CCP began also expressed frustrations with the volume of paperwork they had to complete, as well as the amount of personal information they had to share.

Staff from five of the six partnerships discussed the time burden of completing large amounts of paperwork, their frustration with duplicative paperwork, and their struggle with completing certain sections of required paperwork, all of which they felt challenged their ability to provide services to children. Child care partner staff (particularly teachers) noted the difficulty of keeping child folders or binders up to date with child and family data (e.g., Ages and Stages Questionnaires, Deveraux Early Childhood Assessments, observation forms, parent-teacher conference forms, etc.). One child care teacher noted that without a planning period, it was difficult to find time during the day to work on children's folders. A child care provider from another partnership indicated that, in addition to completing paperwork, it was also time-consuming to physically file pages into children's binders. This teacher felt that it would be better to eliminate binders altogether and move toward an online system that would be used to organize and file child records, ultimately saving teachers' time.

A grantee staff member from one partnership shared that child care partners often had internal paperwork that overlapped with documents required by the partnership. In some cases, they would submit their own forms to the grantee, or report the same information on multiple forms, without realizing that the grantee's forms and their own captured identical information. With small variations in paperwork submitted by different child care partners, the grantee had difficulty ensuring consistency in the way information was tracked and reported by their partners. This grantee found it helpful to offer a training to child care partners on using the grantee's forms for reporting information, eliminating duplication, and building consistency across partner programs. However, challenges remained with partners who chose not to switch their forms. Respondents from another partnership shared a strategy of combining their partners' existing paperwork with EHS' required forms to lessen burden and reduce duplicative efforts. Keeping some of the partner's existing systems and/or forms in place may be a useful strategy to reduce confusion and prevent strain in the partnership.

Child care partners also faced difficulties with mandated reporting requirements due to language and technological barriers. In a convening of partnership grantee and center staff, one grantee director shared that they felt data tools and software were often more useful at the program level than at supporting teachers' individual practices. This grantee director also noted that teachers who spoke English as a second language found those tools particularly difficult to use. To address this challenge, the grantee worked with a specialist to create a web-based system that allowed teachers to input anecdotal notes in a format that was more closely tied to individual practice. To fulfil the same requirements, these narrative stories also included Teaching Strategies-GOLD® constructs.[2] A grantee staff member from a different partnership shared the challenge of training all partners on using data systems, due to their differing technological proficiencies. Sharing paper forms instead was a strategy one grantee thought worked well for partners less comfortable with technology.

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[2] The use of Teaching Strategies-GOLD®, an observational assessment system for children birth-kindergarten was a requirement for child care partners participating in EHS-CCPs.

Additional insights from the field

A study by Paulsell, Nogales, and Cohen (2002) found that child care center teachers were sometimes overwhelmed by the extra administrative duties (e.g., written documentation of children's activities and progress, lesson plans, observation notes) required of them due to their participation in partnerships with EHS. Similar to the suggestions made by grantees and partners as part of our study, evaluators of these earlier partnerships suggested that federal policymakers and program administrators streamline record-keeping and recording requirements to reduce some of the paperwork burden, making it easier for programs to spend time on serving children and families directly.[ix] Difficulties making time to complete paperwork and documentation required by the partnership also emerged as a barrier reported by partnerships participating in the National Descriptive Study of EHS-CCPs. One participating grantee found it helpful to develop systems that fit into their partners' regular practices in order to help facilitate data collection and documentation.[vi]

Operational challenges

Operational challenges that emerged from this study included maintaining enrollment, servicing additional centers and families served by partners, and securing enough funding to help child care partners provide and sustain high-quality care.

Respondents from half of the partnerships reported difficulty maintaining enrollment, in part due to the vulnerable populations with which the partnership was working (e.g., families experiencing homelessness or a crisis), as well as the fact that families were either ineligible for child care subsidies or had to wait long waiting periods to receive subsidy support. Respondents from one partnership found it helpful to advertise EHS' presence in a child care partner's center to recruit more families and maintain enrollment. They perceived that using the EHS name helped the center gain recognition in the community. Upgraded resources (e.g., computers, new furniture, etc.) funded by Head Start dollars improved the overall environment of the program and helped attract new families. Additionally, another grantee worked with a partner center to develop a marketing strategy to boost enrollment.

Respondents from three partnerships noted that some grantee staff were overextended and hard to access. For example, child care partners in one partnership shared that a family advocate working with families across all child care partner programs was difficult to reach. Child care partners in another partnership commented that content specialists were less available and conducted fewer visits over time because they needed to split their time across several child care partner programs. Interviewees suggested that if it was not possible for grantees to secure additional funding to hire more specialists, it might make sense to connect child care partners with other coaches or professional development providers in their state who are familiar with EHS and other quality standards. Establishing these relationships early would not only help supplement the support provided from the EHS-CCP, but might also ensure that knowledgeable staff are in place to help partnerships sustain practices when the partnership ends.

In addition to enrollment and staffing challenges, respondents from three partnerships identified finances as a barrier to partnership implementation. These challenges included inadequate funding to meet the Head Start performance and/or quality standards, difficulty meeting the federal funding match required of EHS-CCP grantees, and the inability to raise wages to an acceptable level for teachers who have earned their child development associate (CDA) credential through the partnership.

One grantee director shared the importance of ensuring that child care partners understood the fiscal responsibilities that resulted from joining the partnership. They explained that partners were initially excited about the funding they would receive from the partnership, which made it difficult for them to assess whether the partnership was a financially viable option for them. This grantee director deemed it important to work with partners during the agreement process to address this issue. The director also

shared that, while not ideal, separating children (i.e., placing partnership and non-partnership children in different classrooms)[3] was helpful in ensuring that partners would not face a financial burden in meeting HSPPS in every classroom. For example, ratio requirements would require that partners hire more staff and Child Development Associate credential (CDA) requirements would necessitate paying teachers higher wages.

Finances appeared to be less of an issue for family child care providers. Providers articulated that additional funding from Head Start/EHS helped them meet standards by enabling them to purchase new equipment and books and other learning materials, and to upgrade child care spaces like bathrooms and playgrounds.

Additional insights from the field

An early study of providers in early care and education partnerships identified several key financial issues that resulted from partnership participation. A particularly salient issue was difficulty blending multiple funding streams due to varying reimbursement and eligibility criteria. To overcome this challenge, the authors suggested that partners work to understand the different funding stream requirements early in the partnership and establish communication processes that allow for quick communication about changes in eligibility.[x] The recently conducted National Descriptive Study of EHS-CCPs also pointed to resource issues as challenging implementation successes. Child care partners were most satisfied with their funding arrangements when partnership grantees worked with them to examine the actual costs to their programs and adjusted their funding arrangements accordingly. Strategies employed by EHS-CCP grantees to mitigate financial strain on child care partners included involving the partners in developing financial agreements early in the partnership, carefully monitoring partners' financial situations, developing budgets based on each center's operating costs, and asking partners to develop budgets detailing the amount of funding needed to meet the HSPPS.[vi]

Compliance challenges

The HSPPS are the foundation of the minimum standards for the way Head Start/EHS should operate. Child care partners, both center- and home-based, expressed several difficulties complying with these standards. Challenges included understanding and meeting the standards, navigating conflicting standards and regulations across systems, and completing training requirements.

Meeting HSPPS was reported to be a challenge for four of the partnerships. Adhering to enrollment standards, implementing the curriculum, ensuring appropriate adult-child classroom ratios for an extended day, and keeping child health records current were some of the standards child care partners found particularly challenging. Meeting multiple standards and regulations across systems (i.e., licensing, subsidy, and EHS) also proved difficult for half of the partnerships' child care partners. Child care partners reported struggling with following numerous sets of guidelines and regulations, mentioning not only the number of standards to which they had to adhere, but also the lack of coordination and sometimes the contradiction between the various standards and regulations. For instance, one partner center recalled that adult-child classroom ratios were different for EHS and licensing. Although the partner center followed the more stringent EHS ratio requirement, there was some confusion among the staff about the different ratio expectations, and which ones to follow. One family child care provider referenced inconsistencies regarding expectations with diaper changing procedures and playground materials. In their case, state guidance and visual aides regarding the use of gloves during changes did not align with EHS requirements. In another instance, the state required providers to remove sand from their playgrounds, while EHS allowed sand. In addition to providers, grantee staff also expressed difficulties. Grantee staff from one partnership shared

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[3] From a learning standpoint, having partnership and non-partnership classrooms meant that children in different classrooms had access to different learning materials and experiences.

that they needed more support to understand the alignment between EHS and licensing standards to better assist child care partners with providing the expected level of care to children and families.

In short, child care partner staff across all types of settings (center- and home-based) and levels (grantees and partners) needed support to understand and implement standards. Providing plain-language descriptions of HSPPS may be one strategy to better communicate HSPPS to partners. For example, Southwest Human Development created a simplified list of standards to help child care partners understand the HSPPS and assess their level of implementation (for more information, see their Quality Continuum Framework). In the long term, it would also be helpful for state administrators to work together to align standards across systems and provide guidance to child care partners participating in multiple quality programs. For now, grantees might consider identifying a point person within the partnership to crosswalk different agencies' requisite standards and regulations. This would help identify where challenges might exist for child care partners needing to meet HSPPS in advance of this type of collaboration (for more information about aligning standards and monitoring requirements, see the toolkit resource: A Bibliography to Align Standards and Monitoring Requirements for Early Head Start-Child Care Partnerships). In addition, providing more trainings for staff on the relationship between standards, rather than simply reviewing them, might also help partners gain clarity about the regulations and how they fit into other quality strengthening systems in which they participate (e.g., Quality Rating and Improvement Systems [QRIS]).

Training requirements were also cited as a challenge for child care partners. Select staff from one child care partner center reported finding the monitoring and training requirements burdensome. Staff from another child care partner program faced challenges traveling to trainings, particularly when they were not held in easily accessible locations. There were also concerns that attending training required staff to work longer hours.

In response to the difficulty that staff experienced attending off-site trainings, one partnership grantee worked to increase staff participation in professional development opportunities by offering trainings at individual centers. On-site trainings also allowed workers who were not assigned to EHS classrooms to participate in professional development, helping support quality strengthening efforts throughout the entire center rather than just in EHS classrooms.[4] To bypass the need to hire substitutes or find coverage in classrooms when teachers attended trainings, another partnership found it helpful to offer trainings later in the evening or over the weekend.

For larger partnerships, distance between the many child care partners added a layer of complexity in addressing compliance challenges related to HSPPS. Two grantees in larger partnerships (each with more than 10 child care partners spread out across a state) shared that providing trainings and supports around standards was particularly challenging due to the location of their partner programs. One grantee staff member intentionally scheduled regional trainings and shortened the length of trainings to reduce travel costs for partners. Purchasing an online portal that allowed child care partners to take classes online was also a strategy the grantee used. A grantee staff member from another large partnership noted that distance between child care partners challenged their ability to ensure that classrooms were set up properly and providers had a shared understanding of the HSPPS. In addition to requirements for professional development and classroom quality, grantees from both partnerships shared that the HSPPS Policy Council[5] requirement posed a unique challenge for large partnerships, as it was not feasible for policy council members to convene in one place for a meeting. In response, one grantee revised their bylaws to allow the option for parents to call into meetings and participate, ask questions, and vote over the phone.

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[4] This is one strategy for allowing the benefits of EHS to spill over to staff who are not part of the partnership. For other strategies for extending benefits to staff, as well as to children and families not enrolled in partnership slots, see the toolkit resource: Extending the Benefits of Early Head Start-Child Care Partnerships for Children and Families.

[5] A Policy Council is an elected body responsible for making decisions that guide a Head Start/Early Head Start program's design, operation, goals, and objectives. In EHS-CCPs, the Policy Council is made up of parents of children enrolled in partner centers and the community members that the program serves. For more information see: https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-642-powers-functions-head-start-agencies.

Additional insights from the field

A survey on earlier collaborations among child care, Head Start, and pre-K programs found that misalignment between subsidy enrollment and eligibility renewals and Head Start enrollment periods was a barrier to collaboration. Suggestions included that subsidy systems consider rule accommodations to better align requirements across systems, and that states consider establishing more flexible policies to align with Head Start.[xi] Findings from the recently conducted National Descriptive Study of EHS-CCPs revealed similar implementation challenges to the present study, including child care partners having trouble meeting the HSPPS on adult-child ratios, a lack of alignment between rules for EHS and child care systems, and differing staff training and credentialing requirements for Head Start and other child care systems like state Quality Rating and Improvement Systems.[vi]

Facilitators and Barriers Considerations

To support the successful implementation of EHS-CCPs, several lessons emerged from the interviews, focus groups, case studies, and meetings with partnership participants from our study, as well as insights from other research in the field. Below, we include a tool for partnerships to think through the facilitators and barriers they are facing in the implementation of their partnerships, and what steps might be taken to further strengthen implementation. The tool is organized according to the considerations, identified by EHS-CCPs participating in this study, as being the most salient to the successful launch and implementation of EHS-CCPs.

When reviewing the considerations and evaluating partnership strengths and challenges using this planning tool, it will be important for partners to recognize that implementation is not a linear process—issues that have been addressed previously may resurface as the partnership moves into a new phase of implementation. In addition, the mix of issues encountered in a partnership is always particular to that specific collaboration. Strategies for partnership implementation and ways to address potential challenges will vary based on contextual factors such as the type of partnership arrangement, setting type, collaboration size, available staff, staff roles and responsibilities, project timelines, geographic location, etc. Paying attention to contextual issues while reviewing the considerations may be helpful in reducing the risk of missteps and illuminating strategies that increase the likelihood of success.

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
I. Partnership Preparation			
Develop a project onboarding process to ensure partners have a clear understanding of their role within the partnership.	☐ There is a process for defining grantee and child care partner roles and identifying who to contact within the partnership and for what.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
	☐ There is a formal system to onboard and train child care partnership staff in HSPPS.		
	☐ There is a process for helping child care partners understand the HSPPS and ask questions about the partnership.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
II. Open and Ongoing Communication			
Check-in on a regular basis to help partners understand how their work contributes to and promotes better services for children and families.	☐ There are formal/regularly scheduled in-person meetings or phone calls between grantee and child care partners to check in about the partnership.		
	☐ There are facilitated opportunities (e.g., networking events, reserved time during meetings or trainings) for child care partners to connect, share successes, challenges, and ideas for improvements in their programs.		
	☐ Meetings have time reserved on the agenda to elicit each partners' thoughts, recommendations, and concerns.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
	☐ Informal communication between formal meetings like email or text messages occur on an ad hoc/as needed basis when information is needed in between formal meetings.		
Track tasks and responsibilities to ensure all staff have a clear focus on partnership goals and how to work towards them both individually and as a team.	☐ Grantees and child care partner staff work together to identify goals for their individual programs and the partnership.		
	☐ Grantee and child care partner staff work together to develop incremental steps toward achieving partnership goals.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
	☐ There is a process for keeping track of goals and checking in on progress.		

III. Clarification of and Respect for Differing Roles and Responsibilities

Strengthen connections and build relationships to support a culture of collaboration and mutual respect.	☐ There are opportunities for grantees and child care partners to discuss strengths and highlight partners' positive contributions.		
	☐ When challenges are identified (e.g., challenges in addressing HSPPS), grantee staff and child care partners work together to ensure understanding of the purpose underlying the requirement and to develop a plan to make progress.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
IV. Administrative, Operational, and Compliance Challenges			
Provide paperwork support and technical assistance on Head Start standards to reduce burden.	☐ There is a system to train child care partners in completing EHS required paperwork and maintaining updated records.		
	☐ Partners' documentation systems consider the reporting process child care partners are already following.		
	☐ Grantees work with child care partners to build in efficiencies to aid in completing paperwork.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
	☐ To reduce burden, forms for parents are streamlined and do not ask for duplicative or unnecessary information.		
Plan for family and child recruitment to support the maintenance of enrollment expectations and goals.	☐ Child care partners have access to resources and supports to maintain enrollment requirements.		
	☐ The partnership has help in understanding and addressing differences in eligibility requirements for child care and Head Start programs and for fulfilling guidelines for EHS-CCP slots.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
Understand program performance and quality strengthening standards to create a common vision and clarity around expectations for program operations.	☐ There is a process to review the HSPPS and communicate the potential financial implications of meeting those standards for potential child care partners.		
	☐ There is a process to communicate HSPPS to child care partners in plain language and explain the reasoning behind the requirements.		
	☐ Child care partners and grantee staff have a clear understanding of how HSPPS relate to other standards partners must follow.		

	Indicate whether the following are true of your partnership: (mark all that apply with an X)	Use this space to note any strengths your partnership demonstrates in this area	Use this space to note any areas where development of a plan is needed or where the program is facing challenges
	☐ Child care partners are supported in reconciling differences or discrepancies between HSPPS and other program standards (e.g. licensing, QRIS, CACFP).		

Conclusion

This resource draws on interviews, focus groups, and meetings of participants in six EHS-CCPs to highlight facilitators and barriers to successful implementation of EHS-CCPs. Importantly, each organization had its own norms, culture, and work practices that needed to be considered and negotiated while forming and implementing their partnerships. This resource provides practical strategies for professionals interested in designing and implementing cross-sector collaborations in early care and education by accounting for how program context—in addition to implementation facilitators and barriers—affected partnership implementation. We also expanded these findings to highlight strategies from other EHS-CCP research. It is our recommendation that this resource be used as a starting point for collaborative discussions during the initial planning stages of early care and education partnerships, and that the guidance provided helps facilitate a shared understanding of the key elements necessary for successful collaborations.

Additional Resources

- Ensuring Collaborative Partnerships: Strategies for Effective Meetings, Decision-Making, and Conflict Resolution – This resource summarizes insights for ensuring collaborative partnerships and provides question prompts to help partnerships think through important considerations for conducting effective meetings, making collaborative decisions, and addressing conflict in partnerships.
- Early Head Start-Child Care Partnership Organizational Readiness Chart with Implementation Guide – This resource describes important steps in planning for EHS-CCP program implementation. It also provides a tool for users to assess where they are in the planning process (i.e., starting, processing, or innovating).
- Shaping the Partnership: An Assessment Checklist –This tool helps EHS-CCP grantees and partners assess the progress related to (1) planning and developing the partnership; (2) communicating, decision making, and negotiating in the partnership; (3) managing the partnership; (4) leading the partnership; (5) assessing and stimulating continual improvement of the partnership; and (6) partnering with the greater community.
- Community Childcare and Early Head Start Collaboration ... Making a Match that Works – Appendix A provides a self-assessment tool for partnerships to reflect on the extent to which they are implementing key strategies for successful partnerships.
- Early Head Start Child Care Partnerships Annotated Bibliography – This resource highlights existing literature on Early Head Start and Head Start child care program partnerships. Findings on best practices from the literatature can be used by practitioners to inform their partnerships.

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