




OFFICE OF HEAD START

An Office of the Administration for Children & Families

 **Office of Child Care**

Growing Early Head Start Child Care Partnerships and Conversion Opportunities



ADMINISTRATION FOR
CHILDREN & FAMILIES



ADMINISTRATION FOR
CHILDREN & FAMILIES

Region X Presenters

- *Agda Burchard, Office of Child Care*
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Overview

- Background on Child Care and Development Fund (CCDF)
- Background on Head Start (HS) & Early Head Start (EHS)
- New Early Head Start – Child Care Partnership Funding
- Who can apply
- Criteria for Partnership
- Conversion Options
- Questions and Answers



New Early Head Start – Child Care Partnership Funding

In the 2013 State of the Union address, President Obama announced plans to grow the supply of high-quality early learning opportunities for children from birth to age 3, so that more children from low-income families can develop and learn from an early age, through Early Head Start-Child Care Partnerships.

Public Law No: 113-76:

“\$500,000,000 shall be available through March 31, 2015...for new discretionary grants for high quality infant and toddler care through Early Head Start – Child Care Partnerships...”

Early Head Start-Child Care Partnerships

- Support states and communities in expanding high quality early learning and development opportunities for infants and toddlers.
- Early Head Start applicants who demonstrate *partnership* will join with child care providers who agree to meet high standards of quality.
- Enhance and support early learning settings; provide new, full-day, comprehensive services that meet the needs of working families; and prepare children for the transition into preschool.



EHS – Child Care Partnerships

- What are the benefits and opportunities of an EHS-child care partnership?
 - For families?
 - For children?
 - For child care?
 - For Early Head Start?
 - For the community?



Child Care and Development Fund (CCDF)

OCC Vision

- More children in low-income families able to access high quality care

CCDF Purpose

- Assists low-income working families obtain child care so they can work or attend training/education
- Improves quality of child care and promotes coordination among early childhood development and afterschool programs

CCDF Law

- Child Care and Development Block Grant Act (CCDBG) of 1990
- Section 418 of Social Security Act



Who Benefits from CCDF...

Children from birth through age 12 in vulnerable families have access to child care settings that meet their needs.

Parents in eligible low-income families receive help paying for child care at a provider of their choice.

- Family Income \leq 85% SMI
- Need for Care: Work, Job Training/Education, children in protective services

Child care providers receive reimbursement for serving low-income families. Child providers receive supports from States and Territories to improve quality of care.

- Legally Operating per Applicable State/Local Requirements
- Meet CCDF Health and Safety Requirements



CCDF Overview

- **Administration.** OCC establishes and oversees the implementation of child care policies, and provide guidance and technical assistance to States, Tribes, and Territories as they administer CCDF programs.
- **Funding.** Jointly financed by Federal and State governments. CCDF program combined Federal funding for FY 2012 - \$5.2 billion.
- **Flexibility.** CCDF provides flexibility to States, Territories, and Tribes in establishing policies that support families' access to child care through subsidies.
- **Coordination.** CCDF allows States, Territories, and Tribes to serve families through a single, integrated child care subsidy program under the rules of the CCDBG Act. States coordinate CCDF with Head Start, pre-kindergarten, and other early childhood programs.



CCDF Grantee Flexibility

- **Eligibility.** States, Territories, and Tribes set policy on how often to re-determine a family's subsidy eligibility, ranging from every month to a year; and income level for eligibility.
- **Contracts.** States have the option of distributing funds through grants or contracts to extend programming.
- **Co-Payment.** The subsidy covers partial costs of care; most families who receive child care assistance are required to pay co-payments.
- **Payment Rate.** Subsidized payment rates and parent fees must be established in a way that allows families equal access to all types of care.
- **Quality.** Partnerships can be established to improve quality through: increased access to professional development; aligned standards; expanded supply; and provision of comprehensive services.



CCDF Partnership Opportunities

Eligibility. For child care partnerships CCDF grantees do have options for eligibility policies that align with the partnering program's eligibility.

Example: Potential grantees could use the CCDF waiting list to enroll Early Head Start eligible children.

Contracts for Slots. States have the option of distributing funds through grants or contracts to extend programming.

Example: Contract with programs that serve CCDF eligible children.

Quality. Partnerships can be established to improve quality by increasing access to professional development, expanding supply, and providing comprehensive services.

Example: Share professional development opportunities, including access to training funded through CCDF and Head Start.



OCC Quality Framework

CCDF improves the quality of care to support children’s healthy development and learning by supporting child care licensing, quality improvements systems to help programs meet higher standards, and support for child care workers to attain more training and education.





CCDF Health and Safety Requirements

State, Territories, and Tribes have responsibility for ensuring the health and safety of children in child care through the licensing system and/or the establishment of health and safety standards for providers who care for children receiving CCDF funds.

CCDF Health and Safety Requirements	State Licensing Standards
<ul style="list-style-type: none"> • Prevention and Control of Infectious Diseases • Building and physical premise safety • Minimum health and safety training 	<ul style="list-style-type: none"> • 49 States have licensing standards that address care of infants/toddlers • 43 address supervision • 43 require programs/activities specific to infants/toddlers (including nutrition) • 44 require equipment/materials specific to infants/toddlers • 23 require primary caregiver for each infant • 17 require specific qualifications for staff



Infants & Toddlers CCDF Data (FY2012 Preliminary)

	Alaska	Idaho	Oregon	Washington
Average Monthly Number of Children Served	1,291	1,678	3,128	9,954
Percentage Children below 100% of Poverty	49.69%	71.59%	65.39%	64.20%
Percentage Children Served in Licensed/Regulated Settings	79.80%	82.52%	54.85%	85.15%
Percentage Children Served in Family Child Care or Group Homes	36.16%	33.49%	57.86%	33.82%
Percentage Children Served in Centers	55.17%	64.99%	26.30%	55.45%
Average Monthly CCDF Subsidy	\$539	\$356	\$381	\$488
Average Monthly Number of Hours	153	136	146	224



Average Monthly Percentage of Children Served by Age Group - CCDF Data (FY2012 Preliminary)

	Age of Children			
	0<1 yr	1<2 yrs	2<3 yrs	0<3 yrs (TOTAL)
Alaska	6%	11%	14%	31%
Idaho	6%	10%	13%	29%
Oregon	4%	8%	11%	23%
Washington	4%	9%	12%	25%



CCDF Eligibility

	Alaska	Idaho	Oregon	Washington
Work or Education Activity	Definitions vary by State.		See each State’s definitions.	
Determination Period	Up to 6 months	Up to 6 months	Up to 12 months	Up to 12 months
Income Threshold	75% of 2008 SMI	130% of FPL	185% of 2014 FPL	200% of 2013 FPL
Copayment	Amounts vary. Waive copays for TANF families receiving PASS I Child Care.	Amounts vary. Waive copays for TANF & Foster Care families under poverty level.	Amounts vary. Waive copays for teen parents in high school and for parents in drug & alcohol treatment program & under poverty level.	Amounts vary. Waive copays on a case-by-case basis for homeless families.



Center Based Maximum Staff to Child Ratios and Group Size

	Early Head Start	Alaska	Idaho	Oregon	Washington
Infants	1:4 (8)	1:5 (10)	Point System	1:4 (8)	1:4 (8)
Toddlers	1:4 (8)	1:6 (12)	Point System	1:5 (10)	1:7 (14)

Idaho has a child to staff ratio point system. The maximum points for each staff member is 12. Each child under 24 months equals 2 points.



Family Child Care and Group Home Maximum Staff to Child Ratios

	Family Child Care	Group Homes
Early Head Start	1:6 (no more than 2 under age 2) 2:12 (no more than 4 infants & toddlers and only 2 under 18 months)	
Alaska	1:8 (no more than 3 under 30 months & no more than 2 non-ambulatory)	1:3 or 2:5 (no more than 5 under 30 months & no more than 4 non-ambulatory)
Idaho	No ratio or group size requirements	Child-Staff Ratio Point System
Oregon	No more than 2 under 24 months; no more than 10 children	1:4 up to 24 months; 1:10 age 2 up
Washington	No more than 2 under age 2 if 1 adult No more than 4 under 2 if 2 adults; no more than 12 children	n/a



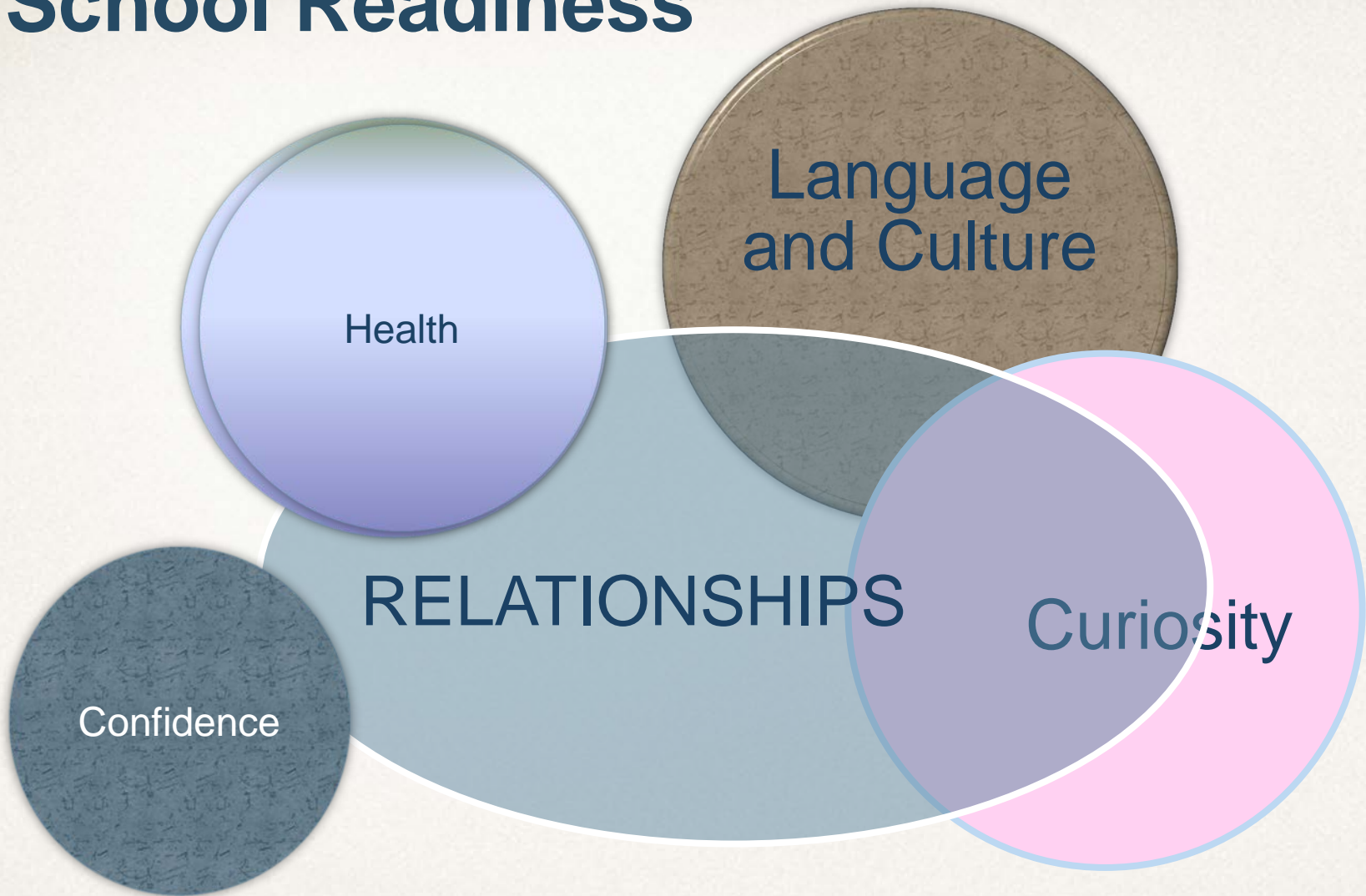


Purpose of Head Start & Early Head Start

To promote the school readiness of low income children by enhancing their cognitive, social and emotional development –

- in a learning environment that supports children’s growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, physical skills, and approaches to learning and
- through the provision of health, educational, nutritional, social and other services that are determined, based on family needs assessments, to be necessary.

School Readiness





KEY EHS REQUIREMENTS: Early Childhood Education and Development

Continuity

- Primary caregiver
- Continued eligibility
- Full year services

Child Development

- Evidence based curriculum and teaching practices
- Ongoing child assessment
- Individualized services
- Continuous program improvement

Early Head Start (EHS)

Added to the Head Start Act in 1995 to:

“provide family-centered services for low-income families with very young children designed to promote the development of the children and to enable their parents to fulfill their roles as parents and to move toward **“self sufficiency”**”



Scope and Design of EHS from Act

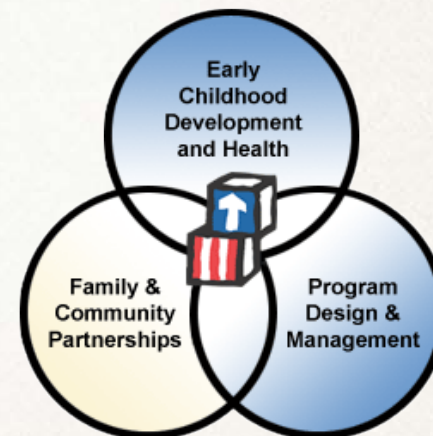
- Provide early, **continuous**, intensive, and comprehensive child development and family support services that will enhance the physical, social, emotional, and intellectual development of participating children;
- Ensure that the level of services provided to families responds to their needs and circumstances;
- Promote positive parent-child interactions;
- Provide services to parents to support their role as parents;
- Ensure that children with documented behavioral problems receive appropriate screening and referral;
- Ensure formal linkages and coordination with other programs in the State, local Head Start programs, other local providers of early childhood education and providers of early intervention services; and
- Implement a systematic procedure for transitioning children.



Head Start Performance Standards

Provide Head Start grantee requirements for:

- Eligibility, recruitment, selection, attendance
- Early childhood education and development
- Health and safety
- Health promotion
- Nutrition
- Disabilities
- Parent involvement
- Family partnerships
- Community partnerships
- Administrative and financial management
- Transportation and facilities





Key EHS Requirements: Ratios and Group Size

- Center based
 - One teacher for every 4 infants and toddlers
 - Maximum group size of 8
- Family Child Care
 - One Provider: max group size of 6 with no more than 2 under age 2. If the group is all infants and toddlers, no more than two of the four can be under the age of 18 months.
 - Provider and assistant: max group size of 12 with no more than 4 infants and toddlers under 2
 - Providers' own children under the age of 6 must be counted whenever present



Key EHS Requirements: Staff Credentials

EHS Center Based Teacher Credentials

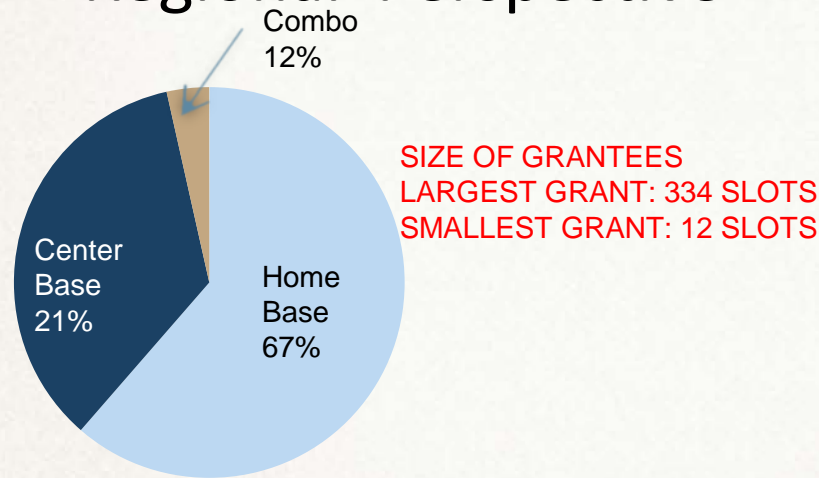
Head Start Act Section 645A(h):

- (1) Ensure that, not later than September 30, 2010, all teachers providing direct services to children and families participating in Early Head Start programs located in Early Head Start centers, have a minimum of a child development associate credential, and have been trained (or have equivalent coursework) in early childhood development; and
- (2) establish staff qualification goals to ensure that not later than September 30, 2012, all such teachers have been trained (or have equivalent coursework) in early childhood development with a focus on infant and toddler development.



COMPARING REGION X – EHS TO THE NATIONAL PICTURE LOOKING AT OPTIONS

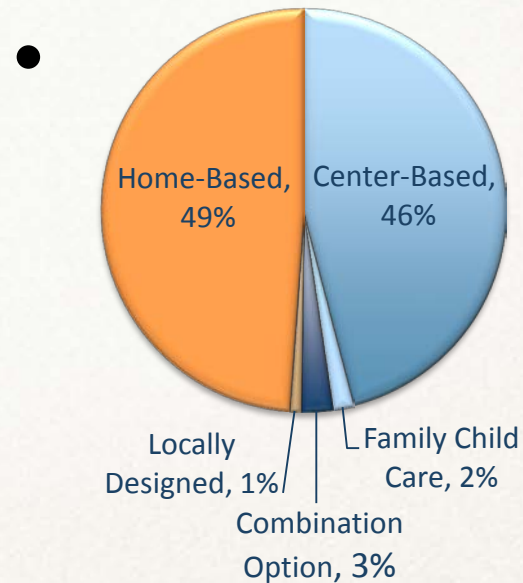
- Regional Perspective



FY 2012 TOTAL EHS FUNDED ENROLLMENT = 4,210

AK = 193 SLOTS
 ID = 489 SLOTS
 OR = 1,227 SLOTS
 WA = 2,301 SLOTS

- National Perspective



FY 2012 NATIONAL EHS ENROLLMENT = 103,214 CHILDREN

50,993 CENTER BASE 46,991 HOME BASE 3,075 COMBO 2,155 FCC



EHS –Child Care Partnership- It's All in the Details



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EHS-CC Partnerships

The Details: Application and Funding

How much \$\$\$ is available for EHS/CC partnerships and how will it be distributed?

Estimated total funding available: **\$500,000,000**

State allocations will be established based on the number and/or percent of infants and toddlers living in poverty in the state.

Separate allocations will be established for Migrant and Tribal programs

OHS-CC hope to have funding decisions by the end of the year.



EHS-CC Partnerships

The Details: Application and Funding

How will Early Head Start-Child Care Partnership funds be awarded?

Funds will be awarded competitively through the Early Head Start grant process.

Who is eligible to participate in the Early Head Start-Child Care Partnerships?

All agencies eligible to apply for Early Head Start funds can apply for Partnership competition grants, including tribes and territories, community organizations, non-profit or for profit organizations, and state and local governments

When and where will the funding announcement be posted?

OHS-CC “anticipate” releasing a funding announcement in the Spring; applications will be due this summer, paneling will occur in the late Summer/ Fall and decisions will be made by the beginning of 2015.

Applications will be processed electronically via Grants.gov





What Options will be Considered for the EHS -Child Care Partnership

- **Center Based Option**
 - “Full year” center based program
- **Family Child Care Option**
 - All EHS with FCC as primary delivery (with some structural differences- i.e. ratios, space, class size)
- **Combination of Center Base Option Slots and Family Child Care**



EHS-CC Partnerships

The Details: Licensing and Requirements

What Standards will partnerships have to meet?

Partnerships will have to meet Early Head Start Standards. Among those are professional development, ratio, curricula, and health and safety standards.

Will the EHS-CC partnerships be tied to licensing? Will there be background check requirements?

Yes. As is currently required, Early Head Start programs must meet any applicable State, Tribal, and local licensing requirements. Early Head Start also has specific regulations regarding health and safety, including background checks. These requirements will apply to the Partnerships.

Do children served in EHS-CC partnerships have to be CCDF eligible?

Children must be eligible for Early Head Start. Priority will be given to children who are eligible for and receive CCDF, but it is not required.



EHS-CC Partnerships

The Details: Potential Models and Approaches

How can the partnerships be structured? Who applies?

- Existing Early Head Start/ Head Start grantees can develop proposals with a child care partner or family child care partner. (ex: ABC Head Start partners with Happy Family Childcare)
- A Child Care Agency can propose to deliver Early Head Start services as a new applicant. (Happy Valley Child Care could apply and become a new EHS grantee)
- A Grantee Agency (CAP Agency, College, etc.) that currently administers both CCDF child care and EHS slots could apply and enhance existing infant/toddler child care slots to be comparable to EHS— enriching existing CC = EHS .
- The State / State Agency can propose to administer Early Head Start-Child Care Partnership Slots. (ex: state CCRR can apply and contract slots to EHS or community CC providers)
- EHS /HS can propose to expand new EHS slots; although competitive priority for funding will be EHS-CC partnership applications.





EHS-CC Partnerships

The Details: Workforce

Will there be enough qualified infant and toddler teachers for this expansion? What about teacher qualifications?

Child-caregiver relationships are a critical indicator of quality early learning experiences. Leveraging Early Head Start's strong track record of recruitment and retention of quality providers, the Partnerships will combine new and existing resources to build the capacity needed for the President's Early Learning Initiative. If awarded a partnership grant applicants will have **18 months** to bring staff up to meet teacher credential requirements.

Will child care teachers be paid the same as Early Head Start teachers?

Part of the Partnership's intention is to close gaps in standards and resources between Early Head Start and child care. We will provide funds sufficient to establish comparable program standards and compensation.



EHS-CC Partnerships

The Details: more about funding

- **How will these grants be awarded?**

These awards will be new 5 year grants, they will have a separate grant numbers and will not be apart of your existing, current grant.

- **What about cost allocation?**

If personnel, materials, equipment or other items of cost are shared between the EHS-CC partnership grant and an existing HS/ EHS grant; costs will need to be allocated. Funds must be allocated carefully to ensure adherence to federal fiscal requirements.


- **Will applicants be able to apply for “start up” funds?**

Yes, initial one time expenses will be considered to support quality services.



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ESSENTIAL BUDGET CONSIDERATIONS FOR EHS-CC Partnerships



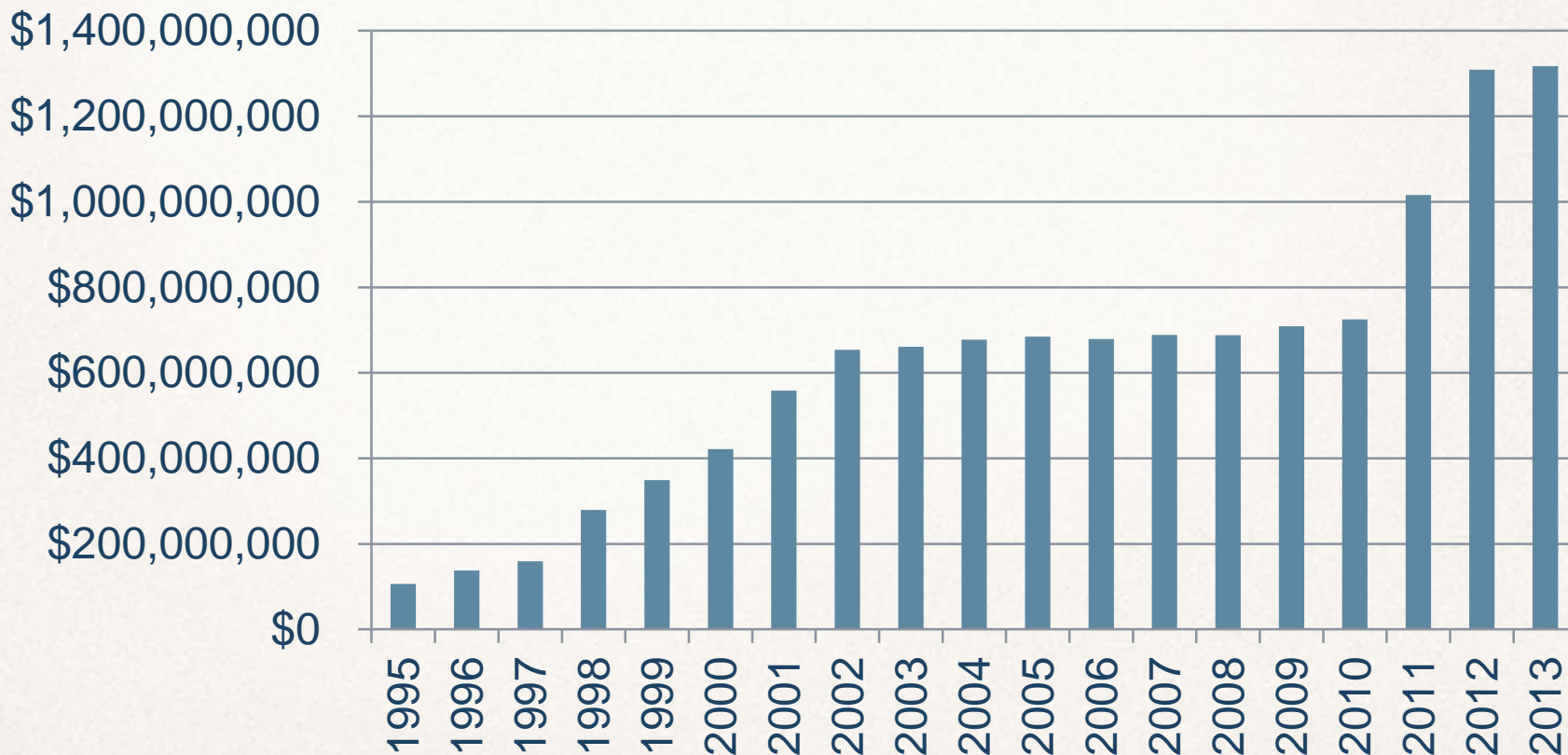
**OR, how to layer resources
to maximize opportunities
for children and families**



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Early Head Start Funding

Funding 1995-2013



Growth in Funded Enrollment

Funded enrollment in (EHS) has grown by more than 2,000% since 1997, but still serves only a fraction of eligible infants, toddlers, and pregnant women.

- The 1997 PIR reported that EHS programs nationwide served 5,500 children and pregnant women cumulatively throughout the year. In 2013, EHS programs nationwide served 165,600 children and pregnant women throughout the year.
- EHS expansion has occurred in waves, with the largest expansion resulting from the American Recovery and Reinvestment Act (ARRA) of 2009.
- This proposed EXPANSION will be the largest one year increase ever.. Currently 1.3 billion \$\$\$\$. To increase to 1.8 billion @ 40-50,000 additional children

COMPARING REGION X – EHS TO THE NATIONAL PICTURE LOOKING AT FUNDING

- REGION X - FY 2012 FUNDING LEVELS INDICATE:**

Average Cost for EHS Center Base Services = \$13,419

Average Cost for EHS Home Base Services = \$ 12,230

\$\$\$ RANGE - \$7,581 (LOW) TO \$15,666 (HIGH)

STATE SPECIFIC INSIGHTS:

– ALASKA -- 4 OF 5 (80%) OF GRANTEES PROVIDE EHS SERVICES

EHS SLOTS AVAILABLE = 193 AVERAGE COST PER CHILD = \$11,538

IDAHO - 5 OF 8 (62%) OF GRANTEES PROVIDE EHS SERVICES

EHS SLOTS AVAILABLE = 489 AVERAGE COST PER CHILD = \$11,196

OREGON – 12 OF 22 (54%) OF GRANTEES PROVIDE EHS SERVICES

EHS SLOTS AVAILABLE = 1227 AVERAGE COST PER CHILD = \$12,719

WASHINGTON – 26 OF 32 (81%) OF GRANTEES PROVIDE EHS SERVICES

EHS SLOTS AVAILABLE = 2301 AVERAGE COST PER CHILD = \$12,750





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EHS-CC FUNDING -- LAYERING / BLENDING FUNDS



20% NON-FEDERAL SHARE RESOURCES AS
IN KIND OR COST SHARING – STATE FUNDS, UNITED
WAY, LOCAL FUNDING, FOUNDATIONS, GRANTS

ADD IN CHILD CARE FOOD, MEDICAID, PART C,

APPLY EHS-CC PARTNERSHIP FUNDS TO STABILIZE \$\$\$
AND ENHANCE SERVICES TO MEET HHPS

COLLECT CHILD CARE CO-PAYS FOR FAMILIES

CCDF FUNDS FOR ALL CHILD CARE ELIGIBLE CHILDREN

ENSURING AN LEVEL BASE FOR ALL

GOAL- ENSURE ALL CHILDREN HAVE HIGH QUALITY SERVICES



Timeline

- Get input from a broad array of stakeholders
- Publish Funding Opportunity - spring 2014
- Apps due summer 2014
- Panels late summer/fall 2014
- Funding decisions by end of year/ early 2015



Ways You Can Help

- If your organization has the capacity to provide high quality infant and toddler care, consider forming a partnership and applying. We need good providers around the country.
- If you have expertise in infant and toddler care and/or Early Head Start, apply to be a reviewer. We will need hundreds of well-qualified reviewers to panel grant applications.
- If you have training expertise, private resources (e.g. philanthropy), or in-kind services to offer, connect with high quality providers in your community to help them write strong applications and implement great partnerships.

Challenges and Benefits of Partnerships



Small group discussion on factors and considerations to support successful EHS-CC partnerships

- 1) **Partnerships** (Who?, How to partner? Roles, responsibilities?)
- 2) **Family Outreach** (Eligibility? Enrollment? Subsidies,?
Family and health services)
- 3) **Program Implementation** (Regulatory differences, Ratios, Staffing, Professional development, Outcomes)
- 4) **Fiscal** (Contractual services, Loss of subsidies, Fee collection, Cost allocation, Slot differential and payment, Fiscal requirements)



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New Resources for EHS SERVICES

- Increased Federal Appropriation for EHS through the “competitive” EHS-CC partnership
- State funding for 0-3 services – state EHS dollars
- Partnership funds with other federal partners (Child Welfare)/ HRSA= Maternal Infant Early Childhood Home Visiting (MIECHV)
- OR, redirecting existing Head Start dollars to Early Head Start opportunities : **CONVERSION**



Head Start Act – Sec. 645 (5)(A) ACF-PI-HS-09-01

- *Upon written request and pursuant to the requirements of this paragraph, a Head Start Agency **may** use funds that were awarded under this subchapter to serve children age 3 to compulsory school age, in order to serve **Infants and Toddlers** if the agency submits an application to the Secretary*



REQUEST TO CONVERT--Process

- Written request submitted to Regional Office
- Request includes approval from Governing Board
- OHS provides final approval



REQUEST TO CONVERT—Address:

- Amount of funds proposed to serve EHS children
 - Number of EHS children proposed to be served **AND** number of Head Start children to be reduced
- Evidence of community wide strategic planning and needs assessment demonstrating how services would best meet community need
- Description of how needs of pregnant women, infants and toddlers will be met – models and options
- Agency capacity and capability to provide EHS– staff qualifications, infrastructure, facilities
- Proposed timeline
- Proposed service area



REQUEST TO CONVERT—\$\$ and

- “Starting formula”:
 - Head Start cost per child X 150% = EHS cost per child
 - 3 Head Start slots = 2 EHS slots
- Plan for:
 - Full year
 - Staffing ratios
 - Supervision/support
 - Supplies, including diapers, wipes, formula
 - Start up costs
- Considerations
 - Think in whole numbers--groups of children
 - Cost allocation





*The Whole Purpose of Education is
to Turn Mirrors into Windows*





Questions?

Growing EHS—How do you Make it Happen

Wednesday, March 5, 9:45-12:00

Session C7, Salon I

Time	Topic	Slides	Who
20 min	Intro/setting the stage	1-5	Julianne
5 min	Benefits of partnership: small group discussion	6	Agda
20 min	CCDF Basics	7-18	Agda
10 min	EHS Basics	19-27	Julianne
25 min	EHS—CC Partnerships	28-42	Julianne
30 min	Considerations for success: small group discussion and report back	43	Agda
10 min	EHS conversion	44-49	Kathy
5 min	Q & A	50	All
125 minutes			