



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

# **101: Early Head Start-Child Care Partnerships**

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# 101: EARLY HEAD START-CHILD CARE PARTNERSHIPS

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

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

These investments are now supporting 275 new EHS-CC Partnerships and Expansion grantees. EHS-CC Partnership grantees are partnering with more than 1,300 local child care centers and 800 family child care programs, with additional partners coming online each month. Additional grants will be awarded by March 2017 with the \$135 million increase in FY2016 funding.

Three types of grants are available<sup>1</sup>:

- *EHS Expansion and EHS-CC Partnership Grants*
- *American Indian and Alaska Native EHS Expansion and EHS-CC Partnerships*
- *Migrant and Seasonal EHS Expansion and EHS-CC Partnerships*

This guide will provide an overview of the EHS-CC Partnership Program, EHS, and CCDF. Additional EHS-CC Partnership resources are available on the Early Childhood Learning & Knowledge Center (ECKLC), and are accessible: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehs-ccp>

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<sup>1</sup> The 2016 Funding Opportunity Announcements are available at: <https://eclkc.ohs.acf.hhs.gov/hslc/grants/grant-toolkit/foa.html>

# THE BASICS: EARLY HEAD START-CHILD CARE PARTNERSHIPS

The EHS-CC Partnership grants allow local EHS grantees and programs and their child care partners to leverage their funds to provide high quality, comprehensive early learning experiences to more infants, toddlers and families. EHS Expansion and EHS-CC Partnership funds are awarded through the EHS program, thus all grantees and partners must meet the Head Start Program Performance Standards (HSPPS).

## *An Overview of Early Head Start-Child Care Partnerships:*

- ✓ *EHS-CC Partnership is a competitive grant opportunity that incentivizes local partnerships between EHS programs and child care programs to increase the number of infants and toddlers in high quality early learning programs*
- ✓ *Grantees may include center-based and/or family child care program options in their partnerships*
- ✓ *All EHS-CC Partnership grants will be new, 54-month grants.*
- ✓ *Entities currently eligible to apply for EHS funds will be eligible to apply for EHS-CC Partnership funds.*
- ✓ *Grantees will receive technical assistance*
- ✓ *Grantees will not be subject to Head Start Designation Renewal System (DRS) for the first 18 months of the grants after the initial award.*
- ✓ *2016 funding will be available within each Region, with Regional allocations based on the number of young children in poverty; however, only high quality applications will be funded.*
- ✓ *Funds will be set-aside for American Indian/Alaska Native and Migrant and Seasonal Head Start programs.*

The EHS-CC Partnership is a unique opportunity which brings together EHS and child care through layering of funding to provide comprehensive and continuous services to low-income infants, toddlers, and their families. The EHS-CC Partnership grants are serving as a learning laboratory for the future of high-quality infant/toddler care.

In CCDF, over 60 percent of infants and toddlers served are in families living below the federal poverty level, and are, therefore, also eligible for Early Head Start. Also, because of the relatively underserved proportion of subsidy-eligible children under age three in high-quality early learning programs, applicants are strongly encouraged to target areas with high concentrations of subsidy-receiving and subsidy-eligible (e.g. children on subsidy waiting lists) children and their families. For children in poverty already in child care, improving the quality of those child care programs is a need often identified by communities.

EHS-CC Partnerships play an important role in the early childhood system by bringing together the strengths of both child care and EHS programs. Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services. In addition, child care providers have experience providing care that is strongly grounded in the cultural, linguistic, and social needs of the families and their local communities. Many child care centers and family child care providers, however, lack the resources to provide the comprehensive services needed to support better outcomes for the nation's most vulnerable children. Integrating EHS comprehensive services and resources into the array of traditional center-based child care and family child care settings creates new opportunities to improve outcomes for infants, toddlers, and their families.

EHS-CC Partnerships also have the benefit of "ripple effects" for children who may not be in an EHS-CC Partnership slot, but who receive services at a EHS-CC Partnership site, increasing the positive reach of the model. For example, all infants and toddlers attending an EHS-CC Partnership site will benefit from facilities and homes that are licensed and meet safety requirements. All children in classrooms with EHS-CC Partnership-enrolled children will benefit from low teacher-to-child ratios and class sizes, qualified teachers receiving ongoing supervision and coaching to support implementation of curriculum and responsive caregiving, and broad-scale parent engagement activities. EHS-CC Partnership funds can only be used to provide direct family and child-specific benefits such as home visits, provision of diapers while in care, health and nutrition support, mental health services, health tracking and follow-up and individualized family support services only to enrolled children. However, EHS programs must operationalize services to ensure there is no segregation or stigmatization of EHS-CC Partnership children or families due to additional requirements or services.

EHS-CC Partnership grants are required to use a layered funding model, which differs significantly from "wrap around services." In the funding model known as "wrap around services" EHS funds have historically been used to provide a minimum of six hours of comprehensive EHS-compliant care (i.e., meets HSPPS requirements) and in those programs their partner child care agencies provide "wrap around care" before and/or after the EHS-compliant hours. In contrast, the layered funding model was intentionally designed to enhance the quality of child care for infants and toddlers throughout the entire service day. The layered funding model integrates the additional resources and services that meet HSPPS for a seamless full-day and full-year of comprehensive services. Layered funding entails child care subsidy and Head Start funds each paying a portion of the cost of all of the hours of care. Infants and toddlers must be placed in high-quality care with qualified teachers for the entire time they are enrolled in the EHS-CC partnership program.

## **APPLYING FOR FY16 FUNDING**

### ***Eligible Applicants***

Eligible applicants are any public entities, including states, or non-profit or for-profit private entities, including community-based and faith-based organizations, pursuant to section 645A(d) of the Head Start Act, 42 U.S.C. § 9840a(d).

Eligible entities include: (1) entities operating Head Start, (2) entities operating Indian Head Start or Migrant or Seasonal Head Start programs, and (3) other public entities, and nonprofit or for-profit private entities, including community-based and faith-based organizations, capable of providing child and family services that meet the standard for participation in programs under the Head Start Act.

Please note, “(1) entities operating Head Start programs” includes entities operating Head Start, Early Head Start and/or EHS-CC Partnership programs.

Applications from individuals (including sole proprietorships) and foreign entities are not eligible. Faith-based and community organizations that meet the eligibility requirements are eligible to receive awards under this funding opportunity announcement.

Applicants should refer to the most recent Funding Opportunity Announcements for the specific requirements. Additional resources for prospective applicants are available through the OHS Grant Application Toolkit at: <http://eclkc.ohs.acf.hhs.gov/hslc/grants/grant-toolkit>

## **EARLY HEAD START 101**

This section provides an overview of EHS. Because the goal of EHS-CC Partnership is to ensure high quality programs that meet EHS standards, funds will be administered through the Early Head Start program. All Partnership grantees must abide by the HSPPS.

EHS is a Federally-funded, full-day and full-year, family-centered early care and education program for low-income infants and toddlers that was authorized in 1994. The program provides early, continuous, intensive, and comprehensive child development and family support services that enhance the physical, social, emotional, and intellectual development of participating children. In addition, EHS provides young children with an array of comprehensive services, including health, nutritional, behavioral, and family services. The principles of EHS include:

- *An Emphasis on High Quality* which recognizes the critical opportunity of EHS programs to positively impact children and families in the early years and beyond
- *Prevention and Promotion Activities* that both promote healthy development and recognize and address atypical development at the earliest stage possible
- *Positive Relationships and Continuity* which honor the critical importance of early attachments for healthy development in early childhood and beyond. The parents are viewed as a child's first, and most important, relationship
- *Parent Involvement* activities that offer parents a meaningful and strategic role in the program's vision, services, and governance
- *Inclusion* strategies that respect the unique developmental trajectories of young children in the context of a typical setting, including children with disabilities and/or developmental delays

- *Cultural Competence* which acknowledges the profound role that culture plays in early development. Programs work within the context of home languages for all children and families
- *Comprehensiveness, Flexibility and Responsiveness of Services* which allow children and families to move across various program options over time, as their life situation demands
- *Transition Planning* respects families' need for thought and attention paid to movements into—and out of—Early Head Start programs
- *Collaboration* with community partners, including other early childhood and family services, is central to an Early Head Start program's ability to meet the comprehensive needs of families. Strong partnerships allow programs to expand their services to families with infants and toddlers beyond the door of the program and into the larger community

### ***Family Eligibility, Enrollment, Recruitment, and Attendance***

Families with children infants and toddlers under the age of 3 in child care centers and families with children infants and toddlers under the age of 4 in family child care homes. The EHS-CC Partnership grants may not be used to provided services using the EHS home-based program option as defined in 45 CFR 1306.3(j).

In addition, children and families must also fit into at least **one** of the following categories:

- Families with incomes below the Federal poverty level
- Families eligible for the Temporary Assistance for Needy Families (TANF) program or the Supplemental Security Income (SSI) program
- Children who are experiencing homelessness<sup>2</sup>
- Children in foster care or served by the child welfare system
- Children who have a disability

Programs are allowed to fill up to 10% of their slots with children from families whose income is above the Federal poverty line. In addition, at least 10% of slots must be filled with children with disabilities.

Once children have been found eligible and are participating in EHS, they remain eligible for the remainder of the program. When a child moves from EHS to Head Start, family income must be re-verified. EHS agency staff may confirm a family's eligibility using documents that prove income levels over the 12 months before enrollment.

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<sup>2</sup> The term "homeless children" is defined as children who lack a fixed, regular, and adequate nighttime residence and includes: 1) children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster placement; 2) children who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; 3) children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and 3) migratory children who qualify as homeless under the criteria above.

In order to reach those most in need, grantees must actively encourage local families who are EHS eligible to apply to the program. Programs are required to have a waiting list so that vacant slots are filled as soon as possible.

Attendance is critical to fulfilling EHS's mission. When the monthly average daily attendance for a center-based program falls below 85%, the program must determine the causes of absenteeism. If the absences result from factors other than illness, such as temporary family problems, the program must provide families with the appropriate support. This includes home visits or other direct contact with the child's parents. In circumstances of chronic absenteeism, if it is not feasible to enroll the family in another program option, the slot may be offered to another family on the waiting list.

### ***A Review of Eligibility, Enrollment, Recruitment, and Attendance***

- ✓ *Infants and toddlers under the age of 3 in child care centers or children under age 4 in family child care homes and whose family income falls below the Federal poverty level are eligible for EHS*
- ✓ *Children who are eligible for public assistance, are homeless, have a disability, or are in the child welfare system are also eligible for EHS*
- ✓ *Up to 10% of slots can be filled with high need children above the poverty line*
- ✓ *Once deemed eligible for EHS, a child remains eligible for the duration of the program*
- ✓ *EHS programs must actively recruit local eligible families to the program and keep a waiting list*
- ✓ *Attendance must be monitored and family contact must be made in instances of high absenteeism*

## ***Ratios***

### ***Early Head Start Ratio and Group Size Requirements***

Early Head Start programs follow the Head Start Program Performance Standards (HSPPS) to determine the ratio and group sizes for infant and toddler classrooms and family child care homes. These standards are based in research that indicates safe/quality environments are linked to low adult-to-child ratios and small group sizes. Smaller group sizes, particularly for infant and toddler classrooms, lead to quality indicators such as more language use in the classroom and less stress on teachers.

Tables 1 and 2 outline the HSPPS for group size and adult: child ratios for both center-based care and family child care.

**Table 1: Group Size and Adult: Child Ratios for Early Head Start Child Care Centers**

<b>Type of program:</b> <i>EHS-CCP, EHS, HS</i>	<i>HS-CCP, EHS, HS with child care sites serving children from birth to 36 months old</i>	
# of adults	1 teacher	2 teachers
Maximum group size	<ul style="list-style-type: none"> <li>• 4 children</li> <li>• group size is limited to 8 children with 2 adults</li> </ul>	<ul style="list-style-type: none"> <li>• 8 children</li> <li>• group size is limited to 8 children with 2 adults</li> </ul>
Regulation	1304.52(g)(4)	
Additional regulations	Follow local and state requirements when they are more stringent	

**Table 2: Group Size and Adult: Child Ratios for Early Head Start Family Child Care**

<b>Type of program:</b> <i>EHS-CCP, EHS, HS</i>	<i>EHS-CCP, EHS, HS with FCC sites serving children from birth to 5 years old and up</i>		<i>EHS-CCP, EHS, MSHS with FCC sites serving children from birth to 36 months old</i>
# of adults	1 teacher	2 (one provider and one assistant)	1 teacher
Maximum group size	<ul style="list-style-type: none"> <li>• 6 children</li> <li>• no more than 2 (of the 6) may be under 2 years old</li> </ul>	<ul style="list-style-type: none"> <li>• 12 children</li> <li>• no more than 4 (of the 12) children may be under 2 years old</li> </ul>	<ul style="list-style-type: none"> <li>• 4 infants and toddlers</li> <li>• no more than 2 (of the four) children under 18 months old</li> </ul>
Regulation	1306.20(g)(1)		1306.20(g)(2)
Additional regulations	<p>Programs should follow local and state requirements when they are more stringent.</p> <p>1306.20(g) Whenever present, not at school or with another care provider, the family child care provider's own children under the age of 6 years must be included in the count.</p> <p>1306.20(g)(3) Additional assistance or smaller group size may be necessary when serving children with special needs who require additional care</p>		

Best practices suggest: Young children are better served in smaller group sizes/higher adult: child ratios– in which their needs can be more effectively and immediately be attended.

Also there's a [Group Size and Adult/Child Ratios for Head Start, Early Head Start, Home-Based & Family Child Care](#) [PDF, 311KB] chart outlining the Head Start standards that must be met for adult-to-child ratios

and group sizes available on the Early Childhood Learning and Knowledge Center (ECLKC).

### ***Staff and Professional Development***

Prior to hiring employees, grantees must conduct an interview, verify references, and obtain a State, Federal, and/or tribal criminal record check. Grantees must provide pre-service training and in-service training opportunities for program staff and volunteers to enhance the knowledge and skills they need to deliver EHS services. In addition, programs must develop a professional development plan for each full-time employee who provides direct services to children.

Staff must have familiarity with the ethnic background of the families they serve. If the majority of children in a classroom speak one language, at least one direct-service staff member must speak that language. Teachers must be able to communicate with all families, either directly or through a translator.

**Teachers:** All EHS teachers must have the knowledge and skills necessary to develop consistent, stable, and supportive relationships with young children and their families. They must have knowledge of infant and toddler development, safety issues in infant and toddler care, and methods for communicating effectively with infants and toddlers. In addition, teachers must be able to plan and implement learning experiences that address social-emotional development, early language and literacy, early math and science, problem solving, and approaches to learning.

Center-based EHS teachers must have a minimum of an Infant -Toddler Child Development Associate (CDA) or a comparable credential *or* a preschool CDA (or comparable credential) with training in infant toddler development. Family child care Early Head Start teachers must have previous early child care experience and, at a minimum, enroll in a Child Development Associate (CDA) program, an Associate's degree program, or Bachelor's degree program in child development within six months of beginning service. The family child care provider must acquire the credential or degree within two years of beginning service.

**Center Directors:** EHS directors must have demonstrated abilities and skills in human services program management.

**Specialists and Consultants:** Grantees must hire staff or consultants who meet the qualifications below to provide content area expertise and oversight to programs. One consultant or staff member may serve in more than one role, assuming they meet the adequate qualifications for each role. Agencies must determine the appropriate staffing pattern necessary to provide these functions.

Education and child development services must be provided by a staff member or consultant with a B.A. or advanced degree in early childhood education or a B.A. in a related field with equivalent coursework and experience in early childhood development. They must have the capacity to offer assistance to other teachers in curriculum implementation and adaptation to meet the individual needs of children in the program. In addition, for grantees who offer a family child care option, child development specialists must provide professional development, assist in the delivery of comprehensive services, and assure linkages between the provider and other staff members. The specialist will make regular announced and unannounced visits to each home.

Health-related services must be provided by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. All health procedures must be performed only by a licensed/certified health professional.

Nutrition services must be provided by registered dietitians or nutritionists.

Mental health services must be provided by licensed or certified mental health professionals with experience in serving young children and families.

Family and community partnerships services must be implemented by staff or consultants with training and experience in field(s) related to social, human, or family services.

Parent involvement services must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.

Disabilities services must be provided by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

### ***A Review of Staff and Professional Development***

- ✓ *EHS programs must provide pre-service and in-service training to program staff and volunteers related to health, safety, early learning and comprehensive services*
- ✓ *All programs must have a professional development plan for direct-care staff and show advancement in that plan*
- ✓ *All EHS teachers must have the knowledge and skills necessary to develop stable, enriching, and supportive relationships with young children and their families*
- ✓ *Center-based teachers must have a minimum of an Infant-Toddler CDA or a Preschool CDA with equivalent coursework in infant-toddler development*
- ✓ *Family child care teachers must have previous early child care experience and, at a minimum, enroll in an early childhood credential or degree program within six months of beginning service*
- ✓ *Child development consultants or specialists must have a B.A. or advanced degree in early childhood education or a B.A. in a related field with equivalent coursework and experience in early childhood development*
- ✓ *Specialists or consultants providing comprehensive services including health, nutrition, mental health, parent and community partnerships, and parent involvement services must meet the professional qualifications specified in the Head Start Program Performance Standards*

## ***Child Development and Education***

Program staff must develop secure and trusting relationships with young children by having consistent teachers and engaging in developmentally appropriate and culturally responsive practices. Programs must promote the cognitive, social-emotional, and motor development of infants and toddlers using a research-based early childhood curriculum. The curriculum must have standardized training procedures and materials to support implementation. In addition, it must be linked to ongoing assessment, with measurable developmental and learning goals.

## ***Health and Safety***

Health and safety policies are the most fundamental practices to a high quality early care and education program. Programs must communicate with parents to assure that all parties are aware of any special health and safety needs children may have. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

**Policies:** Programs must establish and implement policies and procedures to respond to medical and dental health emergencies. All staff must be familiar and trained in these policies and procedures. At a minimum, these policies and procedures must include:

- Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention
- Posted locations and telephone numbers of emergency response systems
- Up-to-date family contact information, authorization for emergency care for each child, and methods of notifying parents in the event of an emergency involving their child
- Posted emergency evacuation routes and other safety procedures which are practiced regularly
- Methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws

**Medication Administration:** Grantees must establish written procedures regarding the administration, handling, and storage of medication for every child. This includes labeling and properly storing all medications, designating a trained staff member to administer all medications, obtaining parent and physician instructions and authorization for all medication administration, and recording changes in a child's behavior that may have implications for drug dosage or type.

**Spills:** Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other bodily fluids. Spills of bodily fluids must be cleaned, disinfected, and disposed of in a plastic bag with a secure tie.

**Hand washing:** Staff, volunteers, and children must wash their hands in accordance with CDC guidelines.

## ***A Review of Health and Safety***

- ✓ *Programs must ensure the health and safety of children and communicate regularly with parents regarding the health and safety needs of children*
- ✓ *Programs must establish and implement policies and procedures to respond to medical and dental health emergencies*
- ✓ *Programs must maintain up-to-date family contact information and methods for notifying parents of emergencies*
- ✓ *Programs must have clear policies and procedures for handling cases of child abuse and neglect that comply with State and local reporting regulations*
- ✓ *Programs must post emergency plans, evacuation routes, and telephone numbers of emergency response systems*
- ✓ *Programs must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child*
- ✓ *Staff, volunteers, and children must wash their hands in accordance with CDC guidelines*
- ✓ *All facilities must have a readily available first-aid kit*

## ***Children with Disabilities***

Serving children and families with the highest needs is one of Head Start's primary missions. At least 10% of any program's enrollment must be children with disabilities. Working in partnership with Part C agencies and other community agencies, EHS programs must provide the appropriate services for children with disabilities in inclusive settings, guided by a disabilities service plan.

**Disabilities Service Plan:** Head Start grantees must develop a disabilities service plan for each child with a disability that outlines strategies for meeting their needs and is aligned with the Individual Family Service Plan (IFSP). The plan must assure that children with disabilities receive all of Early Head Start's services and fully participate in all of EHS's activities, with appropriate modifications. The components of the plan include:

- Procedures for timely screening and referral
- Assurance of facility accessibility
- Availability of appropriate materials/equipment
- Evidence of meeting State standards for personnel serving children with disabilities

**Services and Supports:** Children with disabilities often need additional services, such as occupational therapy or speech language therapy. The disability service plan must include a commitment to develop formal agreements with the local education agency and other community partners who may provide specialized interventions. A description of the services EHS will provide

directly and the services other agencies will provide must also be included. The grantee must provide, or arrange for another entity to provide, supports such as:

- Audiology services
- Physical therapy
- Occupational therapy
- Speech/language services
- Psychological services
- Transportation for children with disabilities to other service providers
- Assistive technology services

A continuum of services from various agencies must be available for children with disabilities and their families to ensure all of their needs are met. Programs may have a shared provision of services with other agencies, share personnel to supervise special education services, implement administrative accommodations such as having two children share one enrollment slot when each child's IFSP calls for part-time service, and execute any other strategies that ensure that special needs are met.

**Disabilities Coordinator:** The grantee must have a disabilities coordinator who is responsible for developing the disabilities service plan and assuring the needs of children with disabilities are met, in collaboration with all relevant coordinators, teachers, and parents. The disability coordinator may serve in more than one role, depending on the size of the program and assuming the individual meets the adequate qualifications for each role. For example, this person may fulfill the duties of the disabilities coordinator and the mental health consultant.

**Use of Funds:** Grantees may spend funds on salaries for disability specialists, evaluation of children, services and accommodations, transportation, special equipment or materials, and training and technical assistance.

### ***A Review of Disabilities***

- ✓ *Children with disabilities must receive all EHS services and participate in all of EHS's activities, with appropriate modifications*
- ✓ *EHS programs must develop a disabilities service plan aligned with the IFSP that describes how the needs of children with disabilities will be met*
- ✓ *The program must ensure that the disabilities service plan meets State standards for serving children with disabilities*
- ✓ *The disabilities service plan must include interagency agreements with the LEAs and other agencies within the program's service area*
- ✓ *EHS programs must provide appropriate services for children with disabilities, either directly or by linking families to community partners*
- ✓ *Each program must employ a disability services coordinator*

- ✓ *Funds may be used for activities to assure the needs of children with disabilities are met*

## ***Comprehensive Services***

### ***Health, Developmental and Behavioral Screening and Follow-Up***

The main pillar that separates EHS and Head Start from many other early learning programs is the delivery of comprehensive services, including health, developmental and behavioral screening and follow-up.

Observations and recordings of each child's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns must be done on an ongoing basis in collaboration with families.

In addition, within the first 90 days of children's participation, programs must ensure that children have a source of health care and are up to date on all primary and preventative health care, including medical, dental, and mental health services. For children who do not have a source of health care and/or are not up to date on health services, programs must assist the family in attaining health care and the necessary services for their child. EHS funds may be used for medical and dental services when no other source of funding is available.

Within the first 45 days in the program, all children must receive culturally appropriate sensory, developmental and behavioral screening. Programs may do the screening themselves or arrange for outside entities to screen children. Programs must then obtain guidance from a mental health or child development professional on how to use the findings to address children's needs. If any needs are identified through screening, programs must work with families to provide linkages to specialists, such as local early intervention providers or the medical home, who can conduct further evaluation and support.

Enrolled families with infants and toddlers diagnosed with- or suspected of having- a disability should be referred to a local early intervention agency to coordinate any needed evaluations, determine eligibility for services, and coordinate the development of an Individualized Family Service Plan (IFSP). Programs must encourage and support parent participation in the evaluation and IFSP development process.

#### ***A Review of Health, Developmental, and Behavioral Screening and Follow-Up:***

- ✓ *Programs must ensure that all children have health care and healthcare needs met within the first 90 days of enrollment.*
- ✓ *All children must receive sensory, developmental and behavioral screenings within 45 days of enrollment*
- ✓ *Programs must work with families to track ongoing health and development*
- ✓ *Programs must link families to services and supports when needs are identified*

## ***Child Social-Emotional Health***

Parents and staff must communicate regularly on children's social-emotional health and staff should support parents' participation in any needed interventions. All programs must offer a regular schedule of on-site mental health consultation involving a mental health professional, program staff, and parents. This consultation should include parent and staff education on children's social-emotional health issues and direction on implementing programs that meet children's behavioral and social-emotional health needs. Mental health consultants must also assist in connecting children with developmental concerns or who demonstrate atypical development to other community mental health resources, as needed.

## ***Nutrition***

All EHS and Head Start grantee and delegate agencies must participate in the USDA's Child and Adult Care Food Program. EHS funds may be used to cover nutritional costs not covered by the USDA. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws. Programs must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws.

Programs must meet the nutritional needs and feeding requirements of each child, taking into account nutrition assessments, family eating patterns and cultural preferences, dietary requirements or restrictions, and feeding requirements for children with disabilities. Staff should keep parents informed of current feeding schedules and food provided, meal patterns, new foods introduced, food intolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition. Staff must also promote effective dental hygiene among children and families.

Infants and young toddlers must be fed "on demand" to the extent possible or at appropriate intervals. Each child in a program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day. In addition, all children who have not received breakfast at the time they arrive at the EHS program must be served a nourishing breakfast. All food served must be appropriate to the nutritional needs, developmental readiness, and feeding skills of infants and toddlers, as recommended in the USDA meal pattern or nutrient standard menu planning requirements.

Grantees must ensure that nutritional services contribute to the development and socialization of enrolled children by providing that:

- A variety of food is served which broadens each child's food experiences
- Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food
- Sufficient time is allowed for each child to eat
- Toddlers and staff eat together family style
- Infants are held while being fed and are not laid down to sleep with a bottle
- Medically-based diets or other dietary requirements are accommodated
- As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities

## ***A Review of Nutrition***

- ✓ *All EHS programs must participate in the USDA Child and Adult Care Food Program and other programs as appropriate.*
- ✓ *Programs must meet the nutritional needs and feeding requirements of each child*
- ✓ *Infants and young toddlers must be fed “on demand” to the extent possible or at appropriate intervals*
- ✓ *Each child must receive meals and snacks that provide between 1/3 and 2/3 of the child's daily nutritional needs, depending on the length of the program’s day*
- ✓ *Programs must ensure that nutritional services contribute to the development and socialization of enrolled children*

## ***Family Partnerships***

Family partnerships are central to EHS. Families and program staff should meet many times throughout the year, with each encounter being respectful of each family's diversity and cultural and ethnic background. Parents must have ample opportunities to share concerns about their children with program staff.

**Family Goal Planning and Services:** Program staff must work with parents to develop family partnership agreements. These agreements describe family goals and responsibilities, as well as timetables, strategies, and progress in achieving these goals. Staff must work with parents to access services and resources that are responsive to each family's goals, including:

- Emergency or crisis assistance in areas such as food, housing, clothing, and transportation
- Education and other appropriate interventions, including participation in counseling programs or receiving information on mental health issues, such as substance abuse, child abuse and neglect, and domestic violence
- Opportunities to participate in family literacy programs
- Opportunities for continuing education, employment training, and other employment services through formal and informal networks in the community

**Parent Participation:** EHS settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children and to participate with children in group activities as often as possible. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment. Grantees must also provide parents with opportunities to participate in the program as employees or volunteers.

Each child in a program must have at least two home visits by their teacher or another relevant staff member each program year, unless the parent declines to participate in home visits. In addition to these two home visits, teachers must conduct staff-parent conferences at least twice per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress of children.

**Parent Education:** Programs must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs of their children. Programs must provide medical, dental, nutrition, behavioral and mental health education programs for staff, parents, and families.

**Parents as Advocates:** Program staff must encourage and support parents in becoming involved in community advocacy, by providing families with information about community resources, encouraging families to influence community services to better meet their needs, and providing families' opportunities to work together and with other community members on activities that interest them. Grantees must also provide education and training to parents to prepare them to exercise their rights and responsibilities over their children's education. Staff should work with parents to assure that they become their children's advocate as they transition into a different care and education setting, such as child care, Head Start, or public preschool.

**Family Service Worker:** Each program should have a staff member with who is responsible for family engagement and coordination issues. Family Service Workers should have reasonable caseloads that would allow them to adequately provide support to families in the program. The specialist should have training, experience, and skills in assisting the parents of young children in advocating and decision-making.

### ***A Review of Family Partnerships***

- ✓ *Programs must develop a family partnership agreement with parents*
- ✓ *Programs must deliver or link families to services responsive to their individual needs*
- ✓ *Programs must invite parents participation in all aspects of EHS*
- ✓ *Program staff must visit each child's home at least two times per program year*
- ✓ *Programs must provide parents with education on child development, parenting skills, medical, dental, nutritional, behavioral, and mental health*
- ✓ *Programs must support parents in becoming advocates for themselves and their children*

### ***Community Partnerships***

Programs must take an active role in community planning to encourage strong communication, cooperation, and information sharing with community partners in order to improve the delivery of services to children and families.

**Community Collaboration:** Programs must take affirmative steps, such as developing interagency agreements, to establish collaborative relationships with community organizations that deliver necessary services to children and families, including:

- State and local child care subsidy offices

- Health care providers, such as clinics, physicians, dentists, and other health professionals
- Mental health providers
- Nutritional service providers
- Local Part C agencies and other community agencies that provide services to children with disabilities and their families
- Family preservation and support services
- Child protective services and any other agency to which child abuse must be reported under State or Tribal law
- Child care providers

**Advisory committees:** Grantees must establish and maintain a Health Services Advisory Committee made up of Head Start parents, professionals, and other volunteers from the community. Grantees must also establish other service advisory committees, as needed to address program service issues and to respond to community needs.

**Transition services:** Programs must establish and maintain procedures to support successful transitions for enrolled children and families into- and out of- EHS, including:

- Coordinating with other agencies or schools to ensure that individual EHS children's relevant records are transferred to the next placement in which a child will enroll or from earlier placements to EHS;
- Communication between EHS staff and their counterparts in other placements or settings to facilitate continuity of programming; and
- Initiating joint transition-related training and activities for EHS staff and other early education and care staff in the community.

Transition planning must be undertaken for each child and family at least six months prior to the child's third birthday to ensure the most appropriate placement and services following EHS. The process must take into account: The child's health status and developmental level, progress made by the child and family while in EHS, family circumstances, and the availability of Head Start and other early childhood development services in the community. As appropriate, a child may remain in EHS following his or her third birthday for additional months until he or she can transition into Head Start or another program.

#### ***A Review of Community Partnerships***

- ✓ *Programs must develop a community partnership plan*
- ✓ *Programs must engage in partnership with local Part C agencies*
- ✓ *Programs must engage with their local child care subsidy offices*
- ✓ *Programs must actively seek out partnerships with other agencies in the community that serve low-income children and families*
- ✓ *Programs must establish and maintain a Health Advisory Committee, and other advisory committees as needed*

- ✓ *Programs must develop and implement transition planning for children entering or existing EHS that involves community partners and families*

## ***Administrative and Financial Management***

Programs must provide a 20% non-federal match of funds awarded for each EHS grant. This match can be met with cash donations or in-kind services. It is important to note that non-federal match must be necessary, reasonable, allocable and adequately documented, similar to direct expenditures of federal funds. In most situations, a grantee enters into a contractual relationship with a child care partner for the purchase of EHS-compliant services. As such, the child care partner is a vendor of services and the cost of providing the contracted services is included in the negotiated partnership agreement or contract with the grantee. Consequently, the cost of the partner's staff, building or rent is not allowable as non-federal match because this is not something that the grantee would otherwise be paying for separately outside of their negotiated partnership agreement.

Funds that are allowable as a non-federal match include community volunteer time and donated supplies or equipment. Waivers of non-federal match may be granted if certain criteria are met, depending on each grantee's situation. Waivers are effective for a single funding period.

Grantees must engage in program planning and management that includes consultation with the governing body, policy groups, program staff, and other community organizations that serve low-income families with young children. The *governing body* has legal and fiscal responsibility for the Head Start entity and is required to have members with that expertise in its membership. The governing body must also reflect the community served and include parents of current or former Head Start children. In addition, each grantee is required to have a *policy council* which is responsible for the day-to-day and long term direction of the program. This council is elected by and consists of a majority of parents of Head Start children. Community members are also part of the policy council.

Programs are responsible for the following activities in financial management:

- Knowing EHS regulatory and grant requirements
- Documenting fiscal policies and procedures and maintaining strong internal controls
- Maintaining a fiscal *operations* and *procedures* manual
- Maintaining record of the policies and procedures for handling administrative and financial transactions
- Maintaining documentation to support expenditures
- Managing cash effectively with accurate bookkeeping records and financial statements
- Maintaining effective internal controls to protect the organization from misuse of funds
- Documenting and reporting employee time and activities accurately
- Meeting match requirements and documenting in-kind contributions appropriately
- Reporting timely and accurate financial information clearly

***Programs may spend no more than 15% of their total funds on administrative functions.***

## ***Facilities***

**Physical Environment:** Programs must provide a physical environment conducive to learning and reflective of the different stages of development of each child. Programs must ensure appropriate space for all program activities. The indoor and outdoor space in EHS centers used by mobile infants and toddlers must be separated from general walkways and from areas in use by older children. Centers must have at least 35 square feet of usable indoor space per child available, exclusive of bathrooms, halls, kitchen, staff rooms, and storage spaces. Centers must also have at least 75 square feet of usable outdoor play space per child.

Outdoor play areas must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas. Grantees must provide an environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants.

Facilities owned or operated by EHS and Head Start grantee or delegate agencies must meet the licensing requirements of *45 CFR 1306.30*.

**Toileting:** Toilets and hand washing facilities must be adequate, clean, in good repair, and easily reached by children. Toilet training equipment must be provided for children being toilet trained. Toileting and diapering areas must be separated from areas used for cooking, eating, or activities.

**Equipment:** Programs must provide appropriate equipment, toys, materials, and furniture to meet the needs and facilitate the participation of all children. Equipment, toys, and furniture owned or operated by the grantee must be:

- Supportive of the specific educational objectives of the local program
- Supportive of the cultural and ethnic backgrounds of the children
- Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities
- Accessible, attractive, and inviting to children
- Designed to provide a variety of learning experiences and to encourage each child to experiment and explore
- Stored in a safe and orderly fashion when not in use
- Toys must be made of non-toxic materials and must be sanitized regularly

**Sleep:** EHS programs must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child. *To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.*

### ***A Review of Facilities***

- ✓ *Programs must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child*
- ✓ *Programs must provide adequate space for indoor and outdoor activities and for sleeping*

- ✓ *Programs must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of all children*
- ✓ *Programs must implement safe sleep practices to prevent SIDS and provide adequate spacing and appropriate equipment to accommodate infant sleeping*

### ***Transportation***

Programs must assist families who need transportation in order to attend the program. If an agency decides not to provide transportation services directly for all or some of the children, it must provide reasonable help to families to arrange transportation to and from the program. The transportation assistance being offered must be made clear to families during recruitment efforts.

Programs providing transportation services must ensure that each vehicle used in providing such services is equipped with:

- A communication system to call for assistance in case of an emergency
- Safety equipment for use in an emergency, including a charged fire extinguisher
- A first aid kit and a sign indicating the location of such equipment
- A seat belt cutter for use in an emergency evacuation and a sign indicating its location

Programs must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian. This regulation applies when children are picked up from the classroom, as well as when they are dropped off by an EHS vehicle. Programs must implement strong policies, procedures, and internal controls, including up-to-date child rosters, to ensure that no child is left behind, either at the classroom or on the vehicle at the end of the route. Programs must ensure that all accidents involving vehicles that transport children are reported in accordance with applicable State requirements.

### ***A Review of Transportation***

- ✓ *Programs must assist families who need transportation in order for their children to attend the program to obtain it*
- ✓ *Programs providing transportation services, must ensure that each vehicle used in providing such services is equipped a communication system, safety equipment, a first aid kit, and a seatbelt cutter*
- ✓ *All accidents involving vehicles that transport children must be reported in accordance with applicable State requirements*
- ✓ *Programs must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian.*

## **CHILD CARE AND DEVELOPMENT FUND 101**

The Child Care and Development Fund (CCDF) is the primary Federal program devoted to providing families with child care subsidies and supporting States, Territories, and Tribes in

improving the quality of child care programs. CCDF is administered by the Office of Child Care (OCC), within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS). HHS provides funding, oversight and technical assistance to the States, Territories, and Tribes that administer the program.

The CCDF program provides funds to assist low-income families, families receiving temporary public assistance, and those transitioning out of public assistance, in obtaining child care so they can work or attend education/training programs. In Fiscal Year (FY) 2014, CCDF served an average of 1.4 million children per month; nearly a third of those children were infants and toddlers. See Table 1 for additional data on CCDF for FYI 2014.

CCDF is jointly financed by Federal and State governments and consists of three funding streams: discretionary, mandatory, and matching funds. ACF designated the combined funding from these streams as the CCDF. Annual Federal CCDF funding is approximately \$5.7 billion, and State funding and TANF transfers add several billion dollars more.

The Child Care and Development Block Grant of 2014 reauthorized the CCDF program for the first time since 1996. This law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them.

### ***Administration of the Child Care and Development Fund***

Under CCDF, the Lead Agency within a State, Territory, or Tribe has considerable latitude in administering and implementing their child care programs. The CCDF Lead Agency is designated by the chief executive of a State or Territory, or by the appropriate Tribal Leader or applicant, and has the responsibility and authority to:

- Administer and/or implement child care programs, directly or indirectly. If the Lead Agency administers or implements CCDF indirectly, child care services are provided by local agencies, including those that are public, private, non-profit, or for profit. The Lead Agency must have written agreements with such agencies, which specify mutual roles and responsibilities;
- Maintain its overall responsibility for child care programs. The Lead Agency determines the basic use of CCDF funds and the priorities for spending CCDF funds;
- Serve as the single point of contact for all child care issues;
- Develop the triennial CCDF Plan.

The CCDF Plan for States, Territories, and Tribes serves as the application for CCDF funds by providing a description of, and assurance about, the child care program and services available to eligible families. Beginning in FY2012-2013, the CCDF Plan for States and Territories contained an appendix called the Quality Performance Report (QPR), which is submitted annually. The QPR gathers information on each State/Territory's progress in meeting its goals as reported in the CCDF plan and on progress on improving the quality of child care. The FY2016-18 CCDF Plan required States and Territories to submit implementation plans for provisions in the 2014 reauthorization of

the Child Care and Development Block Grant (CCDBG) Act with which the State or Territory was not in compliance at the time of plan submission in March 2016.<sup>3</sup>

### ***Child Care and Development Fund Eligibility***

CCDF serves families with children under the age of 13. If a child is intellectually or physically incapable of self-care or is under court supervision, CCDF may serve the individual up to age 19. Children receiving or in need of receiving protective services may also be eligible for child care services. Families must meet the following criteria to be eligible for CCDF:

1. Children must be citizens or qualified non-citizens and must either: (1) reside with parents or guardians who are working or participating in education or training activities; or (2) be in need of protective services. Citizenship/immigration verification requirements do not apply when a child receives Early Head Start services that are supported by CCDF funds and are subject to the Head Start Program Performance Standards.
2. Family income must be at or below 85% of State median income; however, CCDF grantees have the option to set a lower income threshold in order to target services to certain priority groups of families or children. For example, the State, Territory, or Tribe may prioritize services for children with disabilities, children in the child welfare system, or homeless children.

CCDF grantees also have the flexibility to define protective services for purposes of eligibility. Often formal child welfare or foster care cases are included in definitions of protective services, but grantees may elect to include vulnerable populations such as homeless children and children of migrant workers or teen parents. Grantees may also establish additional priority rules to ensure access to services for targeted populations, such as families in Head Start programs or military families.

In addition, States, Territories, and Tribes have a variety of options regarding their definition of “work”, with some options promoting greater continuity of care for children and families. For example, grantees have the flexibility to include work-related activities, including periods of job search, in their eligibility criteria for “working”. Retention of eligibility during a job search can alleviate some of the stress on families, facilitate a smoother transition back into the workforce, and support children’s development by maintaining continuity in their early learning child care placement. A State must provide at least three months of continued assistance (job search) if it chooses to terminate a family’s subsidy during the minimum 12-month eligibility period for purposes of a non-temporary change in work, education, or training status.

A minimum uninterrupted 12-month eligibility period is required. Longer periods between eligibility redeterminations and timing of redeterminations support continuity of care for children and families.

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<sup>3</sup> The Child Care and Development Block Grant (CCDBG) Act was signed into law on November 19, 2014. The Administration for Children and Families published a Notice of Proposed Rulemaking in the Federal Register on December 24, 2015. A final rule is expected to be published in 2016.

## ***Child Care Subsidies and Contracts***

States have the flexibility to determine the payment mechanism for providing eligible families with assistance. All grantees provide subsidies to eligible families through certificates (sometimes referred to as a voucher). Families who obtain a voucher can use it to purchase the child care of their choice from the full range of available providers, including centers and family child care homes. Under CCDF, the provider does not have to be licensed in order to serve CCDF children, but must meet basic health and safety requirements established by the State, Territory, or Tribe. The law requires providers caring for children receiving CCDF to meet health and safety requirements, and for caregivers and teachers to receive training on those requirements, that address specific topic areas such as control of infectious diseases (including immunizations), building and physical premises safety, prevention of sudden infant death syndrome (SIDS), first-aid, and CPR. Most grantees implement the CCDF health and safety requirements through licensing for child care providers that are required to be licensed under State, Territory, or Tribal rules, and through separate processes for license-exempt providers.

Lead Agencies also have the option to extend contracts and grants to eligible providers for the purchase of child care slots. A common reason for awarding grants and contracts is to increase the supply of care that is hard to find, for example care for children with disabilities, care for infants and toddlers, or care during non-traditional hours. This is also done in order to coordinate child care services with programs such as Head Start, Early Head Start, pre-kindergarten, and after-school programs.

Families receiving a CCDF subsidy must contribute a family co-payment determined by the Lead Agency on a sliding fee scale based on the family's income and family size. States, Territories, and Tribes have the ability to waive the co-payment for families with incomes below poverty.

## ***Child Care Settings***

Child care is provided through a broad array of public, private, for-profit, and not-for-profit programs and providers. In the United States, there are approximately 110,000 licensed child care centers and approximately 129,000 licensed family child care homes.

Family child care is an important part of the child care system, especially for infants and toddlers, who are more likely to be cared for in home-based settings compared to older children. In addition, family child care is an important child care option for children whose parents work non-standard work hours or schedules, and it is particularly important in many rural areas where there are few child care centers.

## ***Tribal Child Care and Development Fund***

Over 500 Federally-recognized Indian Tribes, Alaska Native Villages, and a Native Hawaiian organization receive CCDF funds directly or through consortium arrangements. The CCDF regulations provide significant flexibility for Tribes to design and administer their programs in accordance with the unique strengths, needs and challenges in their communities. Tribes, like

States and Territories, have flexibility in policies regarding eligibility, reimbursements to providers, family co-payments, and how they implement health and safety requirements.

Indian children are dually eligible to receive services from a Tribal or State CCDF program. This does not mean an Indian child can receive duplicative assistance from *both* a Tribal and a State program for the same expense; rather, they can receive assistance from one of these entities, assuming they meet the eligibility criteria. States and Tribes have a mutual responsibility to coordinate to ensure that duplication of services and expenses does not occur. This coordination can also help to maximize resources.

With few exceptions, Tribal CCDF Lead Agencies are located in rural, economically challenged areas. In these communities, the CCDF program plays a crucial role in offering child care options to parents as they move toward economic stability.

### ***Who Benefits from Child Care and Development Fund Programs***

**Children** from birth through age 12 in vulnerable families have access, through CCDF, to child care settings that meet their needs, from full-day early care and education programs to afterschool care for school-age children. All children in child care benefit from CCDF investments to help programs meet higher standards and improve the quality of teachers.

**Parents** in eligible low-income families receive help to pay for child care at a provider of their choice. Parents may also receive consumer education on topics such as what to look for in a quality child care provider. All parents with children in child care benefit from CCDF quality investments and from the peace of mind that comes from knowing CCDF funds are being used to improve child care facilities all over the country.

**Child Care Providers** receive reimbursement for serving low-income families and can draw on networks of training and technical assistance resources to help them provide high-quality child care services. OCC is committed to building a well-educated, fairly compensated, cohesive child care workforce with jobs built on intentional training and education.

### ***Promoting Quality Care that Supports Children's Learning and Development***

CCDF grantees have multiple policy, funding, and regulatory options they can use to promote high quality care. Subsidy policies and procedures, quality improvement efforts, and professional development and workforce initiatives all play a role in influencing the interactions between adults and the infants and toddlers in their care.

**Quality Improvement Efforts:** States, Territories, and larger Tribal grantees are required to spend at least 7 percent of their CCDF allocation on quality-enhancing activities in FY 2016. This amount will gradually increase to 9 percent by FY 2020. In addition, states are required to spend a minimum of 3 percent to improve the quality of care for infants and toddlers. In recent years, substantial investments have been made in efforts to build quality improvement systems that encourage, support, and recognize high-quality infant/toddler child care providers and individual teachers. For all quality improvement activities, Lead Agencies have the flexibility to consider goals and strategic

plans and to use CCDF funds to improve the quality of care for all families, not just those receiving assistance under CCDF.

**Quality Rating and Improvement Systems (QRIS):** QRIS is a method to assess, improve, and communicate the quality of child care programs. Higher quality standards correspond to progressively higher public ratings. QRIS set standards of excellence for child care providers and establish a pathway to allow programs to continually improve in order to achieve higher standards and more advanced ratings. More than three-quarters of the States have developed a QRIS. Many States use licensing standards and QRIS to create a framework for evaluating, improving, and communicating the level of quality in early childhood programs. A QRIS typically contains five key elements:

1. Program Standards (including licensing standards)
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

Many States now include standards specific to infants and toddlers in their licensing and QRIS that address the health, safety, and well-being of infants and toddlers while they are being cared for in child care.

**Early Learning Guidelines:** Early learning guidelines describe the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children, including infants and toddlers. Most States and Territories have early learning guidelines for preschool-aged children and are working to develop early learning guidelines for infants and toddlers.

**Professional Development Systems and Workforce Initiatives:** Quality-enhancing investments to promote continuous improvement of program staff are a core element of CCDF. OCC is dedicated to creating pathways to excellence for child care programs through an effective, well-supported child care workforce. States and Territories also make significant investments to ensure a well-qualified workforce. These may include opportunities for growth from entry level through master level teachers. States and Territories invest in career pathways (or career lattices), professional development capacity, access to professional development opportunities, compensation, benefits, and workforce conditions.

**Infant-Toddler Specialist Network** – An infant-toddler specialist network is a system that coordinates the work of infant-toddler specialists who are charged with helping improve caregiver practices and increasing the quality of each infant and toddler’s developmental experience. Infant-toddler specialist networks often provide key support for State-based professional development systems by providing services to the infant-toddler workforce, such as education and training, technical assistance, mentoring, and coaching. In addition, infant-toddler specialists can link the workforce to other quality programs and initiatives such as licensing, QRIS, Early Head Start, and other consultant networks.

**Infant-Toddler Training:** A variety of strategies are being used to help providers raise quality and increase teachers credentials and practices with infants and toddlers, including training, focusing on credit-bearing coursework, mentoring, coaching, consulting, and career advising.

**Core Knowledge and Competencies:** Core Knowledge and Competencies refer to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These expectations provide a foundation for professional development design, such as instructional practices and course content. Many States/Territories have supplemental or specialized core knowledge and competencies for infants and toddlers.

**Infant-Toddler Credentials:** State/Territory credentials are typically based on the core knowledge and competencies and often link to early childhood workforce advancement on career pathways, including specializations like working with infants and toddlers. Entities such as professional development offices, workforce data registries, child care resource and referral agencies, and other State agencies administer these credentials.

## **COLLABORATION IN EARLY HEAD START-CHILD CARE PARTNERSHIPS**

### *Collaboration in EHS-CC Partnerships*

Young children develop in the context of their families, other caregivers, and communities. To promote healthy growth and development, early care and education programs must address the diverse needs of children, families, and communities. This typically requires partnership across multiple service systems. Effective collaboration draws on the strengths of partnering programs in the community to promote a seamless system of high-quality early care and education services for children, linkages to necessary health and social services, and partnerships with families.

CCDF grantees are encouraged to partner with a variety of agencies to promote access to CCDF services and provide additional help for families to make informed choices about their child care. Common partners include Federal, State, and local early childhood development programs, such as Early Head Start or Head Start, State/Tribal agencies responsible for public health, employment services, public education institutions, and agencies that administer the Temporary Assistance for Needy Families program. To the maximum extent feasible, States should partner with any Indian tribes in the State receiving CCDF funds. Over half of States and Territories combine multiple funding streams in an effort to streamline and enhance services for families.

### **Collaboration with the Head Start Collaboration Offices**

[Section 642B of the Head Start Act](#) authorizes the creation of State and National Collaboration Offices. [The Head Start State and National Collaboration Offices Priorities](#) guide the work of all collaboration offices. Head Start collaboration grants through OHS support the development of multi-agency and public and private partnerships at the state and national levels. The EHS-CC Partnerships require a strong relationship between the Head Start Collaboration Offices and the Child Care Development Fund (CCDF) Administration Offices. These and other partnerships work

with child care to help support access to quality early care and education programs for all families with low incomes, as well as access to more comprehensive services.

These partnerships are intended to:

- Assist in building early childhood systems
- Provide access to comprehensive services and support for all low-income children
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives
- Augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families
- Facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting target populations and other low-income families

More information about the Head Start Collaboration Offices is available at:

<https://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/about.html>

## MONITORING IN EARLY HEAD START-CHILD CARE PARTNERSHIPS

### *Monitoring in EHS-CC Partnerships*

The 54-month grant cycle for EHS-CC Partnership grantees begins with the baseline assessments, which are **not** a part of formal Office of Head Start (OHS) monitoring. EHS-CC Partnerships grantees are not subject to the Designation Renewal System until 18 months after their grant is initially awarded. During the first 18 months, EHS-CC Partnership grantees will participate in baseline assessments. Environmental Health and Safety baselines are conducted on-site while Fiscal Integrity/Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) baselines are conducted over the telephone via interview with the Fiscal Director and ERSEA Coordinator as appropriate. Baselines allow OHS to learn more about grantees' and partners' current capacity and the progress that has been made in the early phases of their grant cycle. After the baseline assessment is completed, the OHS is able to identify training and technical assistance needs for the grantee.

After the 18-month period, EHS-CC Partnership grantees will experience the following monitoring review events:

- **Environmental Health and Safety** (partnership classrooms only)
- **Fiscal Integrity/ERSEA** (Eligibility requirements assessed only for slots added by the EHS-CC Partnership)
- **Comprehensive Services and School Readiness**
- **Learning, Governance, and Management Systems**

The monitoring process includes carefully timed reviews to ensure compliance with OHS standards. Individual review events will occur between year three and four of the grant lifecycle. Each review event will only focus on one content area at a time, giving the grantee, the partner agency, and the reviewer the opportunity to achieve a more in-depth review on each content area. After each review

event, grantees will receive a report that summarizes findings and concerns for that specific content area. Where appropriate the grantee will share that report with the partnership and with support from the Regional Office, they work toward advancement collaboratively. At the end of year five, grantees will receive a roll-up report summarizing the results of all the review events held in the years three and four. This is the year that evaluation take place and a determination is made by the OHS as to whether the grantee has to re-compete for funding based on the collection of data.

More information about OHS Monitoring is available at:

<http://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring>

## ADDITIONAL RESOURCES

Existing, new or prospective EHS-Child Care Partnership grantees are encouraged to visit the additional resources available through the National Center for Early Head Start- Child Care Partnerships, available at: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehs-ccp>

### ***Policy Guidance***

ACF issued an Information Memorandum (IM) in August 2015 to provide program and policy guidance for grantees and partners regarding the Early Head Start–Child Care Partnerships. The IM specifically addressed various issues and questions raised by grantees during the Orientation Sessions and start-up phase of the grants. The IM provided policy and program guidance on the following topics: Seamless and Comprehensive Full-Day, Full-Year Services; Partnership Agreements; Layered Funding; Child Care Subsidies; Citizenship and Immigration Status; Child Care Center Ratios and Group Sizes; Staffing and Planning Shifts for Staff; Staff Qualifications and Credential Requirements; and Federal Oversight and Monitoring.

The IM is posted at: [http://eclkc.ohs.acf.hhs.gov/hslc/standards/im/2015/resour\\_ime\\_003.html](http://eclkc.ohs.acf.hhs.gov/hslc/standards/im/2015/resour_ime_003.html)

### ***Head Start Program Performance Standards***

<https://eclkc.ohs.acf.hhs.gov/hslc/standards>

### ***Child Care and Development Fund Reauthorization Resources***

<http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>

### ***Early Childhood Training and Technical Assistance (T/TA) System***

In 2015, the Office of Head Start and the Office of Child Care in collaboration with the Administration for Children and Families (ACF) Office of the Deputy Secretary and Interdepartmental Liaison for Early Childhood Development implemented a redesigned Training and Technical Assistance (T/TA) System. This joint T/TA system will support early care and education (ECE) programs and early educators in delivering quality services to children and their families across the country. Six new National Centers were launched to promote excellence through high quality, practical resources and approaches that build early childhood program capacity and promote consistent practices across communities, States, Tribes, and Territories.

The new National Centers include:

- [National Center on Early Childhood Development, Teaching, and Learning \(funded by OHS and OCC\)](#)
- [National Center on Early Childhood Health and Wellness \(funded by OHS, OCC, and the Health Resources and Services Administration's Maternal and Child Health Bureau \(MCHB\)\)](#)
- [National Center on Early Childhood Quality Assurance \(funded by OHS, OCC, and MCHB\)](#)
- [National Center on Parent, Family, and Community Engagement \(funded by OHS and OCC\)](#)
- [National Center on Program Management and Fiscal Operations \(funded by OHS\)](#)
- [National Center on Afterschool and Summer Enrichment \(funded by OCC\)](#)

The newly awarded Centers will join the previously awarded National Center on Early Head Start-Child Care Partnerships (funded by OHS and OCC); National Center on Tribal Child Care Implementation and Innovation (funded by OCC); and National Center on Child Care Subsidy Innovation and Accountability (funded by OCC).

More information is available at: <https://childcareta.acf.hhs.gov/about-acf-tta-system>

### ***Fiscal Regulations and Grants Administration***

#### **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**

All cost principles are now incorporated into 45 CFR Part 75, which is available on the Early Childhood Learning and Knowledge Center at: <https://eclkc.ohs.acf.hhs.gov/hslc/standards/fiscal-regs/part75>

## APPENDIX

**TABLE 1: CHILD CARE AND DEVELOPMENT FUND SUBSIDIES FOR INFANTS AND TODDLERS, PRELIMINARY FY 2014 DATA<sup>4</sup>**

**Child Care and Development Fund  
Average Monthly Statistics for Infants and Toddlers (under age 3)  
Preliminary FY 2014 Data**

State	Average Monthly Number of Infants & Toddlers Served	% Below Poverty	% Served in Licensed/Regulated Settings	% Served in Family Child Care or Group Homes	% Served in Centers	Average Monthly CCDF Subsidy	Average Monthly Hours
Alabama	6,941	76.23%	60.54%	6.49%	93.45%	\$317	\$182
Alaska	1,134	46.35%	84.82%	35.83%	59.78%	\$545	\$154
American Samoa	206	--	100.00%	16.99%	83.01%	\$166	\$182
Arizona	5,660	33.71%	96.06%	13.58%	84.88%	\$421	\$168
Arkansas	3,138	70.25%	99.83%	8.78%	91.22%	\$406	\$156
California	19,637	62.35%	84.94%	53.70%	45.87%	\$656	\$157
Colorado	4,843	70.39%	98.77%	17.26%	82.39%	\$443	\$129
Connecticut	2,719	51.60%	69.47%	39.43%	47.23%	\$474	\$145
Delaware	2,016	60.97%	95.95%	25.60%	74.08%	\$492	\$202
District of Columbia	579	68.12%	99.94%	3.66%	96.11%	\$1,071	\$218
Florida	28,838	52.48%	95.53%	9.27%	90.73%	\$394	\$209
Georgia	19,211	50.78%	98.63%	9.70%	89.98%	\$325	\$153
Guam	156	--	97.86%	1.71%	94.50%	\$380	\$167
Hawaii	2,551	74.34%	28.82%	34.36%	15.54%	\$277	\$119
Idaho	1,857	76.36%	86.19%	30.61%	68.74%	\$373	\$144
Illinois	13,698	63.87%	73.50%	42.09%	48.24%	\$561	\$154
Indiana	11,364	79.02%	76.83%	40.58%	59.41%	\$489	\$141
Iowa	5,020	69.98%	90.57%	49.83%	49.46%	\$578	\$182
Kansas	4,168	59.58%	89.15%	59.27%	37.03%	\$416	\$172
Kentucky	2,658	77.19%	98.44%	6.89%	92.71%	\$371	\$148
Louisiana	8,112	58.96%	91.65%	7.74%	91.76%	\$235	\$145
Maine	653	70.95%	91.71%	30.43%	69.57%	\$459	\$140
Maryland	5,321	81.07%	91.32%	40.58%	54.33%	\$471	\$189
Massachusetts	6,531	48.48%	100.00%	45.06%	54.94%	\$880	\$155
Michigan	10,765	80.32%	80.12%	38.81%	51.15%	\$325	\$122
Minnesota	6,858	73.68%	96.31%	30.73%	69.15%	\$752	\$138
Mississippi	4,484	93.46%	95.67%	5.48%	93.25%	\$310	\$161
Missouri	10,333	69.31%	74.47%	25.21%	72.66%	\$391	\$180

<sup>4</sup> Data as of May 26, 2015.

State	Average Monthly Number of Infants & Toddlers Served	% Below Poverty	% Served in Licensed/Regulated Settings	% Served in Family Child Care or Group Homes	% Served in Centers	Average Monthly CCDF Subsidy	Average Monthly Hours
Montana	1,119	65.04%	94.27%	56.16%	42.81%	\$475	\$128
Nebraska	3,399	79.78%	90.28%	32.53%	67.47%	\$500	\$120
Nevada	1,114	54.46%	82.37%	15.83%	77.41%	\$443	\$141
New Hampshire	1,566	55.22%	90.95%	12.18%	85.90%	\$521	\$134
New Jersey	13,631	53.45%	96.50%	13.24%	86.22%	\$569	\$170
New Mexico	4,612	65.79%	87.57%	16.62%	80.02%	\$434	\$142
New York	23,631	77.51%	79.41%	52.82%	36.07%	\$742	\$134
North Carolina	15,526	61.95%	100.00%	11.35%	88.65%	\$491	\$170
North Dakota	1,278	58.22%	80.84%	66.55%	33.45%	\$363	\$138
Northern Mariana Islands	49	--	90.14%	10.56%	89.44%	\$303	\$151
Ohio	13,123	78.13%	100.00%	18.54%	81.46%	\$562	\$127
Oklahoma	8,065	66.35%	100.00%	14.99%	84.94%	\$389	\$135
Oregon	3,755	67.03%	62.29%	58.59%	30.44%	\$450	\$141
Pennsylvania	23,433	40.83%	89.21%	22.56%	77.34%	\$522	\$155
Puerto Rico	1,323	--	89.75%	16.30%	83.61%	\$307	\$196
Rhode Island	1,317	65.18%	98.64%	32.92%	67.04%	\$589	\$144
South Carolina	4,735	77.11%	93.81%	13.60%	85.90%	\$336	\$128
South Dakota	1,317	64.32%	87.24%	46.37%	52.82%	\$393	\$141
Tennessee	11,503	76.03%	92.74%	19.40%	80.49%	\$422	\$158
Texas	33,678	50.48%	99.42%	4.51%	95.49%	\$441	\$226
Utah	2,947	64.76%	99.84%	23.76%	54.49%	\$395	\$155
Vermont	1,091	58.78%	91.56%	38.21%	59.57%	\$535	\$113
Virgin Islands	83	--	100.00%	3.54%	95.75%	\$290	\$157
Virginia	6,859	84.39%	97.25%	22.87%	77.13%	\$492	\$18
Washington	11,274	57.00%	84.61%	30.20%	58.19%	\$506	\$218
West Virginia	2,234	79.53%	99.86%	34.12%	65.80%	\$382	\$117
Wisconsin	7,491	47.63%	100.00%	19.44%	80.52%	\$581	\$119
Wyoming	1,126	29.54%	91.78%	41.44%	56.75%	\$363	\$134
<b>National</b>	<b>390,727</b>	<b>62.61%</b>	<b>90.03%</b>	<b>24.78%</b>	<b>72.49%</b>	<b>\$485</b>	<b>\$161</b>

Note 1: Data as of May 26, 2015

Note 2: Percent Children below 100% of the 2014 HHS Poverty Guidelines (monthly) for a Family of 3 (\$1649 in lower 48 states, \$2062 in AK, and \$1897 in HI). Children with invalid age, or invalid income, or with a child head of household cannot be assigned a poverty category are not reflected in these percentages. Territories excluded from calculations.