



Developing Ongoing Monitoring Processes: Lessons from an Early Head Start-Child Care Partnership Hub Director

The Early Head Start-Child Care Partnerships

In March 2015, the Administration for Children and Families at the U.S. Department of Health and Human Services awarded 275 Early Head Start-Child Care (EHS-CC) Partnership and EHS expansion grants. In the years since 2015, Congress has approved additional funding which has resulted in additional partnerships and expansion grants. As of December 2017, the EHS-CC Partnership and Expansion Grants had preliminarily reported partnerships with 1,600+ child care centers and 1,070+ family child care homes. In 2018, Congress approved additional funding (\$115 million) for new partnership and expansion grants.

The EHS-CC Partnership grants support partnerships between EHS programs and local child care centers and family child care providers serving infants and toddlers from families with low incomes. The partnerships support working families by providing expanded access to full-day, full-year child care and comprehensive services to children and families.

All child care partners in Early Head Start-Child Care (EHS-CC) Partnerships must meet Head Start Program Performance Standards (HSPPS). To ensure partners adopt and comply with the standards, partnership grantees offer supports to child care partners. They also often create ongoing monitoring tools and collaborative practices to assess and track progress during ongoing monitoring visits. Grantees share and discuss with child care partners the assessments, observations, and notes on the partners' progress.

Georgia is a state EHS-CC Partnership grantee that contracts with two organizations that serve as hubs to help providers meet HSPPS and that conduct ongoing monitoring activities. The project director of Sheltering Arms, one of the two hub organizations, noted how ongoing monitoring can be one of the hardest elements of the partnership program. She described the hub's Consultative Approach to Program Enhancement (CAPE) process:¹

The project director noted that the CAPE process has several steps:

1. Hub specialists gather information from the child care partner about its goals and needs.
2. Hub staff meet as a team to discuss how to meet goals for improvement through additional comprehensive supports.
3. Hub staff create and develop a customized plan that considers the partner's needs and share that plan with the child care partner.
4. After observations, the hub staff meet with the partner to discuss the observations.

The following includes strategies that staff from Sheltering Arms implemented to improve the CAPE ongoing monitoring process.

¹ Hub organizations provide services such as professional development or family and community engagement to child care partners. In most cases, hub organizations do not directly provide child care to families through the EHS-CC Partnership, although in some cases they might hold a separate contract for this. Grantees determine whether to use hubs and the services these organizations should provide.



To provide context for ongoing monitoring activities and the CAPE process, introduce the HSPPS and ensure partners understand why they are required to meet standards. The project director talked about imparting the values represented in the HSPPS and introducing the child care partners to the standards so that they could embed them in their work. She noted, “We didn’t see the necessity for the partners to know [HSPPS] standard 1302.3 as much as it was important for us to know it. And so, we built the [HSPPS] performance standards into the work, so all of the supports that we provide, all of the technical assistance that we provide, all of the requirements and changes and systems that we build, we build it into the context of explaining to child care partners, ‘This is why we’re doing it’.... We make sure that they understand that this is the context, and this is where it comes from, and make it a part of a larger picture.”

Steps 1 and 2: Develop a plan to reach the partners’ goals by gathering information and meeting as a support team. The project director described this process by offering the following example: “All of us get in a room together—all of the specialists come into one room with a white board, and we’re moving things around on the board figuring out, ‘Okay, this is what Partner A says that they want, and this is what they need. This is what their licensing report is showing, and these are some of the outcomes that they would like to see.’ We ask ourselves ‘What types of supports can we build around this program to really make sure that we’re giving them what they need?’”

Step 3: Outline the supports you will provide, when you will provide them, and share the plan. According to the project director, “We create a customized plan that lets the partner know that this is how often we’re going to come into your program, and this is how often we’ll conduct your classroom observations, and these are the things that you said you want us to look for, and these are the things that we’re required to look for.”

Step 4: Discuss the observation and assessment findings with child care partners. The project director described the kinds of conversations that occur and supportive tone she and her team hopes to set during those conversations: “We sit down with them, and we talk and say, ‘So, this is what we saw. What are your thoughts about this?’ And so ongoing monitoring becomes more of a collaboration as opposed to a time for us to come in and point out what it is that they did not do well. It’s more about support and gets us to...meet our ongoing monitoring requirements as well.”

“Our ongoing monitoring is no longer just about checking boxes, but...really about moving that needle of quality and building these systems that will help partners to...sustain the quality.”

EHS-CC Partnership hub director, Sheltering Arms, Atlanta, Georgia

Implementation Stories. This brief is one in a series that highlights the ways in which specific grantees implement EHS-CC Partnerships. By highlighting the work of partnership programs through the voices of grantees, child care partners, T/TA staff, and families, the briefs aim to share stories of implementation with others in the field.

For more information, please contact Sheltering Arms at (404) 523-2767; or <https://www.shelteringarmsforkids.com/>

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