

Extending the Benefits of Early Head Start-Child Care Partnerships for Children and Families

Maggie C. Kane, Malinda E. Langford, Madeline Carter, and Martha Zaslow

Overview

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

In 2016, the W.K. Kellogg Foundation commissioned Child Trends to engage with six EHS-CCPs that received additional funding from the Foundation to support partnership implementation. From 2016 to 2020, Child Trends carried out activities to learn more about the partnerships, including the challenges and benefits of working in partnerships. These activities included classroom quality observations, in-person interviews, and facilitated group discussions with grantees and partners. The team later convened partnership representatives in a two-day meeting to provide an opportunity for partners to share experiences and learn from one another.

As part of Child Trends' work to support these partnerships, we have developed toolkit-style resources to help EHS-CCP grantee staff and child care partners work through and overcome typical challenges that they may encounter during the partnership process, and to help partnerships maximize the benefits of working together. One shared challenge revolves around facilitating "spillover benefits," or learning how EHS-CCP grantees and child care partners can extend the benefits of EHS to children and families not in partnership slots to the greatest extent possible within policy guidelines.

What are EHS-CCPs?

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

This brief will provide an overview of different types of spillover as outlined in federal EHS-CCP guidance, present examples of spillover from EHS-CCP grantees and child care partners, and provide recommendations and a tool for planning around spillover.

Toolkit Process

Spillover benefits include resources and improvements funded by the EHS-CCP grant—or similar resources supported by outside funding or organizations—that reach non-EHS-CCP-participating children and families.¹ This brief draws on research activities that Child Trends conducted in 2017, funded by the W. K. Kellogg foundation, with six EHS-CCP sites serving from 38 to 566 children.² As part of this project, grantee staff and child care partners came together at a convening in 2018 to reflect and exchange information about their work. During the meeting, participants identified an interest in sharing information about spillover more broadly with other partnerships.

The strategies and approaches identified in this toolkit come from interviews that Child Trends staff completed with grantee staff of five partnerships and three of the child care partners participating in these partnerships. These interviews were conducted in fall 2019 and winter 2020, and focused on experiences with spillover and recommendations for other partnerships regarding spillover. The resource at the end of this brief provides a tool for other partnerships to use as they think through strategies for extending services to as many children and families as possible within the guidelines and regulations of the EHS-CCP grant.

What is spillover?

Spillover benefits include resources and improvements funded by the EHS-CCP grant—or similar resources supported by outside funding or organizations—that reach non-EHS-CCP-participating children and families.

When referring to spillover benefits in this brief, we are referencing both the services and resources that could potentially be extended to non-EHS-CCP-participating children and their families.

¹ For the purposes of this toolkit, we are limiting our discussion of spillover to that which happens within the classroom or program. Spillover can also happen at the community level when, for example, state policies change as the result of EHS-CCP or when states seek additional resources for non-EHS-CCP settings as a result of the partnership.

² More information about the study can be found in: Halle, T., Banghart, P., Zaslow, M., Cook, M., Kane, M., Bartlett, J. D., Redd, Z., Bamdad, T., Cox, A., & Lloyd, C. M. (2019). Implementation Lessons from Six Early Head Start - Child Care Partnerships. *Early Education and Development*, 30(8), 990-1008. <https://doi.org/10.1080/10409289.2019.1656320>

How the EHS-CCP Grant Promotes Spillover Benefits

EHS-CCPs aim to expand access to high-quality early childhood education for children under age 3 and families around the country. While there are certain individual child- and family-level services that the grant can only provide to enrolled children and families, grantees and child care partners can use funds to implement program-level improvements that benefit non-EHS-CCP-enrolled children and families who attend a center or family child care home that participates in the partnership. Programs also provide classroom- or family child care-level benefits to children in “blended settings,” or classrooms of family child care partner sites that include both children enrolled in partnership slots and children who are not enrolled.

Federal EHS-CCP guidance states that EHS-CCP funding should supplement existing funding available to child care partners through the Child Care and Development Fund (CCDF) subsidy and voucher programs, or other funding available to child care centers. It outlines three layers of services covered by different funding streams:

- **Layer 1 consists of services provided through a child care partner’s core funding streams, including subsidy and voucher programs, tuition paid by families not in partnership slots, and other sources of revenue.** EHS-CCP funds can cover the costs of Layer 1 services for a child in a partnership slot if they lose their subsidy or if they do not qualify for a subsidy; however, in general, EHS-CCP funding should not supplant existing funding for Layer 1 services.
- **Layer 2 refers to services covered by the EHS-CCP grant for program- and classroom-level improvements intended to benefit both children in partnership slots and those not in partnership slots.** Examples include additional staff to meet EHS-CCP classroom or family child care group size and ratio requirements, including blended classrooms or family child care programs; curricula and materials for these classrooms or family child care programs; staff training and professional development; and facility improvements to meet EHS-CCP standards.
- **Layer 3 refers to services provided to individual children and families enrolled in the partnership and covered by the EHS-CCP grant, such as home visits, external referrals to health providers, or other family support services.** Child care partners cannot use these funds to provide individual services to children and families not in partnership slots; however, child care partners can seek outside funding to provide the types of services in Layer 3 to children and families not in partnership slots.

EHS-CCP funding guidance

Spillover benefits funded by the EHS-CCP grant that extend to children and families not enrolled in partnership slots generally fall within Layer 2. Grantees and child care partners looking to extend Layer 3 services often need to look for funding from other federal resources, nonprofit organizations, foundations, and other sources to support their efforts.

What Spillover Looks Like

Spillover of the services that child care partners provide to children and families takes place at two of the layers classified by federal policy guidance: Layer 2 (involving program-level spillover benefits and benefits for all children in blended classrooms) and Layer 3 (involving services to individual children and families not enrolled in partnership slots, provided through outside funding). Below, we provide examples for what spillover activities could look like at both of these layers. These examples come from fall 2019 to winter 2020 interviews with grantee staff at five partnership sites, as well as three of the child care partners at these sites. These partnerships include both center-based and family child care partner sites, with different

types of grantee organizations (e.g., universities, community-based nonprofit organizations) and levels of reach (e.g., statewide, citywide, or local).

Program-level and classroom-level spillover benefits (Layer 2)

Partnership sites were able to extend benefits to children not in partnership slots through improvements at the program level, including improvements to facilities, professional development opportunities that extended to all staff at a partnership center or family child care home, and onsite support from partnership specialists at a child care center available to all families. The sites were also able to extend benefits to children not in partnership slots when quality improvement efforts focused on blended classrooms.

Facilities and resources

Facilities. Grantees and child care partners implemented a number of facility improvements using EHS-CCP funding. Facility improvements included new security equipment, such as keypads to restrict access to a site or security cameras; new playground equipment or fencing to make playgrounds safer; and improvements to common spaces, such as a child care center's lobby. These improvements extended to all children attending the child care center or family child care home.

Resources. Staff interviewed also pointed to resources that were accessible to all teachers at a partnership site, like copiers. In center-based blended classrooms, or in family child care settings, improvements at the classroom or home level could also extend to children not enrolled in partnership slots. For example, grantee staff and child care partners noted that children not in partnership slots who were in blended classrooms or in family child care homes were able to use tablet computers, books, furniture, and other resources purchased through the grant for the classroom or family child care home. Grantee staff also mentioned that children in blended classrooms or family child care homes benefitted from the curricula and assessment materials purchased to comply with EHS-CCP standards.

Professional development

Professional development in blended settings. Grantee staff and center-based child care partners highlighted professional development as an opportunity for spillover. For example, professional development opportunities could involve on-site training open to all teachers and focused on topics that extend to all classrooms. In addition, grantee staff and center directors talked about being able to expand the reach of coaching. In blended classrooms at child care centers and blended groups at family child care sites, all staff benefit from on-site coaching provided through EHS-CCP partnership grants.

In addition, EHS requires that teachers have their CDA, or are working toward obtaining it. When they complete the CDA, center-based teachers in blended classrooms and family child care providers with blended groups put their knowledge and skills into practice for all children in their classrooms or homes, regardless of EHS-CCP enrollment status.

Center-wide professional development opportunities. Center-based partnership staff also discussed professional development opportunities that spilled over to teachers who served non-EHS-CCP-enrolled children. One grantee director said that when they provide professional development through on-site training, many trainers bill by the hour rather than by the number of people who attend a training. Consequently, all teachers within this director's center were able to attend trainings without increasing the cost, whether they were working in blended or non-blended classrooms with infants and toddlers, or in classrooms with preschool-age children. In addition, a partnership director who had attended an off-site training aimed specifically at partnership directors indicated that she was able to share knowledge from the training with all teachers in the partnership's centers when she returned.

In several instances, this kind of approach extended professional development opportunities to teachers working with preschool-age children, expanding the benefits of EHS to staff working with children outside of the EHS age range. For example, one site formed a professional learning community of teachers implementing a new child assessment tool for use along with a curriculum they developed for the EHS-CCP. While providers in 3- and 4-year-old classrooms were not able to use the curriculum (which was specifically for infants and toddlers), the partnership chose to extend the use of the child assessment tool for classrooms with older children at the center. These preschool teachers joined the professional learning community focused on the child assessment tool.

Group size and staff-to-child ratios

In family child care sites and in center-based sites with blended classrooms, grantee staff and child care partners noted that non-EHS-CCP-enrolled children benefitted from decreased group sizes and staff-to-child ratios. EHS requires a maximum ratio of one provider per four children, allowing up to eight children and two providers in a center-based classroom.³ All grantee staff and child care partners with whom we spoke worked in states with maximum staff-to-child ratios and group sizes that were higher than EHS maximums. Consequently, non-EHS-CCP-enrolled children in center-based blended classrooms or family child care homes benefitted from smaller group sizes and lower staff-to-child ratios.

Staff at one grantee site mentioned that their partnership was able to use additional funding from the state to start a substitute pool to ensure that they maintained EHS group size and ratio requirements if a provider was out (e.g., due to illness or to participating in professional development).

Support from partnership specialists

In child care centers, EHS-CCP specialists provide onsite support to children and families. Grantee staff and child care partners shared that, in some cases, the support that specialists provide can extend to non-EHS-CCP-enrolled children and families. Grantee staff said that family support specialists or liaisons, for example, host meetings or trainings for parents that are open to all families, regardless of enrollment status. Specialists who spend time at child care centers or onsite at family child care homes can also answer questions from families not enrolled in partnership slots and put out fliers and other resources that all families can access. Specialists can also serve as additional staff on site who can step in to support providers when needed. One grantee, for example, said that an EHS-CCP health specialist was able to translate for Spanish-speaking staff members during a training on handling emergency medical situations with children.

Individual services for children and families (Layer 3)

EHS-CCP policies prevent partnerships from using the grant to provide individual services for children and families who are not enrolled in EHS-CCP slots. The guidance also states, however, that partnership sites should make sure that non-EHS-CCP-enrolled children are not segregated or stigmatized due to receiving different services.⁴ The staff with whom we spoke sought outside funding and community resources to extend individual child and family benefits and to extend initiatives introduced through the partnership to all children within the program.

³ EHS ratio requirements can be found at https://www.acf.hhs.gov/sites/default/files/ece/ece_ccp_101_final_hhsacf_logo_2014.pdf.

⁴ Early Childhood Learning & Knowledge Center. Policy and Program Guidance for the Early Head Start-Child Care Partnerships (EHS-CCP). ACF-IM-HS-15-03. U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-15-03-attachment>

Resources for children

EHS-CCP funding also allowed centers and family child care homes to reallocate portions of their budget, freeing up funds to purchase or pay for specific resources for children not in EHS-CCP slots. For example, when EHS-CCP provided the funding for curricula and materials, furniture, or professional development, the cost savings could allow a center or family child care program to pay for diapers or formula for children not in partnership slots, using revenue from tuition or other sources.

In addition, grantee staff and child care partners sought outside funding to provide supplies like diapers, wipes, and formula to children who were not enrolled in EHS-CCP slots. Funding came from local and federal sources, including nonprofit organizations and funding streams like the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Grantees and partnership sites also used outside funding to support health resources. One partnership, for example, accessed funding from a health foundation to offer on-site mental health services for children and families who weren't enrolled in EHS-CCP slots. Other sites were able to provide hearing and vision screenings for all children by partnering with community organizations that volunteered their services.

Family engagement initiatives

For child care sites with multiple classrooms—some of which did not have EHS-CCP students enrolled—some grantee and partnership staff said they worked to implement EHS policies and priorities around family engagement center-wide. In some cases, these efforts did not require seeking outside funding. At one center-based child care partner site, for example, staff shared that they extended EHS' emphasis on family engagement to the whole child care center, making it a priority for all families. They noted that family engagement has become more intentional, and that they are seeing more parents getting involved and showing up for activities at the center across all classrooms and age groups. Another site hosted events for parents and providers to get together and made these opportunities available to all families.

Individual family-level activities

While sites cannot use EHS-CCP funds to provide home visits for families not enrolled in partnership slots, the support provided during home visits for children in partnership slots can extend to other children in the home who may not be enrolled. One grantee director, for example, noted that older children in the home are often present during home visits and benefit from that service, even if the home visit focuses on the EHS-CCP-enrolled infant or toddler. In addition, information shared during a home visit may pertain to preschool- or school-aged children, in addition to infants and toddlers. Beyond home visits, other EHS activities aimed at individual parents and caregivers of children in partnership slots—like job training, connections to food assistance or utility payment assistance, or support with educational goals—benefit that parent or caregiver's whole family.

Recommendations for Extending EHS-CCP Benefits

Grantee staff and child care partners had several general recommendations to maximize the benefits that non-EHS-CCP-enrolled families experience as a result of attending an EHS-CCP partnership site:

- **Set intentional goals for extending benefits.** Think creatively about ways to extend benefits to all children within a program and work intentionally toward those goals. For example, one partnership set a goal of decreasing staff-to-child ratios for all classrooms, regardless of whether they were EHS-CCP classrooms, and worked toward achieving this goal over time.
- **Look for opportunities to extend resources to all staff.** Some professional development trainings, curricula, and other resources cost one rate regardless of the number of participants. In these

situations, resources funded by the EHS-CCP grant can extend to all staff within a program. For example, trainings that cost a certain rate based on length rather than the number of participants can be open for all staff to attend.

- **Look for opportunities to extend resources to all families.** Some activities initiated by the partnership can be extended to all families. For example, family support activities held on-site at a family child care home or child care center can be open for all parents to attend.

Grantee staff and child care partners also noted some challenges that could arise in seeking to extend the benefits of the partnership to all children in a child care center or family child care home. Challenges included uncertainty among staff and partners about what materials they could share, concern from child care partners that grantee staff were monitoring performance rather than supporting their work, extending services to children not enrolled in partnership slots, and transitioning children out of EHS. To address these challenges, grantee staff and partners made the following suggestions:

- **Ask for permission to share materials.** When in doubt, child care partners recommended asking grantee staff about the possibility of sharing materials with non-EHS-CCP-enrolled children or the staff who work with them. Grantee staff can provide guidance about what complies with EHS-CCP policy, and when it is possible to share.
- **Build trust so child care partners can be open about strengths and needs.** It can be challenging for grantee staff and child care partners to build trust. For example, one grantee director talked about concerns, early in the partnership, that grantee staff were coming in to regulate partner sites rather than support them—a concern that diminished over time. Building trust over time facilitated child care partners sharing their strengths and needs, allowing grantee staff to provide better support. This opens a way for grantee staff to provide supports that extend to all children at a partner site.
- **Brainstorm possible sources of further support.** In some situations, it was clear to child care partners that partnership resources could not be used to extend certain services to non-EHS-CCP-enrolled children and families and the staff serving them, yet grantee staff and child care partners felt strongly about extending services to all children and families. In these instances, staff and partners brainstormed possible external support and could often identify a resource through their state Quality Rating and Improvement System (e.g., to extend professional development to further staff), private philanthropy sources (e.g., to provide funding for diapers and formula), or resources at other agencies (e.g., qualified staff to conduct health screenings).

Extending the Benefits of Early Head Start-Child Care Partnerships: A Tool for Planning

EHS-CCP program guidance identifies extending services to non-EHS-CCP-enrolled families as a goal of the grant. The checklist below is intended for grantee directors to use as a tool for thinking through strategies for partnership directors and their staff to extend services to as many children and families as possible within the guidelines and regulations of the EHS-CCP grant. As program staff document how the benefits of EHS do and do not spill over to non-enrolled families, consider whether any of the improvements not currently shared with non-enrolled children and families could potentially become shared. Additionally, consider the ways in which your partnership already facilitates spillover. The tool is intended for use for both center-based and family child care (FCC) settings.

Directions: Check off each improvement that you’ve implemented because of the EHS-CCP for different groups of children and families and the staff who work with them. If any improvements that non-EHS-CCP-enrolled children experienced were funded by a source other than the EHS-CCP, please indicate this in the far-right column. For example, if non-EHS-CCP-enrolled children now receive developmental screenings that are paid for by an outside grant or offered for free through a partner agency, check the box in the column on the right. Use the row at the bottom of the tool to note possibilities for further extending the improvements of your partnership.

		All the children in the center or FCC home benefit, including preschool- and school-age children	All the infants and toddlers benefit (whether or not they are in partnership slots)	Only the infants and toddlers who are in partnership slots benefit	Did you use funding from outside of the EHS-CCP grant for this resource?
The partners in our EHS-CCP have seen improvements to...	Classrooms (in centers) or indoor spaces (in FCC) to meet EHS health and safety requirements				
	Outside spaces to meet health and safety requirements (e.g., playground, fence, or site security)				

		All the children in the center or FCC home benefit, including preschool- and school-age children	All the infants and toddlers benefit (whether or not they are in partnership slots)	Only the infants and toddlers who are in partnership slots benefit	Did you use funding from outside of the EHS-CCP grant for this resource?
	Other:				
Because of the EHS-CCP grant, the center-based child care partners' classrooms and/or FCC groups have seen improvements to...	Meet EHS or HS group size and ratio requirements				
	Have new curricula and supplies for curricula activities				
	Have new materials other than for curricula (e.g., books, toys)				
	Use child assessments				
	Have new furnishings				
	Other:				

		All the children in the center or FCC home benefit, including preschool- and school-age children	All the infants and toddlers benefit (whether or not they are in partnership slots)	Only the infants and toddlers who are in partnership slots benefit	Did you use funding from outside of the EHS-CCP grant for this resource?
Teachers/FCC providers have participated in...	Professional development: participation in workshops, training series, or coursework				
	On-site coaching				
	Learning communities or FCC networks				
	Other:				
Children and families have access to...	Developmental screening, hearing screening, and/or vision screening for children				
	Supplies like diapers and formula				
	Family engagement activities (e.g., family events, family gatherings)				
	Family advocates, support specialists, or health specialists				

		All the children in the center or FCC home benefit, including preschool- and school-age children	All the infants and toddlers benefit (whether or not they are in partnership slots)	Only the infants and toddlers who are in partnership slots benefit	Did you use funding from outside of the EHS-CCP grant for this resource?
	Individualized family supports (e.g., home visits, IFSP)				
	Other:				
Use this space to document any other steps that could be taken to benefit non-EHS-CCP-enrolled children. Note whether outside funding would be needed to support steps listed.					