Early Head Start – Child Care Partnerships
Overview

• New Early Head Start – Child Care Partnership Funding
• Background on Child Care and Development Fund (CCDF)
• Background on Head Start (HS) & Early Head Start (EHS)
• Who can apply
• Criteria for Partnership
• Question and Answer Period
New Early Head Start – Child Care Partnership Funding

In the 2013 State of the Union address, President Obama announced plans to grow the supply of high-quality early learning opportunities for children from birth—3, so that more children from low-income families can develop and learn from an early age, through Early Head Start-Child Care Partnerships.

Public Law No: 113-76:

“$500,000,000 shall be available through March 31, 2015...for new discretionary grants for high quality infant and toddler care through Early Head Start – Child Care Partnerships...”
Early Head Start – Child Care Partnerships

• Support states and communities in expanding high quality early learning and development opportunities for infants and toddlers.

• Early Head Start applicants who demonstrate partnership will join with child care providers who agree to meet high standards of quality.

• Enhance and support early learning settings; provide new, full-day, comprehensive services that meet the needs of working families; and prepare children for the transition into preschool.
## Child Care and Development Fund (CCDF)

### OCC Vision

- More children in low-income families able to access high quality care

### CCDF Purpose

- Assists low-income working families obtain child care so they can work or attend training/education
- Improves quality of child care and promotes coordination among early childhood development and afterschool programs

### CCDF Law

- Child Care and Development Block Grant Act (CCDBG) of 1990
- Section 418 of Social Security Act
Who Benefits from CCDF...

**Children** from birth through age 12 in vulnerable families have access to child care settings that meet their needs.

**Parents** in eligible low-income families who are working or in training receive help paying for child care at a provider of their choice.

**Child care providers** receive reimbursement for serving low-income families. Child providers receive supports from States and Territories to improve quality of care.
CCDF Overview

- **Grantees.** 50 States, DC, Territories, and 260 Tribal entities.
- **Funding.** Jointly financed by Federal and State governments. CCDF program combined federal funding for FY 2012 - $5.2 billion.
- **Flexibility.** CCDF provides flexibility to States, Territories, and Tribes in establishing policies that support families’ access to child care through subsidies.
- **Coordination.** CCDF allows States, Territories, and Tribes to serve families through a single, integrated child care subsidy program under the rules of the CCDBG Act. States coordinate CCDF with Head Start, pre-kindergarten, and other early childhood programs.
## CCDF Data (FY2012 Preliminary)

<table>
<thead>
<tr>
<th>Age of Children</th>
<th>0&lt;1 yr</th>
<th>1&lt;2 yrs</th>
<th>2&lt;3 yrs</th>
<th>0&lt;3 yrs (TOTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Count of Children Served</td>
<td>74,355</td>
<td>148,777</td>
<td>192,043</td>
<td>415,175</td>
</tr>
<tr>
<td>Percentage of CCDF Caseload</td>
<td>5%</td>
<td>10%</td>
<td>13%</td>
<td>28%</td>
</tr>
<tr>
<td>Average Monthly Hours</td>
<td>155</td>
<td>162</td>
<td>164</td>
<td>162</td>
</tr>
<tr>
<td>Average Monthly Subsidy per Child</td>
<td>$467</td>
<td>$473</td>
<td>$452</td>
<td>$462</td>
</tr>
<tr>
<td>Percent Children below 100% of Poverty</td>
<td>66%</td>
<td>64%</td>
<td>63%</td>
<td>64%</td>
</tr>
<tr>
<td>Percent Children Served in Licensed/Regulated Care</td>
<td>82%</td>
<td>87%</td>
<td>89%</td>
<td>87%</td>
</tr>
<tr>
<td>Percent Children Served in Family Child Care Home</td>
<td>31%</td>
<td>29%</td>
<td>16%</td>
<td>28%</td>
</tr>
<tr>
<td>Percent Children Served in Center</td>
<td>65%</td>
<td>68%</td>
<td>72%</td>
<td>69%</td>
</tr>
</tbody>
</table>
CCDF Grantee Flexibility

- **Eligibility.** States, Territories, and Tribes set policy on how often to re-determine a family’s subsidy eligibility, and income level for eligibility.

- **Co-Payment.** Most families who receive child care assistance are required to pay co-payments. States can waive copays for families below poverty.

- **Payment Rates.** Subsidized payment rates and parent fees must be established in a way that allows families equal access to all types of care.

- **Quality Investments.** Partnerships can be established to improve quality through: increased access to professional development; aligned standards; expanded supply; and provision of comprehensive services.
CCDF Partnership Opportunities

Identify children who need services. Potential grantees could use the CCDF waiting list to enroll Early Head Start eligible children.

Stabilize families’ subsidies. CCDF grantees can align eligibility periods with Early Head Start and lengthen the time between redetermination.

Waive co-pays for families below poverty.

Contracts or grants for slots. States have the option of distributing funds through grants or contracts which can stabilize funding for partnerships.
CCDF improves the quality of care to support children’s healthy development and learning by supporting child care licensing, quality improvements systems to help programs meet higher standards, and support for child care workers to attain more training and education.
## CCDF Health and Safety Requirements

State, Territories, and Tribes have responsibility for ensuring the health and safety of children in child care through the licensing system and/or the establishment of health and safety standards for providers who care for children receiving CCDF funds.

<table>
<thead>
<tr>
<th>CCDF Health and Safety Requirements</th>
<th>State Licensing Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Control of Infectious Diseases</td>
<td>49 States have licensing standards that address care of infants/toddlers</td>
</tr>
<tr>
<td>Building and physical premise safety</td>
<td>43 address supervision</td>
</tr>
<tr>
<td>Minimum health and safety training</td>
<td>43 require programs/activities specific to infants/toddlers (including nutrition)</td>
</tr>
<tr>
<td></td>
<td>44 require equipment/materials specific to infants/toddlers</td>
</tr>
<tr>
<td></td>
<td>23 require primary caregiver for each infant</td>
</tr>
<tr>
<td></td>
<td>17 require specific qualifications for staff</td>
</tr>
</tbody>
</table>
CCDF Quality Investments

$1 billion a year spent on quality improvement activities.

- Lead Agencies are required to spend at least 4% of CCDF allocation on these activities. Actual State spending was 12% in FY2010
- Includes $100M specifically set-aside by Congress for infants and toddler care

Quality funds are spent for:

- professional development and training for the child care workforce;
- grants or loans to help programs meet quality standards
- enforcement of health and safety requirements;
- consumer education and resource & referral services, etc.

States use the flexibility of quality funds to promote innovation
Infant and Toddler Workforce Trends

- **Infant-Toddler Credentials (FY2014-2015 Plan)**
  - 26 States and Territories have career pathways (or lattice) include specializations or credentials for working with infants and toddlers

- **Core Knowledge and Competencies (FY2014-2015 Plan)**
  - 23 States/Territories have supplemental or specialized competencies for birth to three
  - 14 States/Territories have supplemental or specialized competencies for birth to five

- **Infant-Toddler Specialists/Networks (PDW, 2013)**
  - 27 States have infant-toddler specialists and/or ITSN
Purpose of Head Start & Early Head Start

To promote the school readiness of low income children by enhancing their cognitive, social and emotional development –

• in a learning environment that supports children’s growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, physical skills, and approaches to learning and

• through the provision of health, educational, nutritional, social and other services that are determined, based on family needs assessments, to be necessary.
Early Head Start (EHS)

Added to the Head Start Act in 1995 to:

“provide family-centered services for low-income families with very young children designed to promote the development of the children and to enable their parents to fulfill their roles as parents and to move toward self sufficiency”
Scope and Design of EHS from Act

• Provide early, continuous, intensive, and comprehensive child development and family support services that will enhance the physical, social, emotional, and intellectual development of participating children;

• Ensure that the level of services provided to families responds to their needs and circumstances;

• Promote positive parent-child interactions;

• Provide services to parents to support their role as parents;

• Ensure that children with documented behavioral problems receive appropriate screening and referral;

• Ensure formal linkages and coordination with other programs in the State, local Head Start programs, other local providers of early childhood education and providers of early intervention services; and

• Implement a systematic procedure for transitioning children.
EHS Options for Child Care Partnerships

• Center Based Option
  – “Full year” center based program

• Family Child Care Option
  – All EHS with FCC as primary delivery (with some structural differences-i.e. ratios, space, class size)

• Combination of Center and Family Child Care
Head Start Performance Standards

• The code of Federal regulations – 45 CFR PART 1301 - 1311 — contains the Program Performance Standards for the Operation of Head Start Programs by Grantee and Delegate Agencies

• The Performance Standards are the mandatory regulations that grantees and delegate agencies must implement in order to operate a Head Start and/or Early Head Start program.
Head Start Performance Standards

Provide Head Start grantee requirements for:

- Eligibility, recruitment, selection, attendance
- Early childhood education and development
- Health and safety
- Health promotion
- Nutrition
- Disabilities
- Parent involvement
- Family partnerships
- Community partnerships
- Administrative and financial management
- Transportation and facilities
Key EHS Requirements: Ratios and Group Size

• Center based
  – One teacher for every 4 infants and toddlers
  – Maximum group size of 8

• Family Child Care
  – One Provider: max group size of 6 with no more than 2 under age 2
  – Provider and assistant: max group size of 12 with no more than 4 infants and toddlers (with only 2 under 18 months)
Key EHS Requirements: Staff Credentials

EHS Center Based Teacher Credentials

Head Start Act Section 645A(h):

(1) Ensure that, not later than September 30, 2010, all teachers providing direct services to children and families participating in Early Head Start programs located in Early Head Start centers, have a minimum of a child development associate credential, and have been trained (or have equivalent coursework) in early childhood development; and

(2) establish staff qualification goals to ensure that not later than September 30, 2012, all such teachers have been trained (or have equivalent coursework) in early childhood development with a focus on infant and toddler development.
<table>
<thead>
<tr>
<th>Continuity</th>
<th>Child Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary caregiver</td>
<td>• Evidence based curriculum and teaching practices</td>
</tr>
<tr>
<td>• Continued eligibility</td>
<td>• Ongoing child assessment</td>
</tr>
<tr>
<td>• Full year services</td>
<td>• Individualized services</td>
</tr>
<tr>
<td></td>
<td>• Continuous program improvement</td>
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</tbody>
</table>
KEY EHS REQUIREMENTS: Health

- Health Promotion
  - Screenings (sensory and developmental)
  - Referral and follow up
  - Determination of ongoing source of care and up to date on well baby/EPSDT and help with connecting
  - Oral health
  - Nutrition
  - Mental Health
- Safe sleep, feeding and environments
- Health and Safety and Hygiene and sanitation
KEY EHS REQUIREMENTS: Family and Community Partnerships

- Increased parent knowledge of child development
- Parent Engagement as experts and advocates for their children
- Policy Councils and Committees
- Opportunities for Family Partnership/Goal Setting Opportunities
- Family access to needed community resources
- Two Home visits in Center Based programs
EHS-CC Partnerships
The Details: Application and Funding

How will Early Head Start-Child Care Partnership funds be awarded?
Funds will be awarded competitively through the Early Head Start grant process.

Who is eligible to participate in the Early Head Start-Child Care Partnerships?
All agencies eligible to apply for Early Head Start funds can apply for Partnership competition grants, including tribes and territories, community organizations, non-profit or for profit organizations, and state and local governments.
EHS-CC Partnerships

The Details: Workforce

Will there be enough qualified infant and toddler teachers for this expansion?
Child-caregiver relationships are a critical indicator of quality early learning experiences. Leveraging Early Head Start’s strong track record of recruitment and retention of quality providers, the Partnerships will combine new and existing resources to build the capacity needed for the President’s Early Learning Initiative.

Will child care teachers be paid the same as Early Head Start teachers?
Part of the Partnership’s intention is to close gaps in standards and resources between Early Head Start and child care. We will provide funds sufficient to establish comparable program standards and compensation.

What training requirements will teachers need to meet?
All staff at both sites will meet the qualifications required for Early Head Start. New grantees will have 18 months to meet these criteria.
Ways You Can Help

• If your organization has the capacity to provide high quality infant and toddler care, consider forming a partnership and applying. We need good providers around the country.

• If you have expertise in infant and toddler care and/or Early Head Start, apply to be a reviewer. We will need hundreds of well-qualified reviewers to panel grant applications.

• If you have training expertise, private resources (e.g. philanthropy), or in-kind services to offer, connect with high quality providers in your community to help them write strong applications and implement great partnerships.
Timeline

- Get input from a broad array of stakeholders
- Publish FOA - spring 2014
- Panels late summer/fall 2014
Questions?