

February 14, 2014

To: Linda Smith, Administration for Children and Families
Shannon Rudisill, Office of Child Care
Ann Linehan, Office of Head Start
U.S. Department of Health and Human Services
370 L'Enfant Plaza
Washington, DC 20447

Re: CLASP Comments on Early Head Start-Child Care Partnerships

Dear Ms. Smith, Ms. Rudisill, and Ms. Linehan,

The Center for Law and Social Policy (CLASP) believes that the increased investments in early childhood made in the FY 2014 spending bill, including \$500 million to increase the quality of infant and toddler care through Early Head Start-Child Care (EHS-CC) partnerships, represent important successes for vulnerable children. The partnerships in particular represent an exciting opportunity to leverage the high quality standards of Early Head Start and expand opportunity for vulnerable young children from birth through age 3. Currently far too few young children have access to high quality child care that supports their healthy development and their parents' ability to work and succeed economically.

CLASP offers the following recommendations based on our longstanding and in-depth knowledge of the Early Head Start program; infant/toddler child care, including family child care and center-based care; and state child care policies that will contribute to the success of EHS-CC partnerships.

First and foremost, CLASP believes that partnerships should build on the strong foundation of the Early Head Start model. **All dollars should be used to provide high quality Early Head Start services or to fund activities and supports that help providers achieve and maintain Early Head Start quality standards.** Under that framework, EHS-CC partnerships should advance the following goals:

- 1. Reach the Greatest Number of High Needs Infants and Toddlers with Comprehensive Services.** Early Head Start is designed to provide comprehensive early childhood education services to poor infants and toddlers. Many young children eligible for EHS currently are in child care, sometimes in unstable or temporary settings, and not receiving the full array of comprehensive services from which they could benefit, such as preventive health services, developmental screening and referral, and family support. Even more low-income infants and toddlers live in households with incomes above poverty and do not qualify for EHS, but have significant unmet needs in terms of access to quality early learning and comprehensive health services. EHS-CC partnerships should reach the greatest number of vulnerable children, especially those who may be particularly underserved due to language barriers or immigrant status.
- 2. Expand Full-day, Full-year Services for Working Families.** Parents need child care to go to work and support their families. A barrier to accessing EHS services for some families is the need for full

day care; when that care is not available, they face the choice of passing up work hours to support their families economically or cobbling together arrangements that may be unstable and are unlikely to support young children's development. Therefore, partnership funds should reach children in child care settings in order to improve access to quality care for those who need full day and full year child care.

- 3. Support Continuity of Care.** EHS provides more continuity than child care subsidies because children who are eligible for EHS services can remain in the program regardless of changes in parental income or work status. Continuity is extremely important for young children's development, so that principle should hold true of children in partnerships; children should remain eligible for partnerships until age 4, regardless of changes in household circumstance and as long as they stay with the same provider.
- 4. Improve the Skills and Compensation of the Child Care Workforce.** Most states do not fund child care subsidies at the level needed to support child care providers in meeting high quality standards. Partnerships provide an important opportunity to offer increased monetary and non-monetary resources for child care providers serving low-income children, and should include increased compensation for caregivers and access to education, training and professional development.
- 5. Implement Well-Planned Partnerships.** As evidenced by EHS's history, carrying out successful partnerships is possible and can be an effective means of increasing the quality of child care and extending the reach of EHS services. Lessons from evaluations of EHS partnerships, as well as CLASP's experience in other areas where partners from different state systems and practices have been brought together, demonstrate that to be successful such partnerships must be well-planned and executed. It is critical that in an effort to reach as many children as possible in a short amount of time that the importance of planning and thoughtful execution is not overlooked. The first year of partnerships should allow for start-up time and resources to bring partners together to fully plan a successful model.

In line with the above goals, we recommend the following criteria for awarding EHS-CC partnership grants:

- Applicants should provide an assessment of community need and underserved populations and should use that data to develop their partnership model. Funding should be prioritized for applicants that plan to respond to address need among the most vulnerable and underserved children, including children from immigrant families.
- All partnership providers serving children birth through age two should be required to meet all Early Head Start standards, including ratios.
- All partnership providers serving 3-year-olds should be required to meet Head Start standards but partnership grants should be focused on providers serving children birth through age 2.
- Partnership settings should be permitted to serve a mix of Early Head Start-eligible children and other low-income children. In centers, EHS-eligible children should be allowed and encouraged to be served in classrooms with non-EHS eligible children.
- Applicants should be required to demonstrate how the grantee will ensure provision of the full range of comprehensive services to all children enrolled in a partnership classroom or home regardless of Early Head Start eligibility.

- Funds should be awarded to partnership models that include both family child care and center-based care, although individual grantees should not be required to partner with both types of providers.
- Applicants intending to partner with family child care should demonstrate experience working with family child care providers or understanding of the unique aspects of home-based care.
- Family child care teachers working towards their CDA should be permitted a period of up to 24 months to provide services under the partnership prior to attaining their CDA as is permitted for family child care providers under Head Start Performance Standards.
- Partnerships that provide full-day, full-year care for infants and toddlers of working parents should be prioritized.
- Infants and toddlers should be permitted to remain with child care providers for the duration of the partnership regardless of changes in their families' incomes or employment status.
- Grantees should describe how they will address the transitions of children in partnerships to Head Start or pre-kindergarten.
- Applicants should demonstrate capacity to support dual language learners and their families.
- Partners should have full access to all program and professional development supports, including funding to improve curriculum, classroom materials, training and TA.
- Applicants should be permitted flexibility in terms of numbers of children served for programs located in rural areas.

We also make the following recommendations related to the use of EHS-CC partnership funds:

- Grants should be allowed sufficient time for the start up necessary to get a partnership established and it should be clear that funds may be used for planning purposes. While it is reasonable to expect that partnerships are fully enrolled and providing services to children in the second year, grantees should be permitted sufficient time in the first year to plan, build capacity and ensure that partnerships are well-designed and implemented.
- Funds should result in higher salaries for child care teachers to close the gap between salaries of child care and Head Start teachers.
- Funds should be targeted by grantees to assist teachers in earning a CDA or AA.
- At a minimum, applicants should submit budgets and plans that ensure Early Head Start funding covers the following:
 - Support for family service workers, partnership managers, mentor coaches, and monitoring staff
 - Staff time for Early Head Start and child care directors and administrative staff
 - Staff time for Early Head Start educators, health, nutrition, disabilities, and other manager/specialist staff
 - Ongoing training for child care staff
 - Ongoing purchase of materials, technology, and facilities maintenance
- Administrative costs of the partnerships should not be the responsibility of the partner.

Finally, CLASP notes a number of ways that ACF can encourage successful partnerships.

First, through clarification of policies related to expanding the reach of Early Head Start services and improving child care quality and secondly, by urging state policy change related to child care subsidies.

While ultimately child care subsidy policies are state policy choices, in our experience, information and high quality technical assistance are often effective in helping states choose CCDBG policies more compatible with stability for young children and partnerships with EHS. It will therefore be critical to provide information and technical assistance to states to inform them of the flexibility of CCDBG and policies that support successful partnerships.

We encourage ACF to take an active technical assistance role with states and grantees. To that end, ACF should:

- Clarify that non-Early Head Start eligible children in a partnership program can, and should, benefit from receiving Early Head Start services, including comprehensive services.
- Clarify that all teachers in partnership programs can benefit from professional development and training opportunities related to quality early learning regardless of whether they are in a class teaching EHS children.
- Encourage states to, at a minimum, provide CCDBG funds for all partnership children for a 12 month period with limited interim reporting requirements to ensure continuity of care for children.
- Encourage states to contract directly with child care providers participating in partnerships in order to help stabilize funding for partnership providers caring for children receiving subsidies. Encourage states to waive co-payments for children in partnerships to help stabilize families' income and ensure that children remain in the same care setting regardless of their parents' ability to pay.

Finally, we encourage ACF to track and respond to any federal fiscal or administrative issues that applicants or potential applicants identify as challenges to successful partnerships. Again, our experience in working with states on partnerships in other, related fields suggests that federal actions – even if just confirmation that taking advantage of approved policy flexibility will not result in audit or program integrity problems from the federal perspective – can be important to generate effective and enthusiastic state and grantee participation.

The recommendations outlined above will help ensure that the EHS-CC partnerships provide quality early learning experiences for low-income children and help meet the need of families and providers. CLASP thanks the Administration for their commitment to quality early learning and the opportunity to comment on the upcoming grant competition. We look forward to working together with the Administration as the process continues to help ensure their ultimate success for children and families. Please contact us with any questions about the above recommendations.

Sincerely,

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