

Excerpt from Expanding High-Quality Child Care for Infants & Toddlers

Lessons from Implementation of Early Head Start – Child Care Partnerships in States



Early Head Start – Child Care Partnerships

Awards and State Profiles

Total Annual Partnership Awards to All Grantees

State	Federal FY 2015-2019 Round 1 Grants ^A	Federal FY 2017-2021 Round 2 Grants ^B	Federal FY 2019- 2023 Round 3 Grants ^C
ALABAMA	\$ 8.3 million	\$ 2.2 million	\$10.5 million
DISTRICT OF COLUMBIA	\$ 0.9 million	\$ 3.0 million	\$ 7.6 million
GEORGIA	\$16.2 million	\$ 2.1 million	\$20.1 million
LOUISIANA	\$ 8.4 million	\$ 5.2 million	\$15.5 million
MARYLAND	\$ 3.4 million	\$ 0	\$ 4.5 million
OKLAHOMA*	\$11.8 million	\$ 7.8 million	\$24.3 million
WASHINGTON	\$ 8.4 million	\$ 4.1 million	\$13.3 million

Note:

Round 1 Grants – In Fiscal Year (FY) 2014, Congress allocated \$500 million for the first round of EHS expansion and EHS-CC Partnership grants. ACF awarded the grants for this first round to state and local agencies in winter 2014. Grantees must reapply for these awards every five years.

Round 2 Grants – Congress allocated an additional \$135 million for new EHS expansion and EHS-CC Partnership grants in FY 2016. ACF awarded the grants for this second round of funding in winter 2017.

Round 3 Grants – Congress allocated a combined \$165 million for new EHS expansion and EHS-CC Partnership grants between FY 2018 and FY 2019. ACF awarded the grants in spring 2019. Spring 2019 awards also included grant renewals for state and local agencies that had received Round 1 awards in winter 2014.

Endnote:


A Calculated by the author based on information on the federal fiscal year 2014 awards, found at <https://www.acf.hhs.gov/eed/early-learning/ehs-cc-partnerships/grant-awardees>.

B Calculated based on data from the Tracking Accountability in Government Grants System, available at <https://taggs.hhs.gov>.

C Data provided by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services, via email on August 16, 2019.

* Oklahoma funding amounts include grants to two tribal EHS-CC Partnerships grantees.

To see the full report, please visit: www.theOunce.org/Partnerships

A woman with short, curly brown hair and black-rimmed glasses is smiling warmly while holding three young children. The children are of African descent and are wearing light-colored shirts with red accents. They are in a classroom or daycare setting, with a wooden crib and colorful fabric visible in the background.

AL

Alabama contracted with seven community-based Early Head Start/Head Start agencies around the state to ensure comprehensive services and technical assistance to 20 child care centers.

Alabama Profile



Alabama's Story

In Alabama, the federal Child Care and Development Block Grant (CCDBG) is administered by the State Department of Human Resources (DHR) Division of Child Care Services, with oversight of the child care subsidy program, licensing and monitoring of child care programs and state child care quality initiatives. States cannot apply for Head Start grants, so DHR officials were surprised and excited at the opportunity for their state to apply for a federal Early Head Start – Child Care Partnership grant because they saw a chance to bring the established Head Start Program Performance Standards (HSPPS) for infant and toddler care to full-day, full-year child care programs serving working families earning low incomes. In addition, DHR leaders wanted to pilot ways to enhance the quality of family child care homes, where so many children under age 3 receive child care services due to the rural nature of the state. Alabama hoped a state-level Partnership grant could not only improve quality in participating child care centers and family child care homes, but also create a ripple effect to establish higher-quality subsidized infant and toddler child care throughout the state.

Alabama's DHR applied to expand services statewide with a focus on counties with the greatest need, and outreach to children in teen parent and/or homeless families receiving a child care subsidy. Alabama won the federal grant and moved forward to contract with seven community-based Early Head Start/Head Start agencies around the state to ensure comprehensive services and technical assistance to

20 child care centers. In addition, the state contracted with Auburn University to provide coaching and quality supports to 48 family child care home providers. Auburn has a Family Child Care Project that the state had previously supported to help family child care providers earn National Association for Family Child Care accreditation, so the university had a track record with the state.

Alabama soon found that the evidence-based HSPPS typically exceeded minimum state requirements for child care licensing. With the Partnerships grant, DHR had 18 months to help child care partners come into compliance. For example, the EHS teacher-to-child ratios (one adult to every four children in a group size of eight) were very different than those in Alabama's state licensing rules (one adult to every five for infants, one adult to every seven for toddlers, and no group size limit). Reducing ratios and class size is hard on child care providers' bottom line because funds from Partnerships can cover some of the cost of the lost slots, but not always the full cost. In addition, very few infant-toddler teachers had a Child Development Associate (CDA) Credential since the minimum state requirement in state licensing was a high school degree.

DHR leaders had to problem-solve to layer Partnership grant funding with state administered CCDBG child care subsidy funds. The state had set a goal in its federal Partnerships application that at least 80% of the children in Partnerships programs would also receive child care



Alabama Federal Award

\$8.3 million

Federal FY 2015-2019
Round 1 Grants

\$2.2 million

Federal FY 2017-2021
Round 2 Grants

\$10.5 million

Federal FY 2019- 2023
Round 3 Grants

“Contracting seems more doable now that we have piloted the idea through the Partnerships. If Alabama can do it, other states can too.”

JENNIFER CONNELL, Assistant Division Director of the Child Care Services Division

subsidies. Federal CCDBG law and regulations allow states significant flexibility in setting many intake, eligibility and provider payment rate rules. An immediate challenge was that there was already a waiting list to receive a subsidy, which meant DHR would have to consider how to prioritize children, such as placing those who could qualify for both EHS and the state child care subsidy program ahead of other children on the waiting list. Another issue was that the child care subsidy rules set by the state required copayments for families under the federal poverty level, which is out of alignment with the EHS program. Finally, DHR officials recognized that current child care provider payment levels and methods would not support continuity in children’s participation in the program, nor the ability for partners to attract and maintain teachers with a minimum CDA Credential that lead teachers in Partnerships programs require. The state went ahead and made changes for children receiving subsidy and in the Partnerships slots, and then when the CCDBG final regulation clarified they could do so, DHR expanded these policy changes statewide. The CCDBG reauthorization also required that states use 3% of their CCDBG spending for a permanent infant-toddler set-aside starting in federal Fiscal Year (FY) 2017, and DHR utilized some of these dollars for the Partnerships.

Officials said they learned valuable lessons about how to deliver effective coaching and supports to child care partners. In addition to the subsidized child care assistance slots, they are also proud of how they have incorporated contracts with child care partners which allowed them to provide additional funding to providers tied to teacher qualification levels achieved within partner sites.

Jennifer Connell, assistant division director of the child care services division, said, “Contracting seems more doable now that we have piloted the idea through the Partnerships. If Alabama can do it, other states can too.”

What Were Alabama’s Strategies?

Leveraged multiple funding sources and state systems to support program success and quality.

- Ensured that 80% of the children in Partnerships programs were also receiving subsidies through the state child care subsidy program, thereby leveraging these two federal funding sources to enhance quality for infants and toddlers.
- Contracted with the state Department of Public Health to use health programs and expertise to ensure child care partners met HSPPS standards to help families access health and dental care, child screening, immunizations and other preventive health services.
- Partnered with the state Department of Early Childhood Education to access existing state resources to provide and track child assessments for children from birth to age 3 in the Partnerships sites.

Supported continuous access to infant and toddler child care for working families earning low incomes.

- Revised child care subsidy policies and procedures to better align with EHS and support continuity, including creating a category of eligibility just for EHS-eligible children and their siblings. This allowed EHS-eligible infants and toddlers on the child care waiting list to be served immediately.
- Waived copayments for families earning under 100% of the Federal Poverty Level (FPL).
- Used federal Partnership grant dollars to continue services if a parent lost his or her job and no longer met state child care subsidy rules.

Raised the bar for what quality infant and toddler child care could and should be.

- Contracted with Auburn University to develop a “hub” of supports, including coaching, quality supports and monitoring, to a cohort of 48 family child care providers to help them meet HPSP standards for program quality and teacher qualifications. Other “hub” agencies supported child care centers.
- Provided additional funding per child enrolled in the EHS slots through contracts with the “hub” agencies requiring pass through to child care partners. The additional funds were used to meet higher quality standards and increased teacher qualifications for infant and toddler care.

Built a higher education pathway for the infant and toddler workforce.

- Supported cohorts of infant and toddler teachers and family child care providers to achieve HSPPS teacher qualification requirements.

- Redesigned child care subsidy systems to make it easier for working families to keep their subsidy in order to provide greater continuity of care for infants and toddlers living in under-resourced families and communities.
- Created a network of coaches with expertise to support ongoing professional development and address challenging behaviors in very young children.

Piloted reforms that could be expanded statewide to improve care for many more infants and toddlers.

- Expanded coaching for infant and toddler teachers and family child care providers based on lessons learned from the Partnerships pilots.
- Explored expanding use of direct contracts with subsidy providers beyond Partnerships programs to other child care settings.

USEFUL LINKS AND CITATIONS

Request for Proposals for Current EHS-CCP grants

<http://dhr.alabama.gov/quicklinks/rfp2019/Documents/EarlyHeadStartChildcarePartnershipRFP.pdf>

Early Head Start-Child Care Partnership State Grantee Profile, Alabama. https://www.acf.hhs.gov/sites/default/files/ecd/al_ehsccp_grantee_profile_final.pdf

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The Ounce of Prevention Fund (the Ounce) gives children in poverty the best chance for success in school and in life by advocating for and providing the highest-quality care and education from birth to age five. The Ounce envisions a world in which high-quality early learning opportunities beginning at birth are an integral part of our nation's education system. With commitment to quality as our guiding principle, the Ounce works at the intersection of practice, policy and research and forges public-private partnerships. Over the last 30 years, the Ounce has developed an effective approach to advancing knowledge, testing ideas in real-world settings, advocating for policy change, engaging champions and training practitioners and leaders.