

# EARLY HEAD START TIP SHEET

## No. 12, Part 2

Early Head Start (EHS)–Child Care Partnerships (CC), November 2014

### What are the key elements that contribute to strong Early Head Start (EHS)–Child Care (CC) partnerships?

#### Response:

##### *Partnering to meet the requirements*

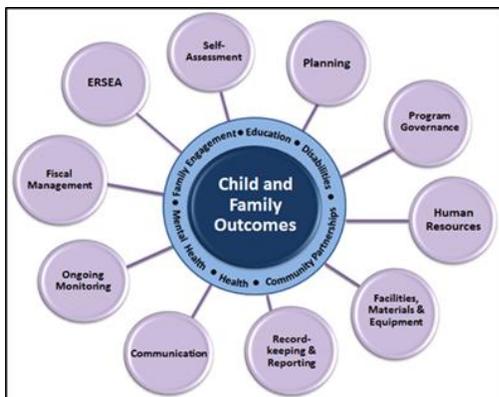
Successful EHS–CC partnerships require systems that work to ensure services are high quality and meet state and local child care licensing regulations as well as federal regulations including the Head Start Program Performance Standards (HSPPS). Partnering programs should have a clear understanding of

- community-wide benefits to be gained from collaborative partnerships;
- providing high quality infant and toddler child care;
- implementing comprehensive services;
- the differences and similarities among standards, benchmarks, and/or policies relevant to the service providers involved; and
- managing, monitoring, and coordinating partnerships and services.

Partnering programs should share in a structured planning process with all stakeholders at the table, including parents, to organize in a way that creates equal partnerships between organizations, allowing room for creativity and adapting to local conditions. Key organizers need to do advance planning to establish a vision and parameters for the collaborations. Memoranda of Understanding (MOUs) or other contractual agreements can help solidify and formalize relationships.

##### *Head Start Management Systems*

These 10 management systems create a framework for understanding how best to support child care services for children and their families. They serve as strong standards for effective management of the EHS–CC partnership.



Courtesy of the National Center on Program Management and Fiscal Operations (NCPMFO)  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/systems.html>

## **Questions to Consider for Planning and Programming:**

### *Planning*

Thoughtful and strategic planning is at the foundation of every high quality program. Using data from the community resources and program information from all the partners will inform the services created to meet the needs of the children and families who will be served.

New EHS programs that have not delivered services begin their planning with the community assessment. Current programs may begin with the yearly self-assessment or depending on their stage in the cycle, may also conduct or update their community assessment to begin their planning. For more information see 45 CFR 1305.3.

- What does the EHS program's community assessment say about the availability of or the need for EHS-CC partnerships?
- How is the community assessment used when developing partnerships?
- Who needs to be at the table to plan and organize your initiative?
- Who are your partners?
- How are they identified and selected?
- What will the contractual relationships be?

### *Program Governance*

Governance in Head Start is complex. EHS/HS programs that are successful in delivering high-quality, consistent services to pregnant women, young children, and their families are guided by committed governing bodies that understand and faithfully implement their roles as leaders and fiduciary agents. To ensure Head Start's success, Congress charges governing bodies of organizations that operate Head Start programs to include the following:

- members with particular expertise to exercise specific oversight and leadership functions
- an active role for the Policy Council, whose membership includes parents of enrolled children and community representatives

Program governance systems include a governance structure, strong communications, and regular reporting that supports shared decision-making. For more information, see 45 CFR 1304.50 and Appendix A; and Head Start Act, Section 642.

- Have you created MOUs or contractual agreements to clearly define roles, expectations, and expected benefits for the partners?
- How are the partners included in governance?
- Have you defined the role of the Board(s) of Directors and Policy Council in both EHS and the child care partner?

### *Human Resources*

Human resources systems provide ongoing professional development to well-qualified staff that supports quality services for children and families within an effective organizational structure. EHS/HS teachers and family child care providers must obtain a child development associate credential (CDA). Both teachers and family child care providers must have training specific to infant and toddler care. Family child care providers must have prior child care experience as well as have knowledge to implement the Head Start Program Performance Standards (HSPPS) and other applicable regulations. For more information, see 45 CFR 1304.52, 1306.20, 1306.35; ACF-IM-HS-10-06; and Head Start Act, Section 648A.

- How will CC partner caregivers be recruited and selected?
- What training and technical assistance have CC partner caregivers received and what is still needed?

- Are CC partner providers willing and able to comply with HSPPS, including adult-child ratios and the credentialing requirements?

#### *Facilities, Materials, and Equipment*

EHS programs must provide a physical environment that is conducive to learning and reflective of the different stages of development of each child. Sufficient equipment, toys, materials, and furniture must be provided and arranged to support the enrolled children. For more information, see 45 CFR 1304.53.

- Are there enough developmentally appropriate materials and equipment in the CC partner program(s) for participating children?
- Are materials and equipment in good condition and safe for the children?

#### *Record Keeping and Reporting*

Recordkeeping and reporting systems provide information needed to individualize programs for children and families, monitor the quality of services, assist in planning and management, and ensure delivery of quality services. Each year, the Head Start agency makes a report (known as the Program Information Report [PIR]) available to the public that discloses information from the most recently concluded fiscal year such as the total amount of public and private funds received and the amount from each source; explanation of budgetary expenditures and proposed budget for the fiscal year; total number of children and families served, the average monthly enrollment, and the percentage of eligible children served; results of the financial audit; percentage of enrolled children that received medical and dental exams; information about parent involvement activities; and the agency's efforts to prepare children for kindergarten. For more information, see Head Start Act, Section 644 and PIR.

- How does the EHS program ensure the CC partner tracks provision of all child health and developmental services?

#### *Communication*

Communication systems allow for the exchange of information so individuals can become fully involved in program activities and make group decisions that promote a quality program. Programs are required to establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community. For more information, see 45 CFR 1304.51 (b-f).

- How does the EHS program and CC partner ensure effective ongoing communication?

#### *Ongoing Monitoring*

Ongoing monitoring systems help assess program operations and ensure that necessary steps are taken to meet federal regulations, program goals and objectives, and to ensure that appropriate interventions are taken in a timely manner. Effective monitoring systems are built around program requirements, for example, programs that operate for more than 90 days monitor their success in completing health screening within 45 days, and assess children's progress toward school readiness goals at least three times a year. A year-round program may choose to do more. There are exceptions for programs operating 90 days or less. Programs use their ongoing monitoring system to ask themselves, "Are we doing things right?" and "How are the children doing?"; they use the data to inform their annual self-assessment. For more information, see 45 CFR 1304.51.

- How will the HSPPS, child care licensing standards, and Child Care Development Funds (CCDF) policies be compared, aligned, and monitored?
- What systems does the EHS program have to monitor, manage, and coordinate the CC programs and services?

- How does the EHS program ensure that the CC partner implements comprehensive services such as
  - assuring and documenting well-child checks and dental services; and
  - conducting home visits and family conferences?

#### *Fiscal Management*

Fiscal management systems provide a key component to EHS programs' ongoing and organized approach to ensuring effective use of financial resources. The program is legally accountable for the performance of the award and the expenditure of funds. For more information, see 45 CFR 1309.

- What systems are in place to assure sound methods for allocating, accounting, and reporting on how braided funds are used to support program services?

#### *ERSEA*

Eligibility, recruitment, selection, enrollment, and attendance (ERSEA) systems provide for effective client access to the program. The EHS program must use information from the community assessment to determine the type of component services most needed and the program option(s) to be implemented; determine the recruitment area that will be served, if limitations in the amount of resources make it impossible to serve the entire service area; if there are delegate agencies, determine appropriate locations for areas to be served; and set criteria that define which children and families will be given priority for recruitment and selection. For more information, see 45 CFR 1305, 1306.31-36; and Head Start Act, Section 645.

- How will eligible children be recruited and enrolled into the CC partner program(s)?
- Will the CC partner provider(s) serve only EHS children or other children as well?

#### *Self-Assessment*

Continuous program improvement is a central tenet of the Head Start program. As part of this process, the annual self-assessment provides programs with a strategic approach to regularly assess their program's management systems and services. Self-assessment systems measure agency accomplishments, strengths, and weaknesses, and support a continuous quality improvement approach to managing EHS programs. For more information, see 45 CFR 1304.51.

- How is the CC partner involved in the EHS grantee's annual self-assessment process and the development of continuous improvement plans?
- How is the CC partner involved in the development and follow-up of action plans pertaining to the partnership?

#### **Performance Standards, Title 45, Code of Federal Regulations:**

- 1304.40(b) (1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals.
- 1304.41(a) (1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships.
- 1304.41(a)(2)(viii) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure

that Early Head Start programs respond to community needs, including providers of child care services.

- 1305.3 (c) Each Early Head Start and Head Start grantee must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area: (2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each.
- 1306.31 (a) Grantees may choose to implement one or more than one of four program options: a center-based option, a home-based program option, a combination program option, or a family child care option.

## Resources:

Early Head Start National Resource Center. "EHS-Child Care Partnerships." Washington, DC: U.S. Department of Health and Human Services/Administration for Children and Families/Office of Head Start. Last updated June 5, 2013. Accessed February 21, 2014.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/poi/ehs-ccp/ehs.html>.

Johnson-Staub, Christine. *Putting it Together: A Guide to Financing Comprehensive Services in Child Care and Early Education*. Washington, DC: CLASP, 2012.

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National Center on Child Care Quality Improvement. "Quality Rating and Improvement System Resource Guide." Washington, DC: U.S. Department of Health and Human Services/Administration for Children and Families/Office of Child Care. Accessed February 21, 2014. <https://occqrisguide.icfwebsites.com>.

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National Infant & Toddler Child Care Initiative and the Early Head Start for Family Child Care Project. *Promoting Local Partnerships Between Child Care and Early Head Start: Ideas for State Leaders*. Washington, DC: U.S. Department of Health and Human Services/Office of Child Care/Office of Head Start/Autor, 2011. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/poi/ehs-ccp/nitcci-issue-paper.pdf>.

Office of Child Care. *Cross System Collaboration: A Fresh Look at Working Together: Increasing Access to Quality Early Learning – State Examples*. Washington, DC: U.S. Department of Health and Human Services/Administration for Children and Families, 2012.

<http://www.acf.hhs.gov/sites/default/files/occ/crosssystemcollaboration.pdf>.

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Office of Head Start. "101: Early Head Start-Child Care Partnerships." Washington, DC: U.S. Department of Health and Human Services/Administration for Children and Families, 2014. Accessed March 26, 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/grants/ehs-ccp/docs/ehs-ccp-101.pdf>.

Office of Head Start. Training & Technical Assistance. National Center on Program Management and Fiscal Operations. What Head Start Leaders Need to Know: Management Systems. Accessed March 28, 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/systems.html>.

Schmit, Stephanie, and Hannah Matthews. *Better for Babies: A Study of State Infant and Toddler Child Care Policies*. Washington, DC: CLASP, 2013. <http://www.clasp.org/resources-and-publications/publication-1/BetterforBabies2.pdf>.

Wallen, Margie, and Angela Hubbard. *Blending and Braiding Early Childhood Program Funding Streams Toolkit*. Chicago, IL: The Ounce of Prevention, 2013. <http://www.ounceofprevention.org/national-policy/Blended-Funding-Toolkit-Nov2013.pdf>.

11/14 (03/10; 05/03)

*This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.*