

Early Care and Education Partnerships

State Actions and Local Lessons

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*a project of
Education Development Center, Inc.*

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This report was developed by the Partnership Impact Research Project to learn about the nature of early care and education partnerships and their impact on quality and access to services. The project analyzes qualitative data in an existing database that was collected by the QUILT—Quality In Linking Together: Early Education Partnerships initiative. The project also collects new quantitative and qualitative data from randomly selected child care and Head Start providers in Ohio to study the influence of partnerships on quality and access to services.

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Executive Summary

Today, more than 13 million children in the United States under age six—including children whose mothers do not work outside the home—are cared for daily by someone other than their parents.¹ Despite dramatic funding increases in recent years, low-income parents continue to have difficulty finding accessible, high-quality early care and education that meets their needs and ensures their young children are prepared for school.²

To better meet families' needs, locally-based early care and education providers such as child care, Head Start, and prekindergarten (preK) are joining forces to improve services and reduce fragmentation resulting from multiple, separate, publicly funded early care and education programs.³ By blending funds and resources, such partnerships are positioned to provide full-day, full-year early care and education that offers continuity of care and comprehensive services.⁴ Numerous reports describe early care and education partnerships and policies that support them, yet questions remain about the nature of these partnerships and their relationship to quality and access to services.

Research Design and Methodology

During Year One of the study, researchers used the standardized case study approach to analyze the state-and provider-level data in the Quality in Linking Together Early Education Partnerships database. In addition, researchers reviewed the literature about partnerships and studies of state early care and education funding and policies. Two research questions framed the Year One analysis and writing:

- How are states across the country supporting and promoting early care and education partnerships?
- How are early care and education providers engaging in partnerships?

Both the state and local data in the QUILT database are from a convenience sample. Research was designed to ensure methodological soundness to control for biases and to meet the criteria for credibility, transferability, dependability, and confirmability.

How States are Supporting Early Education Partnerships

In recent years, the role of state governments in determining early care and education policies has increased.⁵ In light of these changes, state leaders are in an important position to make decisions that affect provider-level early care and education partnerships.⁶

The state analysis revealed that state leaders across the country take a variety of actions to support early care and education partnerships for two primary reasons:

- to provide accessible early education programs that meet the needs of low-income parents, especially those transitioning from welfare to work
- to provide all families with access to high-quality, comprehensive, early education services that prepare children to succeed in school

State Actions to Support and Promote Partnerships

Researchers found that state leaders' actions to support and promote early education partnerships fall into five broad categories:

1. **Review, research, and dissemination** to ensure that strategies to support and promote partnership are tailored to state context and

address unique needs of local early education providers.

- 2. Coordination among state agencies** to ensure that information about early education programs is well coordinated, provided efficiently, and models a “one-stop-shop” approach at the state level to promote partnerships at the provider level.
- 3. Professional development, training, and technical assistance** to ensure that early education staff have comparable professional development standards—eliminating differences that can be barriers to partnership at the provider level—and to develop processes at the state or provider level to support the smooth functioning of partnerships.
- 4. Legal and regulatory actions** that authorize funding, require or encourage partnerships, or provide clarification to facilitate the development or smooth operation of provider-level partnerships.
- 5. Incentives** to encourage providers to engage in partnerships designed to increase the availability and quality of full-day, full-year services. Incentives take many forms including grants that require providers to partner; increased reimbursement rates for providers in partnership who meet quality standards; designated partnership slots; and direct funding to providers in partnership.

State leaders use a variety of funding sources to offset costs (e.g., salaries, direct monetary incentives) associated with these actions to promote early education partnerships. Sources of funding include Head Start-State Collaboration Grants, Child Care and Development Fund (CCDF) funds, general revenue funds, tobacco taxes, lottery funds, and Temporary Assistance to Needy Family (TANF) funds, as well as support from local and regional foundations, national foundations, and United Ways.

The range of actions indicate that there is no set blueprint that states follow in supporting the development of early care and education partnerships. Implemented in accordance with a state’s current context and needs, each course of action provides examples of how states are working to address fragmentation of services and to ease the formation of provider-level partnerships.

How Local Early Education Providers Engage in Partnerships

A substantial number of local early care and education providers—including child care centers, family child care homes, Head Start programs, and preK programs—are partnering to provide full-day, full-year, high-quality services to meet the needs of working, low-income parents.⁷ The provider analysis revealed much about why and how early education programs engage in partnership and what factors are critical in developing and sustaining partnerships.

The 65 partnerships—representing over 200 providers—in this study identified the following top three objectives for partnering:

- Maximize funding and cost-effectiveness
- Meet parents' changing needs
- Improve the quality of children's education services

The provider analysis revealed the following variation across these partnerships and among the providers engaged in partnerships:

- **Organizations:** Providers included nonprofit and for-profit organizations, school districts, and individual family child care providers. Providers' organizations ranged from large agencies (serving more than 600 children) to small centers (serving fewer than 15 children) through partnership.
- **Setting:** Providers offered partnership services in child care centers, public housing sites, schools, family child care homes, Head Start/Early Head Start sites, and centers affiliated with a higher education facility.
- **Duration:** Some of the providers in the study have delivered full-day, full-year services through partnerships for decades, while others have just begun to implement their partnership services.
- **Demographics:** Providers were located in rural areas, small towns, suburban areas, and cities. Providers served children of diverse race and ethnicity, children of migrant parents, and children in programs administered by tribal nations. Some providers served infants and toddlers, as well as preschool-aged children in their partnerships. Others offered care to school-age children. Partnering organizations varied in the services and expertise they offered to children with disabilities and their families.

- **Leadership:** Partnership leaders included partnership managers, executive directors, and other management staff; early childhood teachers; and Head Start family support staff and education coordinators.

Factors that Support Providers in Partnerships

Across partnership types, researchers found that 15 factors, clustered into five categories, stimulate partnerships' development, maintenance, and/or growth:

1. The benefits of partnering, include improved educational and professional development opportunities for teachers that support the development of effective teaching strategies; benefits that spill over and enhance education and family services for non-Head Start eligible children; and increased capacity to meet parents' changing needs.

2. Start-up activities that create a foundation for partnership, include planning that enables partners to learn more about each other's practices and regulations and anticipate the partnership's impact; and the development of partnership agreements that capture important elements of the partnership and clearly document expectations and roles.

3. Strong relationships between partners, include a shared educational philosophy and partnership vision, and can result in a culture of mutual respect and benefits among partners characterized by bilateral decision making, tolerance, flexibility, respect, and equity.

4. Management practices that keep the partnership running smoothly, include communication within and across partnering organizations; financial know-how to plan for and manage income received from different payment mechanisms; staff involvement at all phases of partnership planning, development, and implementation; ability to address staff pay differentials; and establishing continuous quality improvement systems.

5. Resources and allies that strengthen the partnership, include technical assistance that offers expert advice and consultation throughout the partnership's lifecycle; and external support from federal, state, city, and community agencies through federal legislation, state-sponsored partnership information sessions, or advocacy by community allies.

Despite the variation among provider-level partnerships, this analysis found that when historically separate programs blend resources from different funding streams, they must make major paradigm shifts in

theory and in practice. In that regard, partnership can serve as a change agent—driving individuals and programs to examine and modify their practices. In doing so, partnering providers demonstrate a willingness to grow and to venture outside familiar territory to expand services to better serve children and their families.

Conclusion

A consistent theme emerged from this analysis—state and local leaders perceive that the advantages of partnership outweigh the challenges. Many respondents report that partnerships provide clear and worthwhile benefits to early care and education programs, to teachers, and most notably, for low-income children and families. State and local leaders engage in partnership activities, despite the inherent challenges, because they perceive partnerships can result in the following benefits:

- Enhanced educational curriculum at the classroom level
- Added services such as medical, dental, mental health, nutrition, and parental involvement activities for children and families
- Expanded services (i.e., hours per day, days per year) to support low-income parents' self-sufficiency
- Increased availability of slots to a larger number of low-income children
- Improved quality at all program levels

Despite these benefits, state leaders informed this study that due to budgetary shortfalls, funding for some of the actions described in this report is in jeopardy. While leaders continue to support partnerships and recognize their value, incentive funding may not be available in the future.

As policy makers and administrators consider decisions affecting partnerships, information about the influence of partnerships on program quality and parents' access to services will be even more important. To provide this information, researchers are building on this report's findings to explore the influence of different partnership approaches on outcomes. In future years of the study, researchers will analyze new data collected from a random sample of child care centers to empirically examine the influence of partnership on quality and access to services.



Introduction: Early Care and Education Partnerships

Today, more than 13 million children in the United States under age six—including children whose mothers do not work outside the home—are cared for daily by someone other than their parents.¹ Despite dramatic funding increases in recent years, low-income parents continue to have difficulty finding accessible, high-quality early care and education that meets their needs and ensures their young children are prepared for school.² Moreover, a majority of eligible families are not receiving public child care assistance.³

To better meet families' needs, locally-based early care and education providers are joining forces to improve services and reduce fragmentation resulting from multiple, separate, publicly funded early care and education programs such as child care, Head Start, and prekindergarten (preK).⁴ By blending funds and resources, such partnerships are positioned to provide full-day, full-year early care and education that offers continuity of care and comprehensive services.⁵ Yet creating and sustaining partnerships presents challenges. Differences in target populations, eligibility requirements, funding levels, and structure and administration of services complicates the blending of these public funds, policies, and services.⁶ Furthermore, research reveals that it takes time and perseverance to successfully collaborate across programmatic boundaries.⁷

What is Early Care and Education?

Early care and education, sometimes called early education, refers to services provided by early childhood professionals who work with young children in many different settings, including:

- Nonprofit and for-profit child care centers
- Family child care homes
- Head Start programs
- Prekindergarten classrooms

Even with these challenges, the number of partnerships is growing and new knowledge has emerged about their operations, challenges, and success strategies.⁸ The Child Care Bureau in the U.S.

Department of Health and Human Services, Administration for Children and Families has funded a number of studies on child care partnerships, and foundations have supported research on partnership characteristics. Numerous reports describe early care and education partnerships and policies that support them.

Yet many questions remain about the nature of partnerships and the influence of partnerships on quality and access to services. To address these questions, researchers at Education Development Center, Inc. (EDC) proposed to build on an ongoing project, QUILT —Quality in Linking Together: Early Education Partnerships. Established in 1998 and supported by the Child Care and Head Start Bureaus, QUILT is a national training and technical assistance (T/TA) project. Over a period of three years, QUILT staff gathered partnership data to use in their work assisting agencies to reduce fragmentation in the administration of early education services at the national, regional, and state levels, and delivery of services at the local level. EDC researchers proposed to conduct a study of early care and education partnerships that used the QUILT work as a starting point and included new data collection and analysis.

Box I-1. Examples of Early Care and Education Partnerships

- A part-day, state preK program partners with a child care center by blending CCDF subsidy dollars with state preK funds to provide full-day, full-year services. Working together, the programs ensure services meet both the highest preK standards and the child care licensing standards.
- An Early Head Start program partners with a family child care home by blending Head Start funding and resources with state child care subsidy dollars. The family child care provider participates in Head Start training, meets Head Start Program Performance Standards, and offers accessible, full-day care to-eligible families. Head Start staff visit the family child care home to offer comprehensive services to the children in care and their families.

Research Focus

Early childhood programs enter into a wide range of partnerships for many reasons.

This report, however, focuses on early care and education partnerships with the following structure and purpose:

Structure: Exchange of resources or funding from multiple funding streams.

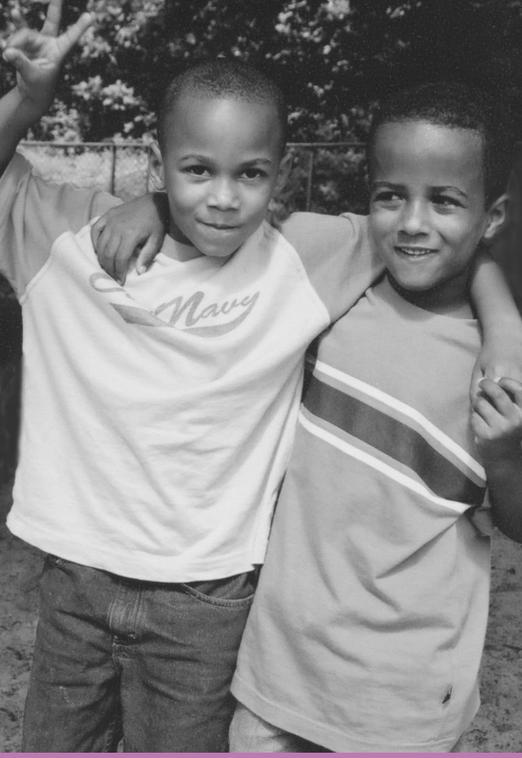
Purpose: To jointly provide full-day, full-year, high-quality, early care and education with comprehensive services and continuity of care targeted at children aged birth to five.

The result of this proposal is the three-year Partnership Impact (PI) study, funded by the Child Care Bureau and based at EDC. This report presents the Year One findings from an analysis of existing QUILT data to address two key questions:

- How are states across the country supporting and promoting early care and education partnerships?
- How are local early care and education providers engaging in partnerships?

Between October 2001 and October 2002, researchers used the standardized case study approach to address these research questions. Researchers analyzed the state data and local data in the QUILT partnership profiles database, which includes state-level information from all 50 states and the District of Columbia, and provider-level information from over 200 providers in 36 states, Puerto Rico, and a tribal nation. In addition, researchers reviewed the literature about partnerships and studies of state early care and education funding and policies.

This report is designed to assist state policy makers and program administrators in determining the best actions for their state to support early care and education partnerships. It is also intended to assist early care and education providers and T/TA providers in developing and sustaining strong partnerships, reinforcing effective strategies, and introducing new solutions to vexing barriers. The report features the perspectives of state early care and education leaders and of local providers, offering from-the-field viewpoints on their partnership work. At the national level, such perspectives can clarify and advance collaborations across the Child Care Bureau, the Head Start Bureau, and the Department of Education and among federal agencies and their regional counterparts.



Chapter 1: Current Context Affecting Partnerships

Catalyst for Increased Partnership Activity

Partnerships between child care, Head Start, and preK^a are on the rise mainly as a result of two developments in the 1990s. First, welfare reform increased the demand for subsidized early care and education that can meet the needs of low-income parents.¹ Second, the quality of early care and education programs received new attention resulting from research that established that the quality of services is linked with important outcomes including school readiness, school success, and improved high school graduation rates.² These developments highlighted the need to address fragmented service delivery among publicly funded early care and education programs,³ and partnerships came to light as an important vehicle for achieving this.⁴ By blending funding and resources for full-day subsidy programs (child care) with those for part-day comprehensive service programs and school readiness programs (Head Start and preK), publicly funded programs have the potential to create more accessible and higher quality services for low-income parents and their children.⁵

^a Partnerships exist between child care and Head Start, Head Start and preK, or child care and preK. In some instances, partnerships among all three are formed.

Welfare Reform: Increased Emphasis on Child Care as a Work Support

The changes brought about by welfare reform dramatically affected the lives of young children and their families.⁶ Legislation in 1996 eliminated guaranteed assistance, established work and job preparation requirements, and set time limits on benefits, thus creating a greater need for child care among low-income parents with young children.⁷ Box 1-1 below summarizes the welfare provisions that led to the increased need for child care.

To address this heightened need for care, Congress gave states additional flexibility over child care funds and substantially increased child care funding. For example, the federal government allowed states to transfer Temporary Assistance for Needy Families (TANF)

Box 1-1. Why Has Welfare Reform Caused an Increased Need for Child Care?

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) created the most significant changes in welfare since its inception. The law changed welfare from a guaranteed cash assistance program to a temporary assistance program designed to emphasize work, resulting in a large increase in demand for child care subsidies.* Specifically, PRWORA:

- Replaced Aid to Families with Dependent Children (AFDC) with a program called Temporary Assistance for Needy Families (TANF). Unlike AFDC, which provided unlimited, guaranteed cash benefits to eligible low-income families—primarily poor single mothers with young children—TANF is designed to end needy parents' dependence on government benefits by requiring recipients to work or attend job preparation activities and limiting the duration of assistance.
- Replaced the guaranteed entitlement to individuals with block grants to states.
- Required states receiving TANF block grants to ensure that recipients spend a minimum number of hours each week in one or more allowable work or job preparation activities.
- Included penalties and incentives that encourage states to implement policies which would ensure that a certain percentage of recipients meet work targets.
- Gave states substantial authority and flexibility over welfare funds and policies, including setting eligibility and determining types of benefits; for example, allows states to use funds in a variety of ways to support parents' job preparation and work, such as paying for child care.

Sources include: Besharov, 2002; Greenberg et al., 2002; Long et al., 1998; Mezey, Schumacher et al., 2002; Relave, 2002.

*PRWORA was initially scheduled for reauthorization in 2002 but is likely to be reauthorized in 2003.

funds to the Child Care and Development Fund^b and, accordingly, many states have spent TANF funds directly on child care. Moreover, the combined federal and state funding for subsidized child care more than doubled between 1996 and 2001 to over \$8 billion.⁸ Box 1-2 summarizes the ways in which welfare changed the funding stream for subsidized child care.

Yet despite further funding and flexibility, recently the U.S. Department of Health and Human Services estimated that only 28 percent of children eligible for CCDF child care assistance under state eligibility rules received services in 2000.⁹ This estimate was based on the number of children served through CCDF and related funding streams.^c The figure does not include numbers served by preK and Head Start, as services provided through these programs are primarily part-day and are designed to improve children's school readiness and, in the case of Head Start, provide comprehensive services to children and their families.¹⁰

While national estimates have revealed that the majority of eligible families are not receiving assistance, variation in supply and demand exists across the states and communities.¹¹ For example, the U.S. General Accounting Office (GAO), the National Center for Children in Poverty (NCCP), and others reported that in some communities supply meets the demand, whereas in others the supply is limited.¹² One study found that the number of licensed child care slots is nearly three times greater in affluent communities than in poor areas¹³, and other studies established that the availability of licensed centers or family child care homes is shrinking in relation to the number of young children in low-income communities.¹⁴ This is true, despite evidence that increasing the supply of center-based care significantly improves the likelihood that low-income mothers will work.¹⁵

Moreover, recent studies of state child care subsidy policies and practices revealed that low-income parents face daunting challenges in obtaining and retaining the child care assistance they need in

^b The Child Care and Development Fund (CCDF) is the largest funding stream for child care assistance to support low-income families' work or job preparation.

^c Related funding streams include TANF, TANF Maintenance of Effort, and Social Services Block Grant. These funding sources can be used for child care subsidies.

Box 1-2. How Did PRWORA Affect the Administration of Child Care Subsidies?

As a result of PRWORA, four existing federal child care programs were combined into a new funding stream known as the Child Care and Development Fund (CCDF). Specifically, the legislation:

- Repealed guarantees in child care that had been provided under AFDC but allowed states the option of providing such guarantees if they chose.
- Provided states flexibility in determining matters affecting families' access to child care subsidies, such as deciding how much to pay child care providers and how stringent to make standards for providers caring for subsidized children.
- Required states to submit a written plan to the U.S. Department of Health and Human Services describing how they will administer the subsidy program.
- Required states to provide subsidies through vouchers but allowed states to provide contracts to providers.
- Allowed subsidies to be used to obtain child care from various types of providers such as center-based care, group homes, family child care homes, and informal sources including unregulated care.
- Allowed states to set child care licensing standards but required them to set aside four percent of the funds for quality enhancements while still granting states flexibility to use these enhancement funds in ways that best suit their needs.
- Authorized funding to serve families with children to age 13 or to serve children with special needs up to age 19.
- Allowed states to spend Title XX block grant dollars, transfer TANF funds, or spend TANF dollars directly on child care.

Changes in federally financed child care subsidy programs were designed to eliminate gaps in the administration of child care services for low-income families, with the goal of providing more seamless services. States have responded to the increased flexibility and are streamlining the structure of their child care assistance systems. For example, many states are now administering child care funding streams in a single agency—although no state in the nation administers all early care and education services in a single agency. Before welfare reform, many states administered child care subsidies through multiple state agencies, with for example, welfare-related child care in one agency and non-welfare-related child care in another. States are also taking steps to ensure that families seeking access to child care have a single point of entry, rather than multiple entry points, depending on the nature of the subsidized care.

Sources: Collins et al., 2000; Fuller et al., 2002; Greenberg, 1998; Greenberg et al., 2002; Long et al., 1998; Stoney & Stanton, 2001; U.S. General Accounting Office, 2002a, 2002b.

order to work.¹⁶ The PHDCN Child Care Research Partnership recently reported preliminary findings that more than a quarter of study participants with three-year-olds were unable to work some time in the past three years because of a child care problem.¹⁷ Manpower Demonstration Research Corporation (MDRC) found that while welfare reform and employment programs generally increased parents' employment and use of paid child care, parents still reported difficulties in remaining eligible for state child care assistance because of lack of clarity about rules, lack of flexibility, and parents' changing work circumstances.¹⁸

Early Care and Education Research: Increased Attention on Quality

During the 1990s, research linking the quality of early care and education to improved child and family outcomes received heightened attention in light of the large percentage of children under age five with working mothers regularly spending significant time in such settings.¹⁹ The research demonstrated that a lack of nurturing, stable, and stimulating environments can harm young children. Further, it established that high-quality early care and education services can produce positive short- and long-term outcomes from improving young children's school readiness to enhancing their success in school and increasing high school graduation and employment rates.²⁰

Studies have identified the following characteristics of “quality” early care and education programs that have positive impacts on low-income children and their families:

- **Structural features** such as low child-to-staff ratios, small group size, high levels of staff education, specialized training for teachers, experienced administrators, high teacher and staff wages, and low staff turnover.²¹
- **Positive interactions between caregivers and children** in which caregivers engage in discussions with children, nurture them, and attend to their needs.²²
- **Comprehensive services** such as health and nutrition services, social service referrals, and opportunities for parental involvement.²³

- **Age-appropriate curriculum/activities** which provide children with age-appropriate stimulation to ensure that they acquire the social, emotional, and cognitive skills they need to succeed in school.²⁴
- **Continuity of care**, provided by a consistent set of caregivers throughout the day and year in a consistent location.^{d 25}

Researchers have found that children in high-quality care appear happier, have closer and more secure attachments to caregivers, and perform better on standardized tests.²⁶ In contrast, poorer-quality settings appear to predict heightened behavior problems.²⁷ Quality of care is less important than higher family income and maternal vocabulary in predicting long-term positive outcomes.²⁸ However, studies have shown that high-quality care can offset negative risk factors such as poverty. Research has also demonstrated that comprehensive, high-quality care and education for low-income children can produce long-term positive outcomes such as improving children's readiness for school.²⁹

As the demand for high-quality early education programs has grown, the federal government has increased Head Start funding from \$3.6 billion in 1996 to \$6.5 billion in 2002³⁰ and has increased CCDF Quality Expansion funds earmarked to improve the quality of child care services.³¹ In addition, most states across the country are now funding preK initiatives.³² The enactment of the Leave No Child Behind legislation and President Bush's launching of Good Start, Grow Smart further demonstrate that the government recognizes the importance of healthy, stable experiences for young children during their earliest years of life.³³

The increased emphasis on early care and education and the increases in funding for these services are well established. Yet, despite the benefits of Head Start many Head Start-eligible children do not receive services and the program provides mostly half-day services.³⁴ Preliminary findings from one recent study suggested that the half-day program could make services inaccessible for low-income families in need of full-day care.³⁵

^d Research examining the relationship between outcomes and continuity is limited. Cryer is conducting a longitudinal study examining the impact of continuity on child outcomes. Nonetheless, Weber suggests that parents view continuity of care and consistency in location as important features of quality.

Researchers have also found that the quality of most early education in the United States is mediocre.³⁶ For example, a study of family child care homes found that only nine percent were rated “good,” 56 percent were rated “adequate,” and 35 percent were rated “inadequate.”³⁷ Studies of center-based care have found that over 86 percent provide mediocre or poor-quality care.³⁸

The quality of care experienced by families receiving child care subsidies is reported to be especially low. Furthermore, it is not unusual for children in subsidized care to experience multiple daily caregiver transitions and one or more transitions with their primary caregiver during a single year.³⁹

The lack of access to high-quality, comprehensive early care and education for low-income families is consistent with the fact that these services can be more expensive than lower quality care and services that are not comprehensive.⁴⁰ For example, before PRWORA, a Head Start program in California was funded at \$26 per child for a half day, whereas center-based child care for a preschool child was funded at a maximum of \$23 per child for a full day.⁴¹ Child care typically does not provide comprehensive services and some states have minimal standards governing the structural features of quality described earlier in this chapter.⁴² By contrast, Head Start provides comprehensive services ranging from health and nutrition to social services, and programs are required to follow performance standards that govern features of quality.⁴³

In sum, since welfare reform, although the need for child care subsidies has increased and federal and state spending has grown substantially, waiting lists for these services have been growing and most families remain unserved. These challenges in the face of strong demand have created ideal conditions for the growth in early care and education partnerships.

Fragmentation Presents Challenges

The largest publicly funded early care and education programs—subsidized child care, Head Start, and preK—have different goals, provide different services, are administered differently, are governed by different quality standards, and receive varying levels of funding. The result is fragmentation.⁴⁴

Fragmentation of early care and education services exists at every level.⁴⁵ Despite efforts in the 1996, welfare reform legislation to streamline the administration of child care subsidy services, fragmentation persists among the nation’s largest early education funding streams.⁴⁶ Moreover, since federal, state, and local authorities fund and govern these programs, differences in goals, services, administration, and quality standards cannot be overcome simply at one level of government. To create full-day, full-year care, parents often transport children from site to site, patching together the services of multiple providers, each of whom may have a significantly different approach to caring for children.⁴⁷ The complexity of such arrangements can compromise the continuity of care for children, who can benefit from consistent relationships with stable primary caregivers.⁴⁸

Box 1-3. What Does Research Report About Fragmentation Of Services?

For low-income working families in many communities, fragmentation of services creates barriers to obtaining child care that accommodates family scheduling needs and provides children with opportunities to obtain the skills they need to succeed in school. The Harvard PHDCN Child Care Research Partnership recently reported that parents with the highest expectations for their children’s education were more likely to leave a job if they did not feel the early care and education their child was receiving would benefit his or her successful development. This is true despite evidence that increased access to child care improves the likelihood that low-income mothers will work.

Gennetian et al. (2002), found that while low-income parents transitioning from welfare to work were more likely than the control group to use child care, they were no more likely to enroll in Head Start, even though they were eligible to use it at no cost. The report suggests that the cause could lie in lack of summer programming and full-day services. The report further points to the need for additional coordination between Head Start and child care to ensure that low-income children have access to services that will prepare them for school.

Sources: Adams, Snyder, & Sandfort, 2002a, 2002b; Besharov, 2002; Gennetian et al., 2002; Harvard PHDCN Child Care Research Partnership, 2002; Sonenstein et al., 2002; Tout, Zaslow, Papillo, & Vandivere, 2001; U.S. General Accounting Office, 1994.

Partnerships Increase

The 1990s saw a tremendous growth in partnerships among child care, Head Start, and preK providers who blend funds to achieve similar goals at the point of service delivery. Different forms of partnerships have existed for decades—such as public/private partnerships or partnerships between child care and social service providers.⁴⁹ Yet, the early care and education partnerships that recently increased were those focused more specifically on blending early care and education funds with the goal of improving quality and access.⁵⁰

Preliminary research findings have indicated that in some cases these early education partnerships appear to improve structural elements of quality, ensuring that children who attend child care programs receive enhanced services.⁵¹ Researchers have suggested that in some cases these early education partnerships can better meet the demands of accessible, high-quality, seamless early education services.⁵²

At the provider-level, partnerships are being designed to overcome the fragmentation among existing early education funding streams. While states are supporting partnerships, early care and education program providers represent the point of intersection and primary contact among the different streams.⁵³

The federal government has demonstrated clear support for provider-level partnerships. QUILT, for example, was funded by the federal government to inform and advance partnership work at the state and local levels. To ensure that Head Start has a role in formulating state actions to support partnerships, the federal government has created Head Start-State Collaboration grants; it has also issued numerous memoranda in support of local partnerships. In turn, the number of partnering early education providers—subsidized child care programs, family child care homes, Head Start, and preK programs—has grown rapidly in recent years.⁵⁴ Yet, questions remain about how partnerships are best designed to address the needs of parents seeking accessible, affordable care. The subsequent chapters present descriptions of how states are supporting such provider-level partnerships and how providers design partnerships to better meet low-income, working parents' needs.

Table 1-4: Existing Funding Streams: Differing Goals and Services, Administration, and Quality Standards

Differing Goals and Services

While both Head Start and preK are designed to provide children with experiences that will prepare them for school—their services and target recipients differ. Head Start programs focus on providing comprehensive services for low-income children and their families—specifically, services that center on education (such as literacy activities), socio-emotional development (such as positive interactions between teachers and children and among children), physical and mental health (such as immunizations), nutrition (such as meals), and parent supports (such as referrals to employment services).^{*} PreK tends to focus only on the child—in contrast to the dual child-family focus of Head Start. The goal of preK is generally the provision of academic supports for low-income children. PreK, in most cases, does not provide comprehensive services. Both Head Start and preK are typically provided on a part-day, part-year basis.

The goal of child care subsidies, on the other hand, is to provide child care that supports parents' work and work preparation activities. Child care subsidies, which are funded by federal and state dollars through the Child Care and Development Fund (CCDF), are designed to support full-day, full-year care but are not designed to cover the costs associated with comprehensive services.

Differences in Administration

The administration of Head Start, preK programs, and child care subsidies differ substantially. Head Start funds flow directly from the U.S. Department of Health and Human Services to grantees, bypassing the state. Head Start grantees are mostly nonprofit organizations, but some are schools or school districts. All Head Start grantees are responsible for reporting directly to the federal government. PreK programs, for the most part, are administered by schools or school districts and are generally funded with state dollars, though in some cases they are funded at the district level.

Child care subsidies funded through CCDF are administered by states, which in turn provide vouchers to parents and, in some cases, also enter into contracts with child care providers. Some states oversee all aspects of the child care subsidy system, other states contract with outside organizations to run the system. Some states centrally administer subsidies, in other cases, county agencies or county governments are given authority over child care subsidy decisions. Yet CCDF law requires that states offer vouchers to parents, who can then select child care from the available options.

^{*}A recent study of Early Head Start found that the program is successful in achieving these goals, and an ongoing study of Head Start continues to examine the impact of the program on these goals (Love et al., 2002).

Differing Quality Standards

Child care, Head Start, and preK are all governed by differing quality standards. Head Start programs are required to meet performance standards that cover issues ranging from child-staff ratios to professional development to the types of services that must be offered. The program performance standards require grantees to provide comprehensive services including family involvement and social services.

PreK program standards vary substantially across and within states and communities. States offer preK through expanding public school programs, adding supplemental funding to Head Start, or creating new programs that allow child care providers, schools, or Head Start programs to offer preK services. As such, some preK programs follow Head Start program performance standards, some follow child care licensing regulations, and some follow public school standards.

Child care licensing regulations are set by states, which are responsible for overseeing the quality of child care and other early education programs. The regulations cover a wide range of issues from preservice qualifications to child-staff ratios and vary from state to state. Many states permit significant exemptions for groups such as part-day programs or home-based programs, and in many states these standards remain low. However, low-income families who are eligible for child care subsidies often are eligible to receive comprehensive Head Start services which are required to meet quality standards. Child care programs that partner with Head Start must in turn meet Head Start Program Performance Standards, which in most areas are more rigorous than many child care licensing requirements.

Sources: Azer et al., 2002; Mitchell, 2001; State Policy Documentation Project, 2001; U.S. Department of Health and Human Services, Administration for Children and Families, 1991; U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2002; U.S. General Accounting Office, 1999; U.S. General Accounting Office, 2000.



Chapter 2: How States Support Early Education Partnerships

In recent years, the role of state governments in determining early care and education policies has increased.¹ The federal government has given states increased authority over child care subsidy decisions, has granted states more flexibility to use welfare funds for child care, and has provided funding for Head Start-State Collaboration offices.² Furthermore, more than 40 states are now funding preK programs.³ In light of these changes, state leaders are in an important position to make decisions that can affect provider-level early care and education partnerships.⁴

This chapter provides the results of the analysis of state data. The in-depth analysis was designed to address specific questions about how states across the country are supporting early care and education partnerships and are tailoring actions to their specific state contexts. The chapter begins with a brief description of the reasons states are promoting early education partnerships, a discussion of the funding streams states use as they promote partnerships, and an overview of how states tailor their actions to their state contexts.

Note

Illustrative examples were selected to highlight the range of actions states are taking. As such, the information in this chapter is not a catalogue of all actions in all 50 states.

Actions that fall into multiple categories (such as laws that include incentives) are presented in one section for readability.

The remainder of the chapter describes the specific actions states take to support early education partnerships as they move from state-level coordination to supporting the development and continuation of provider-level partnerships with the goal of achieving improved outcomes for children and their families.

Reasons States are Promoting Early Education Partnerships

State leaders reported that they are supporting early care and education partnerships for two primary reasons:

- to provide accessible early education programs that meet the needs of low-income parents, especially those transitioning from welfare to work
- to provide all families with access to high-quality, comprehensive, early education services that prepare children to succeed in school

State leaders noted that with these goals in mind, they are taking steps to support early care and education partnerships in order to provide high-quality, full-day, full-year early care and education with comprehensive services.

Partnership Funding

States use a variety of funding sources to promote and support early education partnership activities. The costs associated with state actions to support early education partnerships include:

- salaries of state-level administrators who coordinate policies and programs
- direct monetary incentives to local providers
- development of research studies, instruments, and reports
- provision of training and technical assistance (T/TA) services and development of T/TA materials and resources
- costs associated with improving child care licensing standards (such as teacher qualifications, health and safety standards, and oversight systems) or making changes to preK regulations

- information dissemination to stakeholders through on-line and print media
- direct funding for state programs that encourage or require partnerships

The salaries of those involved in partnership activities are paid through a variety of sources. Head Start-State Collaboration directors are paid through federal grants to states. Most state child care administrators are paid, at least in part, through federal Child Care and Development Fund (CCDF) funds with the understanding that they may devote time to partnership activities. Similarly, other state agency administrators are frequently paid directly through the funding sources they administer (such as state preK, Title I, or early intervention funds).

Many state leaders reported that they spend time beyond their paid positions to work on early education partnership activities. Funds for research activities, information dissemination, document development, T/TA services, and the costs of making changes to licensing and preK regulation come from a variety of sources, including Head Start-State Collaboration Grants and general revenue funds. States use TANF, CCDF funds, general revenue funds, tobacco taxes, lottery funds, and state Department of Education funds to support state-funded preK, to supplement federal Head Start funding, and to fund early education programs or community initiatives that require or strongly encourage partnerships. Similarly, states use various funding streams to create incentives for providers to partner including funding from: the

Box 2-1. State Leaders Spend Time to Support and Promote Partnerships

The work of numerous individuals in Ohio demonstrates the significant time individuals report spending on partnership activities. One group in Ohio working on partnership issues, the Ohio Head Start/Child Care Technical Assistance workgroup, consists of representatives from Ohio State University, the Ohio Children's Defense Fund, various state agencies (representing child care, Head Start Collaboration, preK, and the governor's office), the Child Care Resource and Referral Association, and child care and Head Start providers. While their salaries are paid directly by the organizations that employ them, many of these stakeholders report that they spend hours in excess of their regular work week in order to devote time to the important activities of supporting early education partnerships.

Appalachian Regional Commission, CCDF Quality Expansion grants, TANF, general revenue funds, state Department of Education funds, tobacco taxes, lottery funds, and funds from local and regional foundations, national foundations, and United Ways.

Tailoring Actions to State Context

State stakeholders reported that the actions they take are tailored to the following factors:

History of collaboration. Most states that are new to partnership activities begin their work by convening stakeholders to learn about early education programs. Many states with an extensive history of actions to support partnerships are commissioning studies to assess the impact of their work, to assist in making changes on the basis of these findings, and to plan ways to address challenges.

Types of early care and education services. A growing number of states have preK initiatives, and some of these states support partnerships by requiring preK programs to partner with other providers to be eligible for funding. States without preK programs support partnerships in different ways, such as extending the eligibility period for child care subsidies for children being served through child care/Head Start partnerships.

Funding levels. States with considerable state funding for early care and education initiatives use the funding as leverage to require or encourage partnerships between providers who receive state funds.

State regulations and policies. Child care licensing standards, preK quality standards, child care subsidy eligibility and co-pay regulations, and related regulations and policies have a role in determining the specific actions taken to support partnerships. In some states, stakeholders work at the state level to develop more comparable policies and regulations across programs, and in other states stakeholders provide incentives to providers engaged in partnerships, which providers can use to overcome differences brought about by differing regulations or policies. (For example, some states provide incentives to offset costs incurred by child care programs as they strive to improve quality to meet Head Start Program Performance Standards.)

Administration of services. States' actions to support partnerships take into account whether early care and education services are centrally administered in a single agency, administered across agencies, or devolved to local communities. Many states that administer services across agencies or devolve services engage stakeholders across agencies to coordinate their efforts and some develop intergovernmental agreements to clarify roles and responsibilities. By contrast, informal state-level coordination occurs in some states with centrally administered services in a single agency.

Lead person involved in state actions to promote partnerships.

The lead person initiating state actions to support early care and education partnerships at the provider-level differs across states. In some states, the lead is the governor or a legislator, and in other states the lead is an agency director, a group of stakeholders working on an intergovernmental coordinating body, or even a single administrator. The type of action that states are taking, described in more detail below, depends in part on the lead person and his or her responsibilities within the state.

Supporting and Promoting Partnerships

Our analysis indicates that the actions states take to support and promote early education partnerships fall into five broad categories:

- 1. Review, research, and dissemination**
- 2. State-level coordination**
- 3. Professional development, training, and technical assistance**
- 4. Legal and regulatory actions**
- 5. Incentives**

1. Review, Research, and Dissemination

In their efforts to support partnerships, most states begin by learning about their current early care and education programs' goals and services, regulations, and policies. Some state stakeholders reported sponsoring or conducting research to ensure that stakeholders have a complete understanding of early education partnership issues. State leaders noted that the time they invested in learning about policies and regulations that govern early education programs led to

Understanding Partners' Missions

One of the biggest challenges we faced was opening our minds to understand that what we had previously believed to be barriers to partnerships—such as program standards—were, in fact, aspects of the other programs that ensured quality. We then worked to ensure that all the programs could achieve our missions and improve quality.”

—State PreK Director

... an important element of success is involving all key stakeholders with responsibility over early education programs in the learning process.

a greater understanding of similarities and differences in quality regulations and to actions designed to improve both access and quality.

Review activities and research work positions leaders to tailor strategies to their unique state and community contexts. Further, state leaders noted that they disseminate research and materials to ensure that stakeholders at all levels have consistent information about partnership issues and actions.

Many state leaders mentioned that an important element of success is involving all key stakeholders with responsibility over early education programs in the learning process. Representatives from several states reported that gaining additional information from outside consultants or T/TA providers is useful. State leaders also reported that the information gathering and sharing processes they develop focus on ensuring that key stakeholders move from a basic comprehension of the various programs to an in-depth understanding of differences in the administration, funding, regulation, and oversight of the existing early education programs.

Review activities

Alabama, Connecticut, and North Dakota, among many other states, began their coordination activities with a series of meetings among key stakeholders:

Alabama: The Alabama Head Start-State Collaboration office and the state child care administrator reported that they met to discuss and understand differences between Head Start Program Performance Standards and state child care licensing standards. Their work resulted in higher standards for all licensed child care centers in Alabama, including lower adult/child ratios and increased hours of training for child care providers. Further, the Head Start-State Collaboration office reported that they are meeting with the Office of School Readiness to identify strategies for Head Start and preK to better meet the needs of children and working families through blended funding, cross training, parent education, and extended services.

Connecticut: T/TA staff from the federally funded QUILT project joined with the Connecticut Head Start-State Collaboration office to bring together representatives from the state Department of Education, the Administration for Children and Families (ACF), the state Head Start Association, and the state Department of Human Services to discuss ways to address partnership barriers and deepen each group's understanding of each other's policies. One development from these

meetings was the creation of a Memorandum of Understanding (MOU) among the parties and, more importantly, heightened federal and state staff involvement in reviewing Federal Head Start and state preK requirements. The MOU is described in more detail in Table 3-2.

North Dakota: The Head Start-State Collaboration office reported that they hold quarterly meetings of the North Dakota Quality In Linking Together for Early Education Partnerships (NDQUILT). During these meetings, state, tribal, and local community stakeholders explore ways in which the state can support and promote full-day, full-year, high-quality early education with continuity of care and comprehensive services. The collaboration office also participates in an inter/intra agency and departmental collaboration between Head Start/Early Head Start and other programs and service delivery systems that augment Head Start's capacity. For example, the collaboration office works on the Dakota Fatherhood Initiative (which includes both **North Dakota** and **South Dakota**) and the North Dakota Professional Development Initiative.

Box 2-2. State Stakeholders Learn About Early Education Programs

Using a side-by-side grid format, Connecticut stakeholders began their work to ensure all had gained an understanding of the different requirements of the Head Start Program Performance Standards compared with state early education program standards. They learned how the program standards compared with the federally administered Head Start performance standards, noting differences in the services that programs are required to deliver. Through this process, they identified ways to support partnerships at community and provider levels.

Specifically, Connecticut stakeholders reported that their participation in these intergovernmental meetings led to the creation of a Memorandum of Understanding (MOU) among Head Start and federal officials to support partnerships. In the summer of 2001, early education decision makers in Connecticut and representatives from the U.S. Department of Health and Human Services, Administration for Children & Families (ACF) Region I Office signed an MOU formalizing coordination activities that had been taking place for more than a year among the agencies responsible for different early education programs in Connecticut. The MOU states that children served through the state School Readiness program (preK) will be included in the federal Head Start monitoring process. It is also designed to ensure that all entities provide consistent guidance regarding the sharing of program data and planning information.

Stakeholders reported that the meetings also led them to develop an action plan to support early education partnerships. They noted that the time they spent educating themselves about early education programs was worthwhile due to a goal-oriented focus on identifying specific state strategies to promote seamless services.

Research and dissemination activities

Stakeholders reported that partnership research and materials can inform states' efforts to support partnerships and can also influence their development and implementation. By sponsoring, conducting, and disseminating research on partnerships, some states identify partnership challenges and areas for change, examine partnership structures, and devise strategies to address challenges as they arise. Some states commission studies and surveys and review practices at the community level, and some produce documents about high-quality early education to be used by providers working to develop partnerships that offer comprehensive, high-quality services. Still other states disseminate information about partnerships on a regular basis.

For states in which Head Start-State Collaboration directors are responsible for overseeing research and dissemination activities, Head Start-State Collaboration grant funds are used to support these activities, and in some states, Child Care Bureau research grants are used. In most states, representatives from the broader early education community help to design and/or disseminate the research and materials.

Stakeholders in California, Delaware, Idaho, Indiana, Ohio, Vermont, and Virginia among other states, have assessed, conducted, or commissioned studies in order to devise strategies that better support partnerships:

California: To learn about Head Start programs' experiences with partnerships, and to better understand the issues affecting partnerships, the California Head Start-State Collaboration office, housed in the California State Department of Education, conducted a survey of Head Start programs and a review of state and federal policies and activities. The California Collaboration office developed the survey with input from the California Head Start Association. They disseminated their findings through a report entitled *Collaborative Partners: California's Experience with the 1997 Head Start Expansion Grants*, which describes types of early education partnerships; successful partnership strategies; sources of support; barriers and policy issues; strategies to engage families; broad, unresolved issues; and positive outcomes.

Since issuing the report, California has developed the Collaborative Partners Workgroup, which included federal and state program staff, to examine collaboration and approaches to overcoming barriers.

The workgroup developed a report with recommendations for providers and policy makers entitled, *Full-Day, Full-Year Early Care and Education Partnerships: Recommendations of the Collaborative Partners Workgroup*.

Delaware: The Delaware Head Start-State Collaboration office commissioned studies to understand parents' early education needs and to learn about the types of early education partnerships in the state. The survey revealed that access to high-quality, accessible early education is a priority for many parents. The collaboration office used this information to formulate action steps at the state level to enhance partnerships between the state Early Childhood Assistance Program (ECAP), Head Start, and child care programs. In a subsequent survey, the state reported that many partnerships in Delaware involve preK, child care centers, family child care, Head Start, Even Start programs, and schools that use Title I, Part C, and Part B funds, and that new partnerships are evolving between Head Start and homeless shelters. Coordination activities between leaders of the state preK program and the Head Start Collaboration director resulted in the development of shared systems, joint training, and joint membership in the Delaware Head Start Association.

Idaho: Stakeholders in Idaho also invested time in assessing issues around partnerships. The Idaho Head Start Association and the Idaho Head Start-State Collaboration office, with the support of early education professionals throughout the state, developed a report on quality early education called *Idaho's Blueprint for Early Learning: The Essential Elements*. The report identifies standards and assessment indicators for nine elements of quality that early education professionals in any setting can use to evaluate the effectiveness of their programs and services. For example, one element of quality is “Continuity for Children and Families.” One standard associated with this element is that community early education programs collaborate to respect each other's missions and philosophies and coordinate services offered in the community.

Indiana: The Indiana Family and Social Services Administration produced the *Collaborative Partnership Guidebook: Head Start, Early Head Start, Healthy Families*, which gathered data through teacher, coordinator, parent, director, program manager, home visitor, and state leader interviews and surveys. The guidebook offers Head Start staff a comparative analysis of Head Start, Early Head Start, and Healthy Families Indiana programs. The guidebook includes a

discussion of the definition of collaborative partnerships; descriptions of Head Start, Early Head Start, and Healthy Families Indiana; descriptions of programs' similarities and differences; reasons for collaboration; steps for building program collaborations; collaboration challenges and solutions; current and future program collaborations; and resources. The report also includes seven memoranda that discuss understandings between several Indiana Head Start, Early Head Start, Healthy Families Indiana, and family resource centers.

Ohio: The Ohio Head Start-State Collaboration office commissioned several case studies that examine partnership issues as well as surveys of the state's early education partnerships (*Ohio Collaboration Project Retrospective Report of the First Five Years, 1996*; *Early Childhood Professional Development in Ohio, 1991-1997*; *Implementing Full-Day/Full-Year Services, 1997-98*; *The Ohio Head Start/Child Care Collaboration Initiative, 1998*; and *Partnerships As a Strategy for Offering Extended Services to Ohio's Head Start Children & Their Families: Lessons Learned from Community Experiences, 2000*).

These case studies explore key concerns around local partnership, such as pooling funding, developing human resource and financial policies that support partnerships, and creating professional development opportunities that strengthen partnerships. The case studies also examine the partnership experiences of several Head Start grantees—their accomplishments and challenges, barriers, and strategies to maximize opportunities. The Ohio Head Start-State Collaboration director reported that the Ohio Child Care Resource & Referral (CCR&R) agencies use the case studies as a training tool for promoting partnership and collaboration between Head Start and other early education providers statewide. Partnerships in the state are also using the case studies to establish benchmark goals and to assess progress toward these goals.

Vermont: The Vermont Head Start-State Collaboration office, in the spring of 2001, released *A Head Start for Changing Families: The Development of Full-Day, Full-Year Head Start in Vermont*, a report that describes the state's activities to promote partnerships, documents the number of partnerships throughout the state, and highlights various partnership approaches.

Virginia: Stakeholders in Virginia convened a group that included the Virginia Head Start-State Collaboration Director, the child care administrator, the preK director, ACF staff, and a representative from QUILT to brainstorm action steps to support early care and education partnerships. The stakeholders reviewed data from five focus groups of early care and education providers around the state. The focus groups were designed to gather provider-level input about how state actions could support partnership strategies. Stakeholders reported that they use the information gathered from these groups to enhance relationships at the state and local levels.

3. State-level Coordination

State stakeholders reported that creating state-level coordinating bodies can lead to support for partnerships at the provider level. A study of all 50 states' CCDF plans showed that every state in the nation has taken actions to coordinate child care with other early education programs. The authors of the study found that 20 states' lead child care agencies work with their State Education Department on a preschool or preK initiative, and 43 agencies are taking actions to coordinate Head Start and child care subsidy programs.⁵

Many states in our study take steps to coordinate activities. Others reorganize state agencies to ensure better coordination of early care and education services.

Encouraging state agency coordination

From Alaska to Hawaii to Washington, many states take formal and informal steps to increase state-level coordination with the goal of supporting provider-level partnership:

Alaska: Alaska coordinates early care and education programs administered through the state Department of Education & Early Development (EED), Division of Early Development. This division administers child care subsidies and grants; oversees child care licensing; and administers the state Head Start grants program. In addition, this division coordinates with the state Department of Health and Social Services to develop strategies to address the needs of young children and their families.

Arizona: The Head Start-State Collaboration office coordinated with the Arizona Inter-Tribal Coordinating Council to plan an annual child care conference. The result was an Early Head Start Session sponsored by the Head Start Collaboration office at the annual conference.⁶

Hawaii: The Head Start-State Collaboration director reported that the office coordinates work among the state Department of Human Services; the State Department of Education; the Good Beginnings Alliance; the Head Start Association; and other public and private agencies to assure school readiness and to provide coordinated services.

Minnesota: To support efforts to improve school readiness of young children throughout the state and increase integration of services at the provider level, Minnesota integrated state-level early childhood care and education programs, including Head Start, Early Childhood

Box 2-3. State-Level Coordination Between Agencies

In 2001, an Administration for Children and Families (ACF) report produced by the National Child Care Information Center (NCCIC) analyzed states' CCDF plans for the period of October 1, 1999, to September 30, 2001. The biennial plans describe how each state proposes to implement the Child Care and Development Plan, administer the funds, and coordinate child care with other services in the state.

The ACF report provides a snapshot of how each state's lead child care agency is coordinating with other state agencies.

- **Collaboration with the State Department of Education or another state agency on a preschool or preK initiative** is reported by 19 states: Alabama, Alaska, California, Colorado, Florida, Georgia, Iowa, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New York, Ohio, South Carolina, South Dakota, Tennessee, Texas, and Washington, plus the District of Columbia.
- **Collaboration with tribal organizations** is reported by 26 states: Alabama, Alaska, Arizona, California, Idaho, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Washington, Wisconsin, and Wyoming.
- **Collaboration with Head Start** is reported by 42 states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, New Jersey, New York, North Carolina, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming, plus the District of Columbia.

Source: Stoney & Stanton, 2001; p. 11.

Family Education, School Readiness, Early Childhood Screening, Child Care Assistance, Child Care Resource and Referral (CCR&R), CCDF quality activities, Part C, and early childhood special education. The state just completed a pilot initiative to assess young children's readiness and will use the results to better inform parents, teachers, administrators, policy makers, and the public about the importance of children getting ready for school and schools getting ready for children. Furthermore, efforts are underway to increase integration of these programs at the local level and improve local service delivery.

Nevada: The Nevada Department of Human Resources/Welfare Division and the Head Start-State Collaboration office collaborate to provide additional full-day, full-year services to Head Start children. Head Start/Early Head Start has a partnership with the state Welfare Division which results in the state Welfare Division providing funding through the Early Head Start program for full-day, full-year care.

A second goal of their coordination efforts is to provide semi-annual meetings of Head Start/Early Head Start grantees, child care contractors, and the Welfare Division. During these meetings, participants address issues and concerns, review quarterly statewide expenditure reports, and discuss financial planning for future expansion of “wraparound” care.

Oklahoma: In 1996, the Oklahoma Department of Human Services and the Oklahoma Association of Community Action Agencies/ Head Start-State Collaboration office agreed to blend funds to hire a full-time partnership coordinator to address collaboration between Head Start and child care at the local level. Subsequently, a collaboration committee with child care, Head Start, and public school preK programs began meeting to work on establishing support for collaborations and for addressing subsidy payment issues for partnering programs.

South Carolina: In 1999, South Carolina implemented First Steps to School Readiness, a statewide early childhood initiative for children from birth to 6 that seeks to ensure children enter school ready to learn. Each of the state's 46 counties has a partnership board that includes representatives of the business, faith, education, health and nonprofit communities, and parents of young children. First Steps views Head Start and Success by six as key partners in its efforts, and existing programs, such as Head Start, can use First Steps funds to expand their services.

Texas: Texas was one of 10 states invited to participate in a strategic planning session sponsored by the Center on the Social and Emotional Foundations for Early Learning, a national center focused on strengthening the capacity of child care and Head Start, to improve the social and emotional outcomes of young children. The state formed a task force comprised of representatives from Head Start, preK, and child care as well as private and non-profit agencies to develop a strategic plan for addressing these issues. A strategic planning meeting was held, and subsequent meetings are planned for the near future.

Washington: In 2000, the governor of Washington directed all executive cabinet agencies with responsibility over early care and education to develop a policy agenda that balances the need for high-quality programs with the demand for affordable and accessible child care. Subsequently, three state offices were consolidated into a new Division within the Economic Services Administration of the Department of Social and Health Services (DSHS) to coordinate programs while maintaining the state's emphasis on quality and availability of child care. This office is responsible for child care policy, licensing, Head Start-State Collaboration office activities, and management of the CCDF.

West Virginia: In 2002, the West Virginia Departments of Health and Human Resources and Education established a new early education advisory council called PIECES (Partners Implementing an Early Care and Education System), composed of state agency representatives and early childhood leaders and advocates. PIECES grew out of West Virginia's earlier initiatives to improve early education partnerships statewide, and is charged with developing a comprehensive plan for early education that coordinates child care, Head Start, birth to three, public preschool, and other programs serving young children. To date, PIECES has a vision and guiding principles for early care and education, a series of action steps, and has completed many of these steps, such as developing a website that offers documents, resources, and materials relevant to early education stakeholders.

Reorganizing state agencies

Some state leaders reported that reorganizing agencies has resulted in better coordinated services for children and families at the provider level. Yet, leaders noted that this does not eliminate the need to develop processes to ensure continued coordination within

the new entity and across state agencies. As previously mentioned, despite the creation of new entities, no state in the country administers all services and programs funded under the CCDF act in a single state agency; thus coordination across state agencies is still important.⁷

State leaders said that such coordination should involve regularly assessing changes in policies, decision makers, and funding levels across early childhood education programs. Further, they reported that establishing ways to communicate across state agencies, with the federal government, and with local early education representatives is key to ensuring that ongoing actions incorporate federal and local perspectives. Some leaders cautioned that creating a new state entity in the absence of a vision that promotes high-quality, accessible early education with comprehensive services can impede partnerships rather than support them. To avoid potential problems, they recommended creating a vision and designing specific action steps early on in the process to achieve the goal of high-quality, accessible services.

Below, we briefly describe how three states reorganized state agencies:

Florida: Florida created the Florida Partnership for School Readiness (FPSR) in 1999 to support the creation of local coalitions with the overall goal of improving readiness of children when they enter school. With specific membership designated by the statute, 57 school readiness coalitions were formed throughout the state, covering all 67 counties. In 2001, for administrative purposes, FPSR was transferred from the Executive Office of the Governor to the Agency for Workforce Innovation.

Georgia: In 1996, Georgia established the Office of School Readiness, which houses the state's early education programs, including the statewide universal preK program. The Office of School Readiness was created two years after the universal preK program was piloted to administer the preK program, the state's child care subsidy program, and the Head Start-State Collaboration office. Co-location of these services in a central office has resulted in better-coordinated information about early education services. For example, the Office of School Readiness has a single web page with information about all of the state's early education services and distributes information about training for all early education professionals.

North Carolina: North Carolina stakeholders reported that they have woven together a comprehensive early childhood system over time. The system's foundation is Smart Start, a public-private initiative that provides early education funding to the state's 100 counties and is overseen by the North Carolina Partnership for Children, a state-wide nonprofit organization. Smart Start is currently funded at \$198 million and seeks to increase the quality, availability, and affordability of child care; improve children's health; and provide support to families of young children. Smart Start funds are allocated to local partnerships that decide how best to use the funds to meet the needs of children in their communities.

3. Professional Development, Training, and Technical Assistance

State stakeholders reported that they support partnerships at the provider level by addressing differences in professional development standards and supplying T/TA assistance to providers in partnerships. Stakeholders said that such actions can provide needed assistance and resources to providers.

Aligning professional development standards

Aligning professional development standards can help providers in partnership as they work to establish staffing arrangements that meet the standards of their various funding sources. Those who coordinate professional development standards include representatives from state agencies that oversee higher education, early education licensing, and early education professional development. Representatives from institutions of higher education, and from Head Start, child care, and preK programs, can also help to coordinate standards.

Arkansas, Maryland and Tennessee provide examples of how states are coordinating professional development standards:

Arkansas: Arkansas reported that it continues to support the Early Childhood Professional Development System, a collaborative partnership with representatives from education, higher education, early childhood, and Head Start. The System enhances professional development opportunities for all early care and education programs throughout the state. The System includes guiding principles, core competencies, and a spectrum of the numerous training opportunities available in Arkansas. The System also maintains a professional registry for all early care and education practitioners and trainers.

Maryland: Maryland's Early Childhood Accreditation Project is similar to professional development projects in other states which seek to enhance early education partnerships through the accreditation process. Stakeholders reported that the state recognized that differences in accreditation could impede early education providers' efforts to partner by making it difficult to reconcile a variety of standards. Thus, the Early Childhood Accreditation Project—administered by the Maryland State Department of Education—was designed to create standards for child care and Head Start programs that may be used as a basis for state accreditation. The standards address program administration, program operation, and home/school/community relations. To become accredited, a program must go through a self-study process and program improvement prior to the accreditation visit.

Tennessee: The Tennessee Early Childhood Training Alliance (TECTA) requires partnerships for providers to leverage funding. Stakeholders reported that TECTA is designed to meet the training needs of Head Start and of programs that fall within the Individuals with Disabilities Education Act (IDEA).

Supporting and accessing training and technical assistance

Training and technical assistance (T/TA) services and resources can support providers as they develop and sustain partnerships. Some states are leveraging existing T/TA services to support partnerships or developing new services to ensure that providers understand partnership mechanics.

Those involved in sponsoring, supporting, accessing, or providing T/TA to support early education partnerships include people who have responsibility over early education services. Depending on the state, these individuals can include the Head Start-State Collaboration director; the state child care administrator or director of the agency that oversees child care; the president of the Head Start Association; the preK director; chief state school officer; resource and referral agencies; Head Start-Quality Improvement Centers; QUILT staff; and other existing T/TA providers as well as regional Administration for Children and Families staff.

State stakeholders reported that T/TA around issues of planning, managing, and financing can build the capacity of administrators and providers engaged in partnerships. It can also be an important method for ensuring that all relevant stakeholders receive consistent messages about partnership policies and practices. For states with

T/TA around issues of planning, managing, and financing can build the capacity of administrators and providers engaged in partnerships.

devolved decision making, involving community representatives in T/TA for partnerships ensures that they are informed about policy priorities and directives.

In some instances, states coordinate T/TA services that are provided by existing support systems and information networks such as child care resource and referral agencies and networks, the Early Head Start Resource Center at Zero to Three, the QUILT project, NCCIC, Department of Education resources such as regional education labs, and state and regional technical assistance efforts. Some states provide support directly in the form of ongoing publications and materials or through accessing and disseminating materials produced by existing T/TA providers. Other states support the direct training of early childhood teachers.

Arkansas, Georgia, New York, Pennsylvania, West Virginia, and Wisconsin, among other states, offer a range of T/TA services and resources:

Arkansas: During the past year, Arkansas' partnership efforts focused on literacy and early learning guidelines for early educators in Arkansas. Pre-K ELLA (Early Literacy Learning in Arkansas), a 30-hour professional development course, was developed by representatives from early childhood programs and the Department of Education, literacy specialists, and Head Start representatives. The training is offered in all 75 counties in the state. Also, the state's School Readiness Initiative is in place for development of school readiness indicators and an assessment process for all incoming kindergarten children will be piloted in the fall of 2003.

Georgia: Georgia launched the Partnership Project—a unique effort involving federal, state, and local agencies and the private sector—that is designed to strengthen the early childhood community. The Partnership Project is supported by the Georgia Early Learning Initiative (GELI), Region IV Administration for Children and Families (ACF), Georgia Office of School Readiness (OSR), and Georgia Head Start Association (GHSA). Stakeholders reported that the overall goal of the project is to increase the number of Head Start-eligible children served in high-quality settings. In order to achieve this goal, the state, federal, and private sector collaboration is working to improve the quality of care provided by both Head Start and child care providers and to foster partnerships between the child care and Head Start communities. One of the project's activities, the Head Start/Child Care Partnership Institute, convenes Head Start programs,

their child care partners, and potential partners to learn about the child care and Head Start communities and identify problems, strategies, and action steps.

New York: The New York Head Start-State Collaboration project developed a child care subsidy T/TA project to provide Head Start program directors and staff with information to help low-income families obtain child care subsidies. The project developed training materials after obtaining input from Head Start providers on what information would best assist them in offering services that meet the needs of low-income working families. Recognizing that low-income families require a variety of care options (e.g., full-day, full-year care, evenings, and weekends), the training focused on how to help families access subsidies and appropriate services, including collaborations providers could form with other family- and center-based child care providers to meet the needs of families in their programs. Considerable time was spent, however, on issues that Head Start programs must consider if they decide that they should offer child care services, including how to blend child care subsidies with Head Start program funding to provide extended day services. The training was developed through a contract with nationally recognized early childhood financing experts and has been provided to approximately 80 programs and more than 200 people.

Pennsylvania: In 2001, the Pennsylvania Head Start-State Collaboration office hired four regional coordinators to provide T/TA and support to Head Start programs that are developing increased capacity for full-day, full-year services, including child care partnerships. The staff work closely with the Department of Public Welfare's Regional Child Care Resource Developers (CCRD) offices and the Child Care Planning Teams in each county that are completing comprehensive community plans to increase the availability of high-quality early education.

West Virginia: In West Virginia, the Educare grant application process included a T/TA component. Applicants were required to submit a brief concept paper before submitting proposals. After reviewing and selecting potential applicants, the West Virginia Governor's Cabinet provided T/TA to the community groups whose concept papers were selected. This process allowed the community groups to refine the ways in which they planned to use West Virginia Educare funding to improve and coordinate services. The Children's Cabinet planned to use the T/TA process it developed during the application phase of

the initiative to provide assistance to communities that did not receive grants during the pilot phase. However, the Educare program was not included in the recently approved state budget.

Wisconsin: The Wisconsin Early Childhood Collaborating Partners is a statewide group united by a common desire to transform early education. The group's mission is to facilitate the development and implementation of a plan that provides every child and family in Wisconsin with access to a blended, comprehensive delivery system for high-quality early education. To help achieve this goal, the group has established a state web page with a list of state and local Early Childhood Collaborating Partners to help potential partners identify one another and connect to one another's websites. It has also created partnership profiles that describe the strengths and challenges of various partnership approaches.

4. Legal and Regulatory Actions

Enacting legislation, issuing policy guidance, and providing policy clarification are actions to support and promote partnerships, according to state stakeholders and numerous existing studies.⁸ State stakeholders reported that in certain contexts the creation of intergovernmental agreements can prove valuable in supporting partnerships at the provider level.

Enacting laws that require or promote partnerships

New legislation is one of the most important actions states take to support early education partnerships. One state leader noted, "The reason our state has so many partnerships is simple: we require partnerships for providers to receive state preK funds. It is in the legislation. The governor and the legislature wanted to make sure that all kids in this state have access to services and they want to improve child care quality, so they put it in law and you can see the results."

According to the 2002 National Conference of State Legislatures (NCSL) report referred to earlier⁹, 36 states currently have laws that are designed to coordinate their child care and early education systems. The report noted that statutes can have a substantial effect on policies, although laws are only one way to affect policy.

Numerous stakeholders in states with legislation that encourages partnerships said that an important "ingredient of success" in enacting such legislation was the governor's and legislature's support

"The reason our state has so many partnerships is simple: we require partnerships for providers to receive state preK funds. It is in the legislation. The governor and the legislature wanted to make sure that all kids in this state have access to services and they want to improve child care quality, so they put it in law and you can see the results."

in championing early education partnerships as a way of improving access to and quality of early education. While support from the governor and legislature is key to enacting new legislation, stakeholders reported that broad-based support is important for sustaining legislative initiatives.

State stakeholders noted that funding for the newly legislated early education initiatives comes from multiple sources, such as state general revenue funds, tobacco funds, TANF funds, or entrance fees to riverboat casinos. Many stakeholders reported that the source of funds has changed since the legislation was first enacted. For example, some initiatives were first funded through tobacco funds and are now funded through general revenue funds. Other initiatives that were initially funded with general revenue funds are now funded with TANF funds. And, some initiatives rely on multiple funding streams, which is a strategy designed to sustain initiatives over time.

Colorado, Kansas, Kentucky, Louisiana, Maryland, Missouri, New York, Ohio, Rhode Island, and Texas are among many other states that have passed legislation to support early education partnerships:

Colorado: Colorado enacted the Consolidated Child Care Pilot Program (CCCCPP), in which it selected pilot communities through a competitive request for proposal (RFP) process to be eligible for waivers to state regulations that were barriers to partnerships. In 2002, the Colorado legislature passed HB02-1349 (the School Finance Bill) with a provision that allows school districts to expand eligibility so that three-year-olds can also be served in the Colorado Preschool Program. To be eligible, a three-year-old “must lack overall learning readiness that is attributable to at least three of the significant family risk factors.” State stakeholders reported that this change in the statute was due in part to the work of the Consolidated Child Care Pilot Program, under which communities request waivers to serve children younger than four. This provides a strong example, state stakeholders noted, of how investing in pilot projects can help to facilitate policy change.

Kansas: In 1998, Kansas created a state-federal partnership to fund early childhood development through the establishment of Kansas Early Head Start (KEHS). The governor and the Kansas legislature approved funding to support KEHS, a state-administered initiative that provides support services to pregnant women as well as comprehensive services to children from birth through age four on a full-day, full-year basis through partnerships with local child care providers.

Kentucky: With the support of the governor, the Kentucky legislature passed HB-706 in 2000 to create KIDS NOW. Additional legislation provided funding for the various components of the initiative, including the establishment of an Early Childhood Development Authority attached to the governor's office of Early Childhood Development. This group is charged with: creating biannual state plans that identify state funding priorities; approving local plans; and disbursing funds to communities. Participating communities are required to collaborate in order to enhance access to and quality of early education services.

Louisiana: In Louisiana in 2001, the state legislature passed Senate Bill 776, creating a preK program for four-year-olds funded by TANF transfer dollars. Although this law does not require collaboration with other early care and education providers, language in the statute encourages preK providers to partner. The law recommends that school districts receiving funds meet with all

Box 2-4. State Laws That Support Coordination

The National Conference of State Legislatures reported that 36 states have laws that support early education partnerships, and some of these states have more than one law in support of such partnerships:

- **Requiring preschool programs to coordinate with child care programs to be eligible for funding under statewide early childhood or school readiness initiatives** is mandated by 21 states: Alabama, Arizona, Colorado, Connecticut, Florida, Hawaii, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Oregon, Rhode Island, Tennessee, Texas, Virginia, and Wisconsin.
- **Requiring a state entity to facilitate coordination among programs, agencies, policies, or funding** is the law in 21 states: Alabama, Arkansas, California, Connecticut, Florida, Hawaii, Kansas, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Nebraska, New Jersey, Oregon, South Carolina, Texas, Virginia, Vermont, Washington, and West Virginia.
- **Requiring a study of a state's early education coordination policies** is the law in 15 states: Arkansas, Colorado, Florida, Hawaii, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Oregon, South Carolina, Texas, and Washington.
- **Integrating child care and early education policies for a variety of purposes** is mandated by 12 states: Arkansas, California, Colorado, Delaware, Florida, Indiana, Maryland, Mississippi, Nebraska, South Carolina, Texas, and West Virginia.
- **Including preschool under the state's definition of child care or including child care under the state's definition of preschool** is the law in 6 states: California, Iowa, New Hampshire, North Dakota, Tennessee, and Wyoming.

Source: Groginsky, 2002; pp. 3–4.

other governmentally funded providers of early childhood education which serve children residing within the jurisdiction of the system, including federal programs such as Head Start. It also encourages providers to discuss common issues and establish means to coordinate programs to ensure that a high-quality early childhood education program is available to the maximum number of eligible children. The law further states that these meetings should occur as often as necessary, but not less than quarterly.

Maryland: In Maryland, the Judith P. Hoyer Early Child Care and Education Enhancement Program legislation authorized grants to school districts and to providers to encourage partnership and improve the quality of services for children aged birth through five and their families. The legislation seeks to ensure that children in Maryland enter school ready to learn and requires that early education service providers collaborate to receive state funding. Currently, the state provides \$7 million in general revenue funds for the grants to school districts and \$1.5 million for grants to providers.

Twenty-four Judy Centers have been established in 21 school districts through state grants, and 82 grants have been issued to 422 child care centers and family child care centers. Grantees are required to collaborate with other early education providers, and all involved in grant-related activities are required to seek accreditation from state or federal accreditation sources. As of this writing, 475 early education providers have begun the process of seeking accreditation; 109 of these have already become accredited.

Missouri: In 1998, Missouri House Bill 1519 established the Early Childhood Development, Education, and Care Fund from a percentage of the entrance fees to riverboat casinos. This legislation set aside funding to increase the capacity of and access to quality early childhood programs for all Missouri families. The funds are distributed through grant programs, certificates for families, and an increase in state child care subsidies for child care programs accredited by a recognized accrediting organization.

A portion of HB-1519 funding is used to create partnerships between Early Head Start (serving children birth to age three) and community child care homes and centers. The benefits of these partnerships include allowing Missouri to maximize state funds by drawing down additional federal funds through an agreement with the Administration for Children and Families and increasing the overall quality of care in these communities.

New York: In 1997, New York created the Universal PreK Program to provide preschool opportunities for four-year-olds throughout the state. The law requires that at least 10 percent of the funding be used for collaborative activities. One state administrator noted that this law has a substantial impact on partnerships by creating incentives for child care, Head Start, and schools to form partnerships. The result is that 40 percent of the state's Universal preK services are provided by child care centers, Head Start, and other early education programs. By blending Universal preK funding with child care subsidies and Head Start program funds, partners can provide families with a variety of enriched, full-day program models.

Ohio: In Ohio, the General Assembly authorized state funding to supplement federal funds for Head Start programs. The legislation authorizing competitive expansion grants for Head Start programs requires grantees to form partnerships with child care to be eligible for the funds. According to a state official, this requirement was put into place because policy makers recognized the dual needs to increase families' access to Head Start and to improve the quality of child care programs.

Rhode Island: Rhode Island passed legislation authorizing the Starting Right Early Education and Child Care Initiative, which includes several components, including the creation of a new, Head Start-like, state administered program called the RI Comprehensive Child Care Services Program (CCCSP). This program encourages and supports licensed child care providers including child care centers, family child care homes, and Head Start programs to form collaborative networks which provide a variety of wraparound services to eligible three-year-old and four-year-old children and their families. The expanded services, modeled after Head Start, include a high-quality early education experience, support for children's health, mental health, and special needs; nutrition; family education and empowerment; and strong linkages with the community in support of families. Since the program was developed by the Rhode Island Certification Standards for Comprehensive Child Care Services networks in January, 2000, four collaborative networks including 42 licensed providers have been certified by Rhode Island Department of Human Services.

Texas: In 2001, the Texas legislature passed SB-1293 which requires Head Start and Early Head Start programs to coordinate with the Texas Workforce Commission and local Workforce Boards to ensure that full-day, full-year early education services are available to meet the needs of low-income parents involved in work, training, or education. A state-level task force of early education leaders, which includes representatives from the Texas Education PreK Program, was established to respond to this mandate.

In addition, Senate Bill 665 of the 77th Legislature created the Office of Early Childhood Coordination. Housed in the Health and Human Services Commission, the office strives to promote community support for parents of all children younger than six years of age through an integrated state- and local-level decision making process. The office is designed to identify gaps in childhood services, sources of funds for early childhood services, opportunities for collaboration to better serve children ages zero to six, and methods of coordinating services between agencies and programs.

Issuing new policies or policy guidance

The development and growth of local-level partnerships can be assisted through the issuance of new policies or policy guidance, according to state child care administrators and Head Start-State Collaboration directors. For example, some states have acted on federal guidance clarifying that families whose children are served through child care/Head Start partnerships can have an extended timeframe for determining eligibility for child care subsidies. Extending the timeframe allows programs that serve children in child care/Head Start partnerships to maintain consistent enrollment for a specified period of time, thus creating a more stable environment for children.

Similarly, some states with county-administered services issue guidance to clarify state policies for county offices. In doing so, these states are striving to ensure that partnering programs are provided with consistent policies and messages about partnership. States also design their guidance to clarify their positions on eligibility, reimbursement rates, and oversight, with the intention of supporting partnerships.

The individuals responsible for issuing new policies or policy guidance vary across states. Some state legislatures grant program directors or administrators authority to issue new policies. In other states, program administrators issue policy clarification at their discretion, but are given a limited role in issuing new policies.

...new policies or policy guidance frequently result from questions or issues posed by local early education providers.

State leaders reported that new policies or policy guidance frequently result from questions or issues posed by local early education providers. Sometimes, providers ask state leaders to clarify policies. Because this lack of clarity ostensibly hinders partnerships, their questions often lead to a clarification of policy. In other instances, providers talk to state leaders about specific challenges in forming or sustaining partnerships, and leaders modify policies to address these challenges. For example, leaders in several states reported that Head Start and child care providers told them the existing timeframes for redetermining eligibility for CCDF subsidies created challenges for providers attempting to partner, and leaders acted on the federal clarification to make state changes to address this concern.

Illinois and Michigan, like other states, have issued policy guidance to support partnerships:

Illinois: Illinois has drafted guidance to support child care/Head Start partnerships and the families they serve. First, the guidance states that the timeframe for redetermining eligibility for child care subsidies is extended for those served through partnerships. The policy also extends the grace period from 30 days to 90 days for families who lose jobs. Finally, for families whose children participate in partnerships, the guidance allows case workers to note in the family's TANF plans that continued eligibility for child care subsidies is a necessary step to self-sufficiency.

Michigan: Michigan issued guidance regarding the use of TANF funds for children served through Head Start/child care partnerships. In 1999, the Family Independence Agency sent letters to Head Start directors providing information about TANF-funded programs. In 2000, the Michigan Head Start-State Collaboration Program issued follow-up guidance to clarify differences between TANF funds and CCDF subsidies. In addition, the Family Independence Agency issued a memorandum to agency staff that was distributed to Head Start program directors to clarify eligibility for children in Head Start/child care partnerships.

Creating intergovernmental agreements

Intergovernmental agreements can be an important lever for supporting and promoting partnership work because they formalize agreement about roles, responsibilities, and action steps concerning partnership. These agreements represent the inner workings of government and, as such, are rarely mentioned in the existing literature about early education partnerships. Yet, many state leaders reported that such agreements can address a variety of issues, including coordination of early education training, monitoring, sharing data, the consistency of guidance, and the articulation of acceptable partnership strategies. Such agreements can also designate the roles and responsibilities of different agencies in supporting early education partnerships and can ensure that relevant stakeholders at the federal, state, and local levels provide consistent communication about partnership activities and actions. Finally, these agreements can formalize incentives for partnerships, described in greater detail in the next section.

The individuals who sign the agreements represent those responsible for the specific services that are being coordinated. State stakeholders noted that in states with devolved decision making, it is especially important that local program administrators receive consistent information about state policies on partnership, and that intergovernmental agreements represent an important way to realize this aim.

The process of developing intergovernmental agreements can be as valuable as the agreements themselves, according to state leaders. In creating them, stakeholders learn about the regulations affecting other early education programs and determine which steps they can take to raise the quality bar for early education programs and improve accessibility. State leaders reported that these agreements can be important in ensuring that representatives from child care, Head Start, and preK achieve and document their consensus on the quality standards required for partnerships.

The process of developing intergovernmental agreements can be as valuable as the agreements themselves, according to state leaders.

California, Idaho, Mississippi, New Hampshire, and South Dakota, along with the District of Columbia are among many states that have created such intergovernmental agreements:

California: The California Department of Education and the U.S. Department of Health and Human Services, Administration for Children and Families, Region IX Office, developed an agreement articulating their support of full-day, full-year partnerships among state-funded child care and Head Start programs.

Idaho: The Idaho Head Start-State Collaboration council, Idaho Head Start grantees, and the Idaho Department of Health and Welfare's Self-Reliance Program developed an agreement to promote partnerships that meet the needs of working families. To formalize the agreement, the organizations signed an MOU, which articulates their commitment to partnership as a means of providing high-quality, full-day, full-year care. The agreement defines the strategies that Head Start and the child care program will employ to support and promote partnerships. For example, one strategy is to refer and provide support to Head Start parents who need adult basic education, English as a second language, or have other literacy needs and to support family literacy with parents and children during home visits.

Mississippi: An MOU between the Mississippi Head Start Association and the Department of Education was developed to facilitate open discussions between Head Start grantees and local school districts about blending Head Start and preK services. The MOU states that school districts and Head Start grantees should strongly consider blending services when doing so would be advantageous to children and families.

New Hampshire: Under the Child Care Full-Day Reimbursement Initiative in New Hampshire, Head Start entered into a Memorandum of Agreement to provide training to child care providers. The initiative seeks to prevent multiple transitions for children and to improve the quality of child care.

South Dakota: In 2001, the South Dakota Department of Social Services' Office of Child Care Services (CCS) developed an MOU to clarify the roles and responsibilities of CCS and Head Start/child care partnership programs. The South Dakota MOU describes the roles and responsibilities of Head Start programs engaged in partnerships with child care providers, as well as Head Start programs that offer full-day, full-year services supported in part by Head Start's access to child care subsidies. This MOU was developed to complement a new state Administrative Rule that extends the subsidy eligibility period to one year for children served through partnerships.

District of Columbia: In the District of Columbia, the ACF Region III staff and the District of Columbia Office of Early Childhood Development (OECD) consulted on a memorandum of understanding regarding the blending of Head Start and child care funds. The agreement between Head Start and the Department of Human Services became District of Columbia official child care reimbursement policy in 2001. Under this agreement, the family eligibility period for receiving services for children participating in Head Start/child care partnerships is one year, with annual reviews each August. The blended funding reimbursement policy remains in effect until formally changed through official rule making.

State stakeholders reported that providing incentives can be an important action to support the development and sustainability of provider-level partnerships.

5. Incentives

The incentives that states provide to partnering programs—created in legislation, articulated through policy guidance or rules, or established through intergovernmental agreements—can encourage and support early education partnerships. State stakeholders reported that providing incentives can be an important action to support the development and sustainability of provider-level partnerships. Incentives can come in the form of professional development or T/TA, or can result from legal and regulatory actions. Furthermore, some stakeholders reported that giving preference to partnerships when issuing Requests for Proposals (RFPs) for state funds can make a difference.

...monetary incentives can assist child care providers in enhancing quality that will enable them to meet standards to partner with Head Start.

While the types of incentives vary, state stakeholders noted that their purpose is to make it easier for all partnering providers to offer high-quality, accessible services. For example, in states with child care licensing standards vastly different from the Head Start Program Performance Standards, monetary incentives can assist child care providers in enhancing quality that will enable them to meet standards to partner with Head Start. As such, these incentives can improve quality and accessibility of services.

Those responsible for creating and overseeing incentives depend on the nature of the incentives and the administration of services in the particular state. Some state legislatures have enacted laws that provide incentives. In some instances, a single administrator can create an incentive through issuing policy guidance, and in other cases, intergovernmental coordinating bodies have the authority to create incentives.

Incentives that states provide include setting up processes to review and waive some state regulations; issuing grants to networks or groups of providers that agree to partner to provide services that meet the needs of working families; increasing reimbursement rates for providers who meet quality standards; providing designated slots, contracts, and sample contracts for providers; and providing incentive funding directly to providers.

Reviewing and waiving state regulations

Some state leaders reported that they are developing procedures to systematically examine the regulations or state policies that they believe might create barriers to partnerships and to determine the appropriate actions to resolve the barriers. Leaders noted that such waiver processes include provisions that require proof that specific regulations are barriers and noted that the processes are designed to ensure quality is upheld.

State legislatures in Colorado and Montana have passed laws creating new programs that allow the waiving of regulations to facilitate partnerships:

Colorado: In Colorado, communities that participate in the Consolidated Child Care Pilot Programs described earlier are eligible to receive waivers of state regulations that are viewed as partnership barriers. Pilot communities must demonstrate how the state regulations prevent them from achieving their goals. For example, pilot communities might apply to use funds for infant/toddler care which are currently targeted to preschool-aged children, if they can establish that most preschool-aged children are receiving high-quality services and that the community lacks infant/toddler care. The entire first round of communities participating in the project applied for and received waivers.

Montana: Montana created incentives by waiving regulatory barriers viewed as obstacles to high-quality early education partnerships. First, in 1998, the state department that oversees the child care subsidy program issued an Administrative Rule allowing child care programs partnering with Head Start programs to receive a full-day subsidy reimbursement. The Head Start portion of the day is viewed as a quality enhancement for child care, and administrators asserted that reducing the reimbursement for child care providers entering into partnership would jeopardize partnership efforts. Second, the state legislature directed the Department of Public Health and Human

Services to spend TANF reserve funds to create a pilot project, called the Early Care and Early Education Full-day, Full-year Best Beginnings Child Care Scholarships Pilot. Programs participating as pilots receive additional funding from TANF as well as waivers to regulatory barriers. For example, participating families receive an extension in their eligibility period so that the child care subsidy eligibility timeframe and the Head Start timeframe are consistent.

... some applicants whose proposals were not funded said that the incentive of working in partnership on a grant application created the impetus for later partnership work.

Issuing grants that require or encourage partnerships

Many states create new programs that require or encourage partnerships among early education providers or modify existing programs to encourage partnerships. The changes are mainly a result of legislation. In some instances, however, states' RFP processes for soliciting applications for competitive awards encourage the development of partnerships by awarding additional points to applicants that are partnering. State stakeholders noted that even some applicants whose proposals were not funded said that the incentive of working in partnership on a grant application created the impetus for later partnership work.

Illinois, Iowa, Massachusetts, Nebraska, and Pennsylvania are among many states that issue grants that encourage partnerships:

Illinois: Illinois commits \$10 million annually to Partners in Care and Education, an initiative that is designed to support collaborations between Head Start and child care, resulting in full-day, high-quality programs for more than 2,000 children. Through this program, 14 agencies receive funds to enhance partnerships. According to the state child care administrator, programs are currently carrying out all three types of partnerships—within one organization, between organizations, and between an organization and family child care homes.

Iowa: In 1998, the Iowa legislature created the Community Empowerment initiative, which fosters partnerships between communities and state government to improve the well-being of families with young children. The initiative seeks to empower individuals and their communities to improve the quality of life for children ages birth to five and their families. In the state's 2002 fiscal year, approximately \$15 million in funding was distributed to communities to use to enhance early childhood services. Of these funds, approximately \$3 million was devoted to supporting partnerships among child care, Head Start, preK, and other early education programs.

Massachusetts: One of the many efforts to support partnerships in Massachusetts is the Community Partnerships for Children (CPC) initiative, administered by the Massachusetts DOE. This initiative is a state-funded grant program designed to coordinate high-quality early education services with the goal of ensuring that children's needs are met so they enter school ready to learn. The program requires applicants to develop partnerships with early education providers. The total funding for this initiative in the state's fiscal year 2000 was \$93.1 million, provided through state funds. Funding in FY 2001 was \$104.2 million, of which 43 percent was derived from federal TANF funds.

Nebraska: In Nebraska, state leaders have designed early childhood projects to support the development of children from birth to kindergarten through the provision of comprehensive, center-based programs. In most cases, the projects expand and/or combine existing preK programs funded through district, federal, or parent fees, including Head Start. Each project receives funding for up to half of the total operating budget of the project per year, up to \$50,000 per year on a continuing basis, subject to availability of the funds. A public school or an educational service unit is the fiscal agent.

Pennsylvania: In November 2001, Pennsylvania issued a Request for Applications (RFA) to expand full-day, full-year services for Head Start children and families to all Head Start grantees in the state. These funds were part of the \$2 million in TANF funds designated for the Head Start-State Collaboration office in the 2001-2002 state budget. The priorities for use of these funds included increasing the availability of high-quality child care for Head Start-eligible children with working parents; creating Head Start/child care partnerships to provide full-day, full-year services; and expanding the technical resources available to Head Start programs in order to create additional full-day, full-year services.

The RFA guidelines required Head Start programs to extend the current hours/days of care they provide by becoming licensed, registered child care providers and/or by entering into partnership(s) with child care provider(s) to offer full-day, full-year Head Start services. The Department of Public Welfare and the Head Start-State Collaboration office approved 19 programs for full-day, full-year funding. The annual budgets effective July 1, 2002, through June 30, 2003, total \$1,645,000 and support more than 800 children.

The service models include child care and family child care partnerships, public school partnerships, Head Start, Early Head Start, and Migrant Head Start Extended Day/Extended Year, bridge funding, and relative/neighborhood care support.

Increasing reimbursement rates for providers

... increasing reimbursements is an important incentive for fostering partnerships.

By increasing reimbursement rates for providers who meet quality standards, some states aim to improve the quality of child care programs and reduce the costs that child care providers face in achieving Head Start performance standards. Thus, stakeholders reported that increasing reimbursements is an important incentive for fostering partnerships.

Maine, New Mexico, North Carolina, and Rhode Island, among other states, have taken such actions:

Maine: In Maine, Head Start programs with “wrap-around” child care that provide full-day, full-year comprehensive services receive a 10 percent increase in the subsidy reimbursement for eligible children if the programs meet the Head Start Performance Standards for Programs of Excellence or Programs of Quality as evidenced by a certificate issued within the past three years from the Administration for Children and Families—New England Office. The state determined that programs that meet this level of Head Start Program Performance Standards should be designated “quality” programs and receive a “Quality Certificate” from the Department of Human Services. Parents of children in programs with a Quality Certificate are eligible to receive a double tax credit for their child care expenses.

New Mexico: New Mexico allocates additional funds to providers who lower their ratios for infants and toddlers or who achieve accreditation. Further, the state legislature provides \$6 million to fund Head Start full-day, full-year services for TANF-eligible families. State leaders reported that child care providers subcontract with Head Start to provide these services, and under these agreements providers must meet Head Start Program Performance Standards.

North Carolina: In North Carolina, the Smart Start initiative’s funding for child care quality and subsidies described earlier enables the state to implement a five-star-rated license system that links tiered subsidy reimbursements to voluntary higher child care licensing standards.

Smart Start also helps to fund Head Start and preK classrooms, including More at Four, the governor’s new preK program for at-risk four-year-olds. More at Four serves children in a variety of child care settings, including Head Start, public schools, and private child care. More at Four and Head Start classrooms can receive wraparound funds for full-day care through the subsidized child care program. Smart Start, Head Start, More at Four, and the rated license system are all partners in North Carolina’s early childhood system.

Rhode Island: Rhode Island created a new program to support comprehensive child care services, including high-quality early education. Providers certified in the program must meet quality standards established by the Rhode Island Department of Human Services (DHS) and the Rhode Island Children’s Cabinet. To support provider participation in the newly established program, in February 2000 the DHS issued a Request for Proposals for Network Development Grants for Comprehensive Child Care Services Networks. The DHS solicited proposals from organizations and agencies interested in forming collaborative networks with licensed child care providers to provide comprehensive services for eligible young children and their families. “Start-up” grants of up to \$200,000 per network are available to support the creation of collaborative networks and to raise the level of services offered to children and families in programs applying for certification. Once certified, participating providers are eligible to receive an additional \$77 per eligible child per week in addition to the established child care subsidy. Low-income three-year-old and four-year-old children whose families are not eligible for a child care subsidy are also eligible to participate in the program in a part-day program. Networks can receive \$147 per week for eligible part-day children.

Supporting partnership slots and contracts

Some states promote partnerships by designating child care subsidy slots to be used for children in partnerships, developing contracts with Head Start to receive state child care subsidies, or creating sample contracts that can be used by providers in partnerships.

Massachusetts, New Jersey, Oregon, and Vermont support partnerships in the following ways:

Massachusetts: The Massachusetts Head Start Collaboration Project, administered through the state Office of Child Care Services (OCCS), is working with the state’s Head Start and Early Head Start programs to improve the ways in which services and supports

for low-income children and their families are designed, delivered, and coordinated. In this project, Head Start/Early Head Start Partner Slots allow providers of subsidized child care to serve children in Head Start or Early Head Start programs. This option adds OCCS-subsidized child care hours before and after the Head Start day to meet the child care needs of eligible families who want their children in Head Start or Early Head Start and who also need additional hours of care. OCCS is the lead agency administering both the Commonwealth's \$189.9 million program under the federal CCDF program and \$71.7 million in state funding. It also oversees a number of quality initiatives designed to use existing resources more effectively and efficiently to maximize the delivery of high-quality early care and education services. Many of these quality initiatives involve partnering with other state agencies to help remove barriers and make transitions between services seamless for children and their families.

New Jersey: The New Jersey Department of Human Services, Division of Family Development, contracts with 30 Abbott school districts that contain the highest concentrations of low-income children to provide full-day, full-year comprehensive preschool services. Accredited family child care providers and child care centers receive subsidy funding that is five percent higher than funding received by non-accredited providers.

Oregon: In Oregon, the Employment Department's Child Care Division (CCD) contracts with the Department of Human Services (DHS) to administer the subsidy program. The state DHS office provides sample contracts to local DHS branches to use to purchase slots for full-day, full-year Head Start services for children receiving child care subsidies. The Child Care Division contracts with DHS for a specific amount of funding to be spent on these full-day, full-year Head Start slots.

Vermont: The Vermont Child Care Services Division (CCSD) encourages the state's Head Start programs to receive annual child care subsidy contracts. The Head Start-State Collaboration office and CCSD provide a staff person to work directly with Head Start programs to develop proposals that meet the conditions of the contracts. To be eligible for the contracts, Head Start programs must share training resources with the wider early education community, must enroll a minimum of 20 percent non-Head Start children, and must provide comprehensive Head Start services to all enrolled children and their families. In addition, Head Start providers

are required to serve on regional Early Childhood Councils and to participate in child care provider networks, and they must pursue and maintain accreditation from the National Association for the Education of Young Children (NAEYC). The contracts encourage Head Start providers to engage in partnerships.

Providing monetary and professional development incentives

Providing incentive funding to early education partners can offset the costs associated with reducing child/staff ratios, offering enhanced curriculum, ensuring teachers have specialized training, and offering other quality enhancements that are required to meet Head Start Program Performance Standards. It can also motivate providers to engage in partnerships and can be used to enhance services. Similarly, offering enhanced professional development can create an incentive for providers to partner.

Idaho, South Carolina, Washington, and Wyoming demonstrate how state agencies provide monetary and professional development incentives to partnering programs:

Idaho: The Idaho Department of Health and Welfare gives child care providers a one-time allocation of \$2,500 if they partner with Head Start. These funds help child care providers meet Head Start Program Performance Standards.

South Carolina: In South Carolina, CCDF funds are available to Head Start programs to assist in the provision of full-day, full-year services to eligible families.

Washington: Washington provides full-day subsidy payments to child care providers that are partnering with Head Start programs, rather than subtracting Head Start hours from the subsidy payments. This full-day subsidy provides an incentive for child care providers to partner.

Wyoming: The Department of Family Services (DFS) and Head Start work together to support the Laramie County Head Start/Family Child Care Pilot Project, which is funded in part by CCDF and is designed to improve the quality of and access to services by establishing relationships between Head Start and family child care providers. DFS provides CCDF funds to assist family child care providers in obtaining Child Development Associate (CDA) credentials and Head Start provides the training and expertise through mentoring to assist in providing high quality care. Stakeholders involved with the project reported that both Head

Start and family child care providers learn and benefit from the experience of partnering. Both sets of providers spend time learning how to adapt to one another's needs, how to adapt quality standards to family child care contexts, and how to work together to provide needed services to children and families.

Stakeholders from several other states reported that they issue policy guidance which allows child care centers in partnerships to receive full-day reimbursement rates for children who receive part-day Head Start services, thus increasing the funding at the provider level that can be used to improve quality.

In Summary

The range of strategies described in this chapter indicates that there is no set blueprint that states follow in supporting early care and education partnerships. Implemented in accordance with a state's current context and needs, each course of action—review, research, and dissemination; state-level coordination; provision of professional development and T/TA; enactment of legal and regulatory actions; and provision of incentives—provides examples of how states are working to address fragmentation of services and ease the formation of provider-level partnerships. As this report was going to press, state leaders informed us that due to budgetary shortfalls, funding for some of the actions described in this report is in jeopardy. While leaders continue to support partnerships and recognize their value, the incentive funding designed to support them may not be available in the future. The next chapter presents data on how providers are developing and sustaining these partnerships.

While leaders continue to support partnerships and recognize their value, the incentive funding designed to support them may not be available in the future.



Chapter 3: How Early Education Providers Engage in Partnerships

A substantial number of local early care and education providers—including child care centers, family child care homes, Head Start programs, and preK programs—are partnering to provide full-day, full-year, high-quality services to meet the needs of working, low-income parents.¹ This chapter describes the national partnership landscape and the factors that providers believe are most critical in developing and sustaining partnerships.

The Partnership Landscape

In analyzing data gathered from providers engaged in partnerships, this study found great variation among the partnerships studied, providers' reasons for partnering, partnership terms and arrangements, ways in which practices and services are reconfigured to meet new standards, and the intensity and service integration of partnerships.

Variation Among Partnerships Studied

Providers included in this study represent many kinds of organizations with varied approaches to partnerships. They vary in terms of type and size of organization; setting; history and duration; urbanicity and demographics; children served; and leadership.

Type and size of organization

Providers included nonprofit and for-profit organizations, school districts, and individual family child care providers. Providers' organizations ranged from large, multi-purpose community action agencies serving more than 600 children to small religion-affiliated centers and nonprofit organizations serving fewer than 15 children through their partnership. Partnerships involved a single agency or as many as 11 provider organizations.

Setting

Providers offered partnership services in child care centers, public housing sites, schools, family child care homes, Head Start/Early Head Start sites, and centers affiliated with a higher education facility.

History and duration

Providers brought to their partnerships different histories, levels of community involvement, and quality and range of services. For example, some of the providers in the study have delivered full-day, full-year services through partnerships for decades, while other providers have just begun to implement their partnership services.

Urbanicity and demographics

Providers were located in rural areas, small towns, suburban areas, and cities, and served children of diverse race and ethnicity, children of migrant parents, and children in programs administered by tribal nations.

Children served

Some providers served infants and toddlers, as well as preschool-aged children in their partnerships. Others offered care to school-age children, though the study did not focus on services to that age group. Partnering organizations varied in the services and expertise that they offered to children with disabilities and their families.

Leadership

Partnership leaders included partnership managers, executive directors, and other management staff; early childhood teachers; and Head Start family support staff and education coordinators. In some cases, organizational leaders spurred the formation of partnerships, and other leaders, working behind the scenes, played a pivotal role in implementing day-to-day changes.

Providers' Reasons for Partnering

The partnerships in this study had a range of goals as they launched their partnerships. Providers reported that the following ten reasons were their top priorities (in rank order) for partnering:

1. Maximize funding and cost-effectiveness
2. Meet parents' changing needs
3. Improve the quality of children's education services
4. Extend service hours
5. Expand services into new communities
6. Provide continuity of care
7. Enhance health and family services
8. Increase the number of children served
9. Link early education systems in the community
10. Coordinate and maximize staff training

Partnership Type

This study adopted the QUILT project's typology^e to categorize local partnership structures. According to this typology, partnerships included in this analysis fall into one of three types: Type 1 when one organization blends multiple funding streams; Type 2 when two or more organizations blend funding and resources; and Type 3 when an organization blends funds with a family child care provider. (See Table 3-1.)

Selection of type

Providers selected one of the types outlined in Table 3-1 based on a variety of factors, including the kind of organization seeking to partner and its current funding sources; partnership objectives; the early education market in the community; partnering programs' organizational or operational histories and relationships; and state and/or federal legislation or incentives. Some providers reported that

^e The Partnership Impact study adopted the QUILT project's taxonomy because it represents the breadth of arrangements and providers involved in early education partnerships. Other researchers have developed a number of different taxonomic systems (Blank & Poersch, 1996; Kagan et al., 2000; Paulsell et al., 2002; Verzaro-O'Brien & Scott, 1998; U.S. Department of Health and Human Services, Administration for Children and Families, 1998).

they simultaneously engage in more than one type of partnership. For example, a child care program and a Head Start program within an organization (e.g., a community action agency) may engage in a Type 1 partnership at the same time that the Head Start program partners with family child care providers in a Type 3 partnership.

Variation within type

Providers blend their funding and services through various arrangements. Even within the three types, partnerships take different shapes, depending on the details of funding and service blending.

For example, in some Type 1 partnerships, single organizations use state child care subsidies to extend their services to full-day, full-year. In other Type 1 arrangements, a parent organization, such as a community action agency, that operates separate and distinct programs, such as Head Start and child care, blends the two programs’ funding and policies to deliver services jointly.

Table 3-1. Early Education Partnership Types

Type	Definition	Example
1. Partnership within one organization	A single organization blends funds from multiple sources between or among various programs within the organization.	A part-day preschool program supported by preK funding accesses and blends child care subsidy reimbursements and parent fees to extend the hours per day and months per year that children are served.
2. Partnership between organizations	Two or more separate organizations blend funds from multiple streams to provide full-day, full-year, comprehensive services at one site.	A Head Start program contracts with a separate organization’s child care center to serve Head Start-eligible children at the center for the full day and full year and, using Head Start’s resources, to provide comprehensive services to children and families.
3. Partnership between an organization and family child care provider(s)	An organization blends funds with a family child care provider(s) to enhance services for children served in a family child care home.	A Head Start program contracts with a family child care provider to serve Head Start-eligible children for the full day and full year in the provider’s home. The contract stipulates that Head Start provide specialists to ensure that the child and family receive comprehensive services.

Source: Education Development Center, Inc., 2001.

In some forms of Type 2 partnerships, Head Start programs provide a dollar amount per child to be served through their child care partners' programs. In others, preK programs employ teachers who work in their child care partners' classrooms.

In some Type 3 partnerships, organizations contract directly with family child care providers to serve children who meet certain criteria. Or, two providers partner to serve dually eligible children in family child care homes, for example when a school district's preK program partners with a Head Start program to serve children in family child care homes. Across the three types, many partnerships must reconcile different cultures, policies, and requirements, including reconfiguring services to meet new standards. This is true for Type 1 partnerships that blend two programs' funding and policies within a single agency, as well as Type 2 and Type 3 partnerships between separate entities.

The Need to Reconfigure Services to Meet New Standards

Some providers must meet new program standards and requirements, depending on a partner's funding source and regulations. Providers partnering with Head Start, for example, must meet Head Start Program Performance Standards, which include providing comprehensive services such as family support, health and dental care, mental health, nutrition, and parent education and involvement. Similarly, some preK programs require a curriculum that meets state standards, and Head Start or child care programs partnering with them are required to provide the high-quality curriculum.

In meeting new standards, some providers improve structural features of quality, such as teacher-child ratios, group size, teacher credentials and training, child assessments, curriculum, developmentally appropriate practices and materials, and/or classroom and home environment or equipment.

Partners respond differently to new standards and requirements. In some Head Start/child care partnerships, Head Start programs assign their own staff, such as education coordinators and family support staff, to provide comprehensive services at partnering child care centers. Other providers partnering with Head Start may already have staff and operations in place to provide comprehensive services. In all cases, partnerships make individual arrangements that establish responsibility for enhancing the quality of services to meet new standards.

Intensity and Service Integration

Partnering programs blend services to varying degrees. Some organizations approach the partnership process with an intensity that results in a merging of services and identities (e.g., renaming a Type 1 partnering program so that it is neither a Head Start nor a child care program but a Child Development and Education Center). Other partnerships resemble purchase-of-service agreements, where the organizations remain separate and distinct as they jointly deliver services.

Another indicator of partnership intensity is how widely providers offer partnership services. In some partnership classrooms or family child care homes, all enrolled children receive enhanced services. Other partners decide to limit partnership services to dually eligible children—those children who meet both partners' eligibility criteria—in a single classroom. Still others extend partnership services—partially or comprehensively—across several classrooms or even center-wide to reach all children whether or not they are dually eligible.

The variation in partnering programs' integration is a product of factors such as financial resources, previous relationships among executive directors and/or partnership leaders, unique program or community circumstances, partnership objectives, and the partnership's developmental stage. For example, newly developed partnerships often decide to start small by delivering partnership services only to a portion of dually eligible children. Then, with time, the partners arrange to increase the number of children served.

Factors That Support Providers in Partnerships

Partnership Impact researchers analyzed qualitative data about the factors that providers identified as supporting their partnerships' development, maintenance and growth. The data represent providers' perspectives on progress, and are not limited to measurable program outcomes.

Providers identified 15 factors and our analysis indicates that these factors fall into 5 overarching categories: (See Appendix C for a ranking of the 15 factors according to the frequency with which respondents cited them.)

1. The Benefits of Partnering
2. Start-Up Activities that Create a Foundation for Partnership
3. Strong Relationships Between Partners

4. Management Practices that Keep the Partnership Running Smoothly

5. Resources and Allies that Strengthen the Partnership

The remainder of this chapter examines each of the factors that providers identified as supporting partnerships. Not surprisingly, in the aggregate, many of the factors relate to the challenges that providers overcame. That is, when supportive factors are absent, challenges arise. The pages that follow, therefore, include many key findings and anecdotes that reflect the challenges and successes that providers experience in partnerships.

1. The Benefits of Partnering

Providers reported that improvements brought by partnering reinforce the value of their partnerships. Three examples of such improvements are offering enhanced training opportunities, giving generous benefits to all associated with the partnership, and responding concretely to parents' needs.

Improved educational and professional opportunities for teachers

Many providers mentioned that teachers in partnering programs learn from one another's strengths and from new opportunities to examine and discuss practices. They also noted that their partnerships result in more technical support and increased training, coaching, and mentoring for staff.

For example, child care providers often receive assistance with making curriculum improvements and redesigning classroom environments; training from Head Start mental health specialists to create appropriate plans for children with behavioral challenges; and follow-up support from Head Start family advocates. Others who partner with Head Start programs adopt new classroom observation strategies, including tools for observing teacher/child interactions and classroom practice, and techniques for giving feedback.

Partnerships present opportunities to expand capacity for all partners and for staff at different levels. (See Box 3-1.) For example, managers at a large Head Start grantee with multiple child care partners are experts in overseeing the implementation of program performance standards within the Head Start program. However, partnership responsibilities require them to broaden their skills to offer support and T/TA to partnering child care centers working to comply with the standards.

For some providers (Types 1 and 2), partnerships allow for more flexible work schedules. One center, in shifting to a 10-hour day, is able to meet this goal while also accommodating staff preferences for earlier or later hours. A few Head Start directors reported that Head Start teachers welcome the opportunity to work year-round rather than part-year. Additional funding from Head Start also enables some partnering programs to have afternoon staff work a longer day to overlap morning teachers' schedules. This arrangement allows morning teachers to meet with family advocates and other Head Start staff, maintain records, plan, and further adjust schedules to make home visits.

Two providers from Head Start programs partnering with family child care providers (Type 3) described the advantage of establishing a career ladder that ties pay to professional development and training activities. Other providers considered it key that their partnerships increase child care teachers' access to materials and supplies.

Although partnerships often introduce enhanced training opportunities for child care center staff and family child care providers, many providers found that they need to identify strategies to accommodate staff members with full-day work schedules. (See Box 3-2.) Several providers recommend the following strategies:

- offer staff meetings at times that ensure staff can attend
- use a train-the-trainer model
- allot money in the budget for substitutes
- establish goals and a process for supporting staff training

Box 3-1. All partners bring knowledge and expertise to the partnership which can improve one another's capacity.

For many years, Bright Stars Child Care Center has provided disabilities services to families in the community. As a result, the center has developed efficient, effective methods of interviewing parents and sharing information appropriately with teachers. Green Ridge Head Start—Bright Stars' new partner in its Type 2 partnership—needs to develop systems for documenting and sharing information and for preserving confidentiality. Bright Stars is coaching Green Ridge's staff in how to capture and manage information about families and children in a consistent, confidential, holistic manner and is setting up mechanisms to give teachers access to vital information. By acknowledging its partner's expertise in this area, Green Ridge Head Start is expanding teachers' skill sets and improving the quality of services they provide to children and families.

Partnering programs face staff retention challenges that are common across early education programs, and ones that are unique. An inability to meet the needs of staff (e.g., time to participate in professional development and staff meetings, pay equity) underscores staff retention challenges. In some cases, partnering creates difficulties and tensions when staff compare pay, professional development opportunities, and schedules.

Extending benefits to staff, children, and families not served by partnership

Partnerships can benefit non-partnership classrooms and the larger community as well. One child care center director said she ensures that the benefits of her Type 2 partnership are spread throughout her center by introducing Head Start Program Performance Standards into all of the center's classrooms, although the partnership agreement does not require it. Another child care center director who is engaged in a Type 2 partnership finds that the Head Start requirement for home visits creates a positive and deeper connection between staff and family. She intends to offer this service to every family whether or not they receive partnership services. In another Type 1 partnership, the teachers in non-partnership child care classrooms, seeing the success of the partnership, are incorporating new child assessment and observation procedures into their regular practice to replicate improvements found in partnership rooms.

Box 3-2. Providers strengthen partnerships by making professional development opportunities available to all staff.

Last year, Mekoryuk Village Community Children's Services integrated its Head Start and child care programs, creating a Type 1 partnership that offers more full-day, full-year services to the families it serves. Five out of six of its centers now operate full-year programs. William Ongtooguk, director of the Portage Point Center, makes sure that all staff have opportunities to participate in agency planning retreats, in-service training, and celebrations. William convenes staff meetings twice on Mondays, instead of just once, and offers monthly, intensive, staff training sessions twice in the same day to accommodate all staff schedules.

As added resources flow into partnership-funded classrooms, existing resources may be freed up. For example, at one center, while partnership rooms were reoutfitted, other teachers benefited from the surplus of materials.

Partnerships can have positive spillover effect into the larger early education community. For example, one provider said that in her Type 2 partnership, potential child care center partners that were interested in joining a broad-based preK/Head Start/child care partnership voluntarily adopted a nationally known early childhood curriculum to improve their chances of being selected. The unanticipated result was the adoption of new standards for quality throughout the early education community.

Partnerships further extend partnership benefits through strategies such as:

- opening staff training opportunities to all staff to improve all teachers' practice
- offering teacher/parent conferences, home visits, and parent education to all families
- extending specialists' support to all children (e.g., health and mental health services)

“Always keep the needs of families and children at the forefront of the partnership. Dialogue about what’s on the horizon and what’s best for families and children with members of your community, so nothing comes out of the blue. When you do that, you have a context, a sense of the past and future, and can head in the same direction.”

—County Head Start/PreK Director

Enhanced capacity to meet parents' changing needs

Many providers found that partnerships enable them to offer new services and supports to parents, including parent meetings, home visits, and conferences. Many child care providers noted that parents' enthusiastic response to these changes help move their partnerships forward. For other partnerships, however, parental availability and involvement are a persistent challenge. Work schedules, employment training, school commitments, transportation issues, and remote/rural settings all thwart parents' full participation. In response to chronic low participation rates, some providers try to schedule events in ways that ease the family schedule rather than complicate it. One organization, for example, offers parent/teacher conferences in conjunction with a family dinner.

Another provider said that she believes parents' low participation is due to local employers' inflexibility and unrealistically high expectations for their employees. In response, her center conducts outreach to large community employers to promote family-friendly practices that support parents' involvement in partnership services.

Providers from partnering programs with strong support from parents suggested that partnerships:

- involve parents in partnership development discussions to help their transition into the partnership program
- offer supports and conveniences to accommodate working parents
- include committees of teachers and community members in planning to help parent transition and participation in partnership programs
- consider asking parents and teachers who are familiar with the partnership to meet with new parents and teachers

2. Start-Up Activities that Create a Foundation for Partnership

Providers in partnership reported that planning focused on operations and systems contributes significantly to the long-term strength and stability of their partnerships.

Planning

Many providers found that effective planning involves anticipating the partnership's impact on program operations, articulating expectations, soliciting and integrating staff feedback into plans, and documenting results. Providers identified a set of basic questions that are at the heart of good planning:

- How will our partnership work?
- Who will do what?
- What resources will we use and how?
- How will we shape our systems and prepare staff?
- What are the implications of our decisions?
- How will we assess continuous progress?
- How will we resolve conflict and differences?

Providers in all partnership types asserted that planning helps them set and meet the following objectives:

- **Establish a detailed understanding of partners' operations**
- **Coordinate systems and practices**
- **Clarify roles of partnering programs and staff**
- **Prepare and support staff to meet new expectations**

Providers reported that a planning phase helps partnering programs:

- Address differences in program orientation
- Coordinate cross-training sessions
- Adopt communication mechanisms to identify and address conflicting policies
- Clarify expectations of programs and staff, address concerns, and provide supports
- Explore details, adjust procedures, and assign individual responsibility for functions affected by partnership
- Get input from staff and consultants
- Decide how to share decision-making responsibilities
- Systematically review resources and operation

Establish a detailed understanding of partners' operations

Providers described how they needed to explore in detail the operations of their partner's program to plan properly. One Head Start provider said that initial, in-depth conversations with her partner has helped her understand how to provide full-day, full-year services. As a result, she tailors her Head Start program services (e.g., parent activities, home visits) to the needs of full-time working parents and of the child care staff who work seven to eight hours a day.

Several providers said that they regret skipping this first step. They reported that they implemented partnership services based on an incomplete understanding of their partners' operations, which created significant challenges down the road. For many partnership managers, tight time frames associated with applying for and receiving new partnership funding interfere with adequate planning. As they face the pressure of producing a competitive proposal, some providers could not devote enough time to exploring possibilities with proposed partners.

For example, a Head Start partnership manager of a large community action corporation—with multiple child care center partners—said that deep into the partnership's planning stage, she discovered that many of the child care centers divided their classrooms by age and that the centers planned to serve Head Start children in a larger number of classrooms than Head Start had anticipated. The Head Start manager realized that she would need more equipment and preparation time than she had allotted and had received funding to support. For partnerships in such situations, the challenge remains how to engage in planning activities, such as exploring the partner's program details, to ensure effective service delivery when funding is set and implementation imminent.

Coordinate systems and practices

To coordinate systems and practices, providers said they find it effective to systematically review their resources and operations and identify areas of difference. For example, when one Type 2 partnership's child care center used a playground that did not meet Head Start Program Performance Standards, the center's director removed certain equipment, Head Start purchased replacement pieces, and the partners jointly purchased a safe new surface. For operations affected by the partnership, procedures can be adjusted and individual responsibility assigned.

Partnerships are continually evolving works-in-progress, and it is impossible to predict all potential sources of discord in advance.

Providers of all three partnership types pointed to the value of identifying and reconciling policy and practice differences during the planning stage. Yet, partnerships are continually evolving works-in-progress, and it is impossible to predict all potential sources of discord in advance. One provider explained that she and her partner engaged in a painstaking, thorough policy review of both organizations soon after partnership implementation when conflicting policies hampered service delivery. Settling such differences is a natural part of partnering. Routine communication (e.g., regular meetings, cross-training sessions, orientations) enables many providers to identify and address issues easily.

Providers reported that they assess their internal operations to identify which systems can be a resource across programs, thereby avoiding duplication and confusion. For example, several providers said that families completed separate enrollment forms for both partner organizations until the partners created standardized forms. With parental consent, these partnering organizations began to share parent eligibility information; parents saved time and gained confidence in the partnership. Other providers pointed to the value of joint recruitment procedures in improving each program's ability to identify and fill openings quickly. Most providers said they find it easier to maintain a single set of operations and systems than to add new systems that would only cause confusion and delays. (See Box 3-3.)

However, some providers considered that maintaining dual systems is a boon to their partnerships. (See Box 3-4.) In one Type 3 Head Start/family child care partnership, the family child care providers assume responsibility for identifying and enrolling Head Start-eligible children. These providers welcome the recruitment responsibility, since it provides them with access to non-Head Start-eligible children as well, whom they can also serve using their existing rates.

Box 3-3. Providers streamline systems to avoid duplication.

Merging the Head Start and Tribal Preschool programs at Deer Creek's Early Childhood Education Center is creating an opportunity for Deer Creek to develop a single set of consistent policies and procedures for all of its programs. Previously, teachers and parents were confused by the new Type 1 partnership's differing program policies. For example, the Head Start program would frequently close for training while the Tribal Preschool did not. Now that Head Start and the Tribal Preschool are operating under the same standards, Deer Creek is using one consistent approach to staff training plans and staff policies for both programs.

Sometimes programs contend with several sets of regulations. Some providers, for example, must comply with regulations from as many as five different types of monitoring and reviews of their programs: Head Start, the local child care funding agent, new state preK standards, the state child care licensing agency, and the United Way.

Partners try different strategies to alleviate the burden of conflicting regulations and multiple monitors. Providers emphasized the importance of communicating up front with partners about regulations and related expectations. Leaders from one Early Head Start/child care partnership met with administrators from each monitoring agency to promote a better understanding of Early Head Start, its curriculum goals and standards, and the specifics of Early Head Start/child care center partnerships. As a result, the oversight agencies became supportive of the partnership's child care sites. Despite the creative solutions that providers devise, many of them find that answering to multiple monitors is complex, time-consuming, and, at times, frustrating for all involved.

Clarify roles

As partners establish their new relationships, they found that clarity about roles is very important. Without it, staff and families can become confused. For example, classroom observation requirements that are introduced through a partnership represent a significant change for the staff at many child care centers. Providers reported that partnering programs must clearly define and explain classroom observation roles and procedures to mitigate tension and confusion

Box 3-4. Providers can maintain dual systems if necessary.

When the Glenville School District's preK program and the Glenville Head Start formed a Type 2 partnership, they created new procedures to marry their programs' different systems. Each day, however, the partnership staff follows some different procedures for activities related to partnership children. For example, Daisy, a partnership child, is having some problems adjusting to the classroom environment. In response, and in compliance with Head Start requirements, Daisy's teacher, Ms. Allrud, takes extra steps to include everyone—Daisy's parents, Head Start staff, and school staff—in communication and intervention. However, when José, a non-partnership child, experiences similar problems, Ms. Allrud phones his parents directly and then develops her own intervention plan. To maintain new procedures and, in some cases, dual systems such as these, Ms. Allrud and other partnership staff require consistent support from program administrators.

and to ensure that both partners understand the purpose of the observation, how it will occur, the observer's responsibility in acting on the feedback, and what happens if there is disagreement on the needed action. In the absence of clear roles in some centers, child care teachers became intimidated when Head Start partnership managers conducted observations in their classrooms. One child care center found it effective to have the observer work with the center director to jointly give feedback to classroom staff, thus preserving the center's chain of command.

Prepare and support staff

Providers emphasized the importance of giving ample consideration to preparing and supporting teachers in their new responsibilities when planning to implement partnership services. For example, early childhood teachers in child care centers or family child care homes that partner with Head Start must meet Head Start Program Performance Standards for home visits and may need help in assuming their new responsibilities. (See Box 3-5.)

One provider from a child care center reflected that transitioning staff to the new home visit requirement would have gone better if leadership had been clear about this new responsibility from the start, set a required number of visits, and established a process for coaching staff as they developed the skills needed for effective home visits. Without such support in the first year of the partnership, few home visits were made, and staff often did not reschedule home visits if parents canceled appointments.

Box 3-5. Providers prepare and support staff to meet new requirements.

Last year was the first year of a Type 2 partnership between Etam City Head Start and the Etam City school district's preK program. For the first time, preK teachers with Head Start-eligible children in their classrooms needed to conduct home visits. Two preK teachers, David Wong and Sandy Johnson, noticed that their students' parents were more involved after their home visits, but they also felt that the home visit requirement was an extra demand on their time without additional compensation or support.

This year, to mitigate the feelings of concern voiced by David and Sandy, the partnership is allowing the teachers to begin their visits a week earlier, and David and Sandy have scheduled their home visits during the summer session, when the program has fewer children enrolled. David and Sandy are also receiving training on home visiting skills, and are learning how they can use information from home visits to help them individualize curriculum. David and Sandy are very pleased with the support they are receiving. Their students' parents are enthusiastic about the opportunity to interact with their children's teachers and to learn more about what they can do at home to support their children's learning.

“Even if there’s trust, you need a written plan. Even if there’s a written plan, you need it to include policies and procedures in detail.”

—Child Care Director

Providers recommend taking the following steps when developing partnership agreements:

- Record procedures and expectations
- Document decisions on an ongoing and regular basis
- Review sample collaboration agreements but tailor partnership agreements to fit the partners’ own circumstances

Developing partnership agreements/plans

Providers found that developing a partnership agreement during the planning phase, before services are implemented, to be a vital step. Several providers noted that the process used to produce such a partnership agreement is as important as the final contract. According to providers, jointly developing a partnership agreement or plan helps partners to:

Preserve institutional memory

When a partnering organization experiences a change in leadership, it drives home the value of having a detailed partnership agreement in place. Otherwise, details about the partnership operations and structure can depart with a leader. Even when partnership agreements are written early on, many providers pointed to the importance of documenting decisions on an ongoing basis to ensure continuing alignment of expectations.

Identify and document unique needs and goals

A tailored, detailed plan can help throughout the partnership. Providers noted the importance of such specifics as which partner has responsibility for hiring and paying for substitutes when partnership teachers attend weekly staff meetings, and spelling out what will happen to playground equipment if the partnership terminated.

Clarify and understand expectations

Developing clear, commonly shared understandings of each partner’s role and responsibility can prevent misunderstandings along the way. A written plan delineates job responsibilities, outlines partnership compliance with new regulations, and ensures coordination of partnership services. Recording expectations in a partnership agreement creates a partnership road map and can serve as a tool for orienting staff and partners.

For Type 1 partnerships within a single organization, providers were split on the need for a contract. Some providers that integrated two or more distinct programs—such as a Head Start program and a child care center—found that having an agreement helps them bring both programs into a closer working relationship. One executive director of such a partnership described her “in-house,” or informal, contract as a means of documenting how the child care partner will meet Head Start Program Performance Standards and recording

how recruitment and family information will be shared. She explained that the partnership’s final written product is a working document, and not necessarily a legally enforceable contract.

Other providers involved in Type 1 partnerships do not see the relevance of a contract when a single organization is accessing multiple funding streams and providing new, enhanced services by itself. One director explained that she uses her three-year plan (as required by Head Start) as her “agreement.” For organizations operating Head Start programs and accessing new state child care funds, an agreement often takes the form of a contract with the state funding agency. One Head Start director said her contract is a memorandum of understanding with her state’s child care subsidy agency.

3. Strong Relationships between Partners

Throughout a partnership’s life cycle, partnering providers face challenges in building and managing effective relationships. Providers reported that time working together and experience with the dynamic partnership process, along with commitment to trust, consensus on philosophy and objectives, and recognition of one another’s strengths, help partnerships to function smoothly.

Table 3-2. Essential Components of Partnership Agreements

Through its T/TA work with early care and education partnerships across the nation, the QUILT project has identified the following essential components of partnership agreements:

- Contractual period and renewal
- Termination rules
- Financial terms and payment procedures
- Compliance expectations for all applicable regulations and policies
- Roles of partners and staff
- Oversight and continuous improvement procedures
- Procedures for ensuring shared child outcomes
- Professional development
- Frequency of meetings
- Parent decision making roles and responsibilities
- Family partnerships/home visits
- Continuity of services
- Record keeping and confidentiality
- Conflict of interest/prohibited activities
- Child, staff and vehicle insurance
- Travel policies
- Dispute resolution and grievance procedures
- Signatures of key parties

Source: Education Development Center, Inc., 2000.

Providers noted that:

- Prior experience in a variety of early education settings helps staff and leaders adjust more quickly to partnerships
- Prior knowledge of a partner's program helps providers anticipate challenges and develop systems that help the partnership run smoothly

Prior experience with the partner, its program, or partnering

Familiarity with partnering, knowledge of partners' programs, and effective relationships between partnership leaders and staff can facilitate the progress and success of partnerships. (See Box 3-6.) One Head Start director mentioned a neighboring program that worked closely with Head Start for eight years before they became Type 2 partners. The partners' familiarity with each other's programs helped them form realistic expectations about partnering.

Several providers noted a special benefit when staff members have previous work experience with the partner's program. One Head Start program that partners with several child care centers only hires new staff members that have both Head Start and child care experience.

An Early Head Start director's prior experience as a family child care provider deepened her understanding of a Type 3 partnership's potential. For example, the director helped family child care providers and Early Head Start program staff think about creatively using space in the home, rather than trying to fit a classroom model into the home environment.

Even providers in Type 1 partnerships within a single organization reported the need to consider coordinating with the organization's other early education programs. A community action agency, for example, developed a partnership between its Head Start and child care programs where previously a programmatic divide existed

Box 3-6. Effective professional relationships drive partnership work.

The Swift River Junction school district has a large preK program supported by a variety of sources, including Even Start, Title I, and disability funding. Swift River Elementary School principal Beatrice Wilson oversees 12 preK classrooms. Three years ago, Beatrice assumed the role of community representative on the local Hartdale Head Start Program's policy council. At the same time, Cheryl Tsonakwa, the director of Hartdale Head Start, began to serve on Swift River's school advisory board.

Over the last few years, Beatrice and Cheryl have developed a close working relationship, and they have learned about the strengths of each other's early education programs. Last year, the two women decided not to transport students from one program to the other, and they formed a Type 2 partnership to provide children from the preK and the Head Start with full-day services in one setting. Today, preK and Head Start teachers are working side by side in the same partnership classrooms. The bond that Beatrice and Cheryl formed resulted in improved continuity of care for the children served by their programs.

between the programs, with staff kept separate, unacquainted, and sometimes competitive. One way to help this type of partnership succeed, many providers said, is to hire one director to coordinate both programs and take steps to apply the same education and training requirements and salary scale across programs. Such actions help previously separate programs move toward integration.

Shared educational philosophy and partnership vision

Sharing a vision and philosophy of early education can help partnering programs build and maintain strong partnerships. Many providers that participate in partnerships with shared visions reported that they are able to improve programming for children, better guide families toward self-sufficiency, ensure appropriate child development programming, and deliver new and improved services. (See Box 3-7.) A shared vision has greater power in partnerships when it is embraced throughout the partnering organizations. For example, one provider explained that the staff's commitment to the partnership vision—in addition to the leadership's —helps fortify everyone as they persevere through tough issues.

Some partners' aligned philosophies from the beginning, and thus provide a solid foundation from the outset. Other partners found that developing a shared vision, discussing practices, and the process of partnering itself all help to unite the philosophies of their individual programs.

Box 3-7. Sharing philosophies, both partners build capacity and families get what they need.

Pleasant Valley Child Care Center and Northridge County Head Start share a common vision and early education philosophy, and have done so from the first meeting they held to plan their Type 2 partnership. Both programs are equally committed to the same standards of quality. With the partnership up and running, DeShawn Nelson, a member of the Northridge Head Start staff, is supporting Pleasant Valley teacher Alicia Peabody in planning and implementing a developmentally appropriate 10-hour day. As DeShawn and Alicia work side by side, Alicia is helping DeShawn and Northridge County's leadership become more sensitive to the needs of full-time working parents. Northridge Head Start is gaining an understanding of the challenges associated with full-day programming and learning how best to design program services to meet the needs of the families they serve. As the partnership evolves, the partners' approaches to providing family-friendly services are converging.

“The first year we did family child care partnership, I said, ‘Never again.’ Now, after seven years, it’s the best thing we’ve ever done and we’ll probably continue to expand every year. At first, meshing the philosophies was so difficult. To bridge the gap, we invited providers in the two programs to mingle—we have joint field trips and joint parent meetings. All staff training are open to everybody. Bridging philosophies has promoted professional networking, and people really like it. Now the family child care providers receive additional financial resources and they know they’re not in it alone ... they know it’ll be hard work before they sign the contract but they are willing to do more.”

—Head Start Executive Director

Mutual respect and trust

Strong relationships can contribute more to the success of a partnership than the amount of time providers spend on the partnership. Many providers noted that successful partnerships invest deeply in building strong, productive, mutually satisfying working relationships among program staff, parents, and center advisors. These relationships grow more smoothly when programs feel that their contributions are valued and that their involvement does not result in diminished resources.

Building trust early in the partnership better positions providers to navigate the complex process of coordinating systems and reconcile deeper philosophical issues about classroom practice and services. For most providers, the best trust-building strategy is to meet regularly with their partners.

Providers stressed the importance of building trust at all staff levels. Sometimes, teachers, and administrators need time to discuss their philosophies and make plans together in order to reduce tension and territoriality. Providers emphasized the importance of conscious, constructive conflict management as a critical support for evolving partnership relationships. (See Box 3-8.)

Many providers focus on two strategies to help them move through partnership conflicts or impasses. Many observed that they adopted these approaches only after many hard-won lessons:

Box 3-8. Providers use constructive conflict management techniques.

Thuy Nguyen and Bridget Callahan are the executive directors of two programs that traditionally operated separately under the same umbrella agency but are now merged in a Type 1 partnership. Thuy and Bridget share similar philosophies, but their management styles differ greatly. They have found themselves wrestling with implementation issues that are more complicated owing to their strong personalities and dissimilar approaches.

Last week, Thuy and Bridget sat down and discussed their challenges. They realized that at the administrative level, with their infrequent meetings, they need to be open to and supportive of the partnership but do not have to unite beyond their shared goals. They decided that they have established enough common ground to transfer their vision to the center-level managers, who can more appropriately figure out how to make the partnership services fully operational. As a next step, the two women are creating center-level continuous-improvement teams to assure smooth functioning, quality services, and effective communication of issues relevant to the administrative level.

“You can give all the advice in the world, but it’s the people and the commitment that make all the difference, that make it work. You have to stick it out; you can’t run away when something gets tough. You have to stay there and remember we are doing it for the children.”

–Child Care Director

“I can’t provide the full array of early education services without our partners, and they can’t provide low ratios, quality education, and professional opportunities without us.”

–PreK Program Director

1. Deal with issues as they arise. The success of this approach, according to providers, depends on partnering programs’ organizational cultures and the existence of effective communication mechanisms.
2. Return to mutual goals when challenges arise. For example, one provider described a tense meeting in which she eventually spread photographs of children onto the meeting table to illustrate the shared mission. As the meeting participants considered the photos, they were reminded of their primary objectives, their tension abated, and they could resume negotiating constructively.

When partners recognize and build on each other’s strengths, they promote equity and mutual respect in daily interactions of partnership staff and in delivery of partnership services. Relationships that revolve around each partner’s strengths proceed more easily despite the normal conflicts that occur. For example, a partnership’s funding relationship can influence a partnership’s development and, in some cases, contribute to a lead partner emerging—the one with the fiscal resources to share. Sometimes leaders can minimize this dynamic and the inequity it represents by acknowledging the special areas of expertise and knowledge the partner with less funding possesses. Providers reported that assuring all partners that their contributions are equally valued and affirmed, lies at the heart of their success and forms the linchpin of their continued effectiveness.

4. Management Practices That Keep the Partnership Running Smoothly

Providers pointed to a range of core management skills, knowledge, and strategies that partnerships require in order to thrive.

Communication within and across partnering organizations

Strong communication can be critical to a partnership’s development and survival. Many providers reported that clear, open communication is essential throughout a partnership’s life cycle. The planning and early stages of partnership require inclusive communication so that everyone involved in the partnership hears the same message about goals and expectations, and receives the information they need for their role. As partners move into the implementation stage, strong communication facilitates problem solving, trust building, and easy flow of information. A family support person or family advocate can serve

Partners who develop systems that help them communicate readily, candidly, consistently, and inclusively:

- Set the stage for effective problem-solving
- Find it easier to spread and reinforce the partnership philosophy and vision
- Build trust between partners and between management and staff
- Successfully navigate turf issues
- Document partnership decisions

in a linkage role to establish effective communication. (See Box 3-9.) In the post-implementation stage, after staff and operations transition to partnership services, the need for strong communication efforts continues. The key at this stage is maintaining communication mechanisms and remaining open to input from all involved to facilitate continuous improvement. (See Box 3-10.)

Providers described the following strategies and vehicles for communication:

- **Use regular meetings** as problem-solving sessions, and seek consensus.
- **Use a constructive tone**, casting partnership issues as a shared responsibility.
- **Promote a partnership culture** in which staff at all levels address concerns as they arise and negotiate workable solutions.
- **Implement conflict resolution strategies** when needed; an external mediator can be helpful in this process.
- **Be inclusive**, consistently informing everyone about all phases of partnership operations.
- **Use T/TA providers** who are experienced with partnership issues to streamline the partnership as well as to surface and resolve issues.

Box 3-9. Strong communication systems between partners ensure coordination.

Librada Alvarez is a member of Franklin County Head Start's family support staff. Librada is viewed as the linchpin of Franklin County's Type 2 partnership with ABC Child Care Center and Children's Village Child Care; she links everyone involved with the families and children to Head Start support services. Librada provides health and parent-involvement services, regularly communicates and meets with child care teachers, and visits each child's classroom weekly.

With partnership children spread throughout the two centers, monthly staff meetings provide a crucial link between all involved staff. At these meetings, Librada, the child care teachers, and the teachers' supervisors track partnership children and their receipt of comprehensive Head Start services. The meetings ensure that everyone understands children's and families' issues and functions as a full team. In addition to Librada's role as communication liaison, Franklin County is committed to creating systems that ensure that everyone in the partnership is in the loop. To build staff interest in and support for the partnership, administrators give new employees a thorough introduction. Administrators aim to convey an image of one large program meeting different family needs through multiple funding streams. New staff are also informed about release time to attend to partnership-related duties.

- **Ensure that information flows within and across partnering organizations.** Overlapping teaching staff between shifts also allows for the exchange of important classroom information and provides time to meet with partnership staff such as family advocates or content specialists in Head Start or preK.
- **Document all decisions** to ensure that information about the partnership’s systems, roles, and goals is conveyed uniformly.

Involvement of staff in all phases of partnership

Providers in all three partnership types noted that receptivity to staff input is key to creating a smoothly functioning partnership and ensuring that staff members are invested in the partnership’s success. In some partnerships, staff support the partnership goals in spirit, such as not transporting children between programs, but still need to be involved in the planning in order to fully commit to the partnership. (See Box 3-11.)

Most providers mentioned that soliciting staff input from the very beginning of partnership planning is critical to ensuring their commitment to making the collaboration work. Listening to staff is important not only in creating and maintaining staff support, but in developing effective partnership practices. For example, some providers ask direct service staff to review plans at different stages

Listening to staff is important not only in creating and maintaining staff support, but in developing effective partnership practices.

Box 3-10. Partners use feedback to revise systems and strengthen their partnerships.

Three years ago, Lakewood Head Start began a Type 3 partnership with 10 family child care providers. After its first challenging year of partnership, the program renewed only three providers’ contracts. Faced with such poor retention, Lakewood conducted interviews with all 10 providers to learn what it could have done differently. Each of the providers said that she needed information about Head Start program requirements up front in order to understand Lakewood’s expectations.

In response to the providers’ feedback, Lakewood assessed its original partnership agreement and changed its approach to recruiting new homes. Now, Lakewood’s program administrator discusses the program’s expectations with its partners and provides written lists of Head Start’s expectations and paperwork duties, manuals, curricula, program plans, individual education plans, lesson plans, and Head Start Program Performance Standards with potential family child care partners. In this way, the partners can agree on expectations and responsibilities before committing to a contract. Lakewood also revised its orientation program and is now offering 40 hours of orientation and training to new providers. Today, the partnerships are stronger and more successful as a result of the family child care providers’ candor and Lakewood’s willingness to listen, modify its approach, and respond to its partners’ needs.

Providers suggest that partnerships:

- Openly discuss pay differentials and the benefits of partnership with all staff
- Work to equalize pay across programs
- Ensure that staff members understand disparities in compensation resulting from different qualification requirements and responsibilities

and then integrate staff suggestions into plans and practices. Other providers present plans to staff in a group problem-solving session to identify potential challenges and devise strategies for rectifying problems should they arise.

Ability to address staff pay differentials

The approaches that partnering programs take to address staff pay differentials can have a strong impact on their partnerships. Some providers reported that addressing pay differentials by equalizing pay across staff keeps their partnerships moving forward successfully. Several providers said that the annual, federal Head Start cost-of-living increases help equalize partners' pay scales. One provider explained that her Type 2 partnership helped remove the disparity between its partner's staff wage levels by earmarking \$24,000 in the financial agreement for the child care center to improve its teachers' compensation.

Some providers noted that the manner in which they deal with the pay difference is more critical than rectifying it. (See Box 3-12.) For example, several providers said that staff resentment lessens if they have a chance to air their concerns and learn more about the system of qualifications and responsibilities tied to pay differences.

Other providers found that emphasizing the partnerships' benefits for staff (e.g., more training, better education reimbursement) and families (one location for full-day services rather than midday transport) helps staff accept a pay differential.

Box 3-11. Providers solicit input from program staff.

Before their two programs integrated, leaders of the Type 1 partnership between Encita Head Start and Tri-City Preschool invited staff to a series of presentations and solicited staff input on managing the transition. Tri-City Preschool management also posted a staff scheduling plan and asked teachers to review and comment on it. As a result, all teachers now have time scheduled into their week for planning, home visits, staff meetings, and training, which includes covering each other's classrooms in the afternoon to allow all teachers to make home visits and participate in in-service meetings. Two Head Start family advocates, working flexible hours, provide additional support at times when parents are most likely to be available.

Financial Know-How

Financial “know-how”—fiscal knowledge and strategies—can be critically important to advancing partnerships. Although providers reported that financial incentives are a major motivation to partner, they more frequently identified financial know-how as a key factor. Four financial planning and management themes emerged from providers’ comments:

- **Understanding subsidy eligibility and reimbursement issues**
- **Blending funding streams**
- **Anticipating budget implications**
- **Managing financial incentives**

Understanding subsidy eligibility and reimbursement issues

Child care subsidy eligibility and reimbursement policies vary across states and communities, and differ substantially from Head Start eligibility and reimbursement policy. (See Table 3-3.) Providers who began to draw on CCDF funds in partnerships found that they needed to understand subsidy eligibility and reimbursement issues. For many partnerships, changes in families’ subsidy eligibility disrupt financial stability.

Providers described a variety of creative approaches to financial problem solving. Some providers reported that they work with state-level decision makers to advocate for changes in child care eligibility redetermination requirements. Others said that they pursue solutions to ensure the continuity of care. For example, one Type 2 Head Start/child

Box 3-12. Providers acknowledge and openly discuss the challenges and benefits of teachers’ new opportunities.

David Lougherty, the director of Tot Town Child Care, describes his center as the “management training program” for his long-term partner, Bellingshire County Head Start. David’s teachers commonly leave his employment to assume higher-level management positions in the Head Start program. David finds that maintaining a sense of humor, dealing with the issue openly, and accepting the give and take of partnership help him to overcome this challenge to his Type 2 partnership. David feels that his program, families, and the partnership all ultimately win, because the Head Start staff’s familiarity with his program ensures that their jointly delivered services better meet the needs of the children served.

Providers suggest that partnering organizations:

- Understand funding systems and programs before agreeing to a partnership's financial terms
- Include federal and state funders in the planning process
- Establish contingency plans to address changes in child care eligibility
- Share ownership of funding dilemmas
- Revisit the financial terms of the partnership agreement regularly
- Develop a policy that comports with both programs' principles
- Provide parents with child care co-payment policies early in the development of the partnership
- Establish systems to track and report on funds and services at the outset

care partnership described a strategy called “bridge funding,” in which Head Start temporarily covers lost child care subsidies when parents lose eligibility. Another Type 2 partnership successfully secured bridge funding from a large employer in its community. In these instances, partners converted potential financial strains into an opportunity to strengthen the partnership bond. By jointly “owning” the subsidy eligibility problem, these partners developed solutions that allowed Head Start to demonstrate its commitment to its partners, the program, the families, and the children.

Other providers said that they manage the financial implications of subsidy eligibility changes by establishing communication processes that quickly inform partners about eligibility changes. For some providers, the family advocate who visits centers daily provides this linkage. The family advocate, working closely with the family's TANF specialist, then provides parents with additional support in regaining employment. These kinds of strategies ensure that partnering programs can promptly address families' changing needs, preserve continuity of care, and maintain funding to sustain the partnership.

Blending funding streams

For all three types of partnerships, blending funds and services requires knowledge of the myriad regulations of the multiple funding sources. Several providers described the importance of having skilled fiscal personnel to help sort out funding issues. For example, an organization blending different funding streams to offer full-day, full-year services in some Type 1 partnerships, reported a need to develop a cost allocation plan as required by federal and state fiscal regulations.

To address the financial challenges that state and federal funding regulations often present, many providers from all three types of partnerships said that they include state and/or federal funders in their planning processes. Such meetings help partners to clarify funding expectations and, when possible, to obtain written guidance. Several providers mentioned that they regret missing this important step of familiarizing partners with all funders' requirements.

Anticipating budget implications

Several providers noted the importance of planning the partnership in detail to fully anticipate and account for all costs in their budgets. For example, one Head Start director studied the state's subsidy policies and costs of care for full-day services before delving into a Type 1 partnership. She interviewed child care providers and asked

them to describe the challenges they face and the strategies they use to meet all their costs. Providers told us that whenever possible, they seek expert advice from agency auditors and fiscal officers.

Across partnership types, providers pointed to four main guidelines for anticipating budget implications: understand all funding systems, conduct financial planning prior to implementation, build in flexibility, and follow conservative decision making practices.

Adherence to these guidelines, however, is complicated by several key financial challenges:

- Determining per-child costs
- Collecting co-payments from parents
- Anticipating the impact of fluctuating enrollment
- Building in costs to meet heightened standards

Combined, these issues increase the difficulty of estimating the income and costs associated with new partnership services.

Table 3-3. Eligibility and Reimbursement Differences

Head Start

- Grant funded for three years for an amount determined by the Federal government
- Head Start programs receive their program funding prospectively
- Head Start is a “free service” to income eligible families
- Early Head Start children remain eligible from birth to three years old
- Head Start children remain eligible from ages three to five

PreKindergarten

- Usually free service
- Eligibility and funding based on state policy

Child Care

- Child care programs that care for subsidized children are reimbursed usually through a voucher/certificate
- Subsidy reimbursement rates are based on either daily, hourly, or weekly, part-time or full-time rate
- Reimbursement from the state typically happens 45-60 days (sometimes longer) after services are provided
- Subsidy eligibility is reassessed regularly depending on time frames (typically every three to six months) set by state and local policies
- Most parents who receive child care subsidies are required to pay co-payments
- Subsidy policy can effect reimbursement to partnering programs such as whether or not to reimburse for absences
- Eligibility, co-payment, and reimbursement policies are based on state policy

Source: Education Development Center, Inc., 2002.

- Determining per-child costs

Some partners found it difficult to agree on per-child costs to support expanded early education services. To do so accurately, providers must anticipate all resources and expenses associated with jointly delivered services. This often means mastering an altogether new funding mechanism and its rules. Sometimes, agreeing on the amount of funds needed to cover costs adds further complications. Some providers reported that they struggle with this aspect of their partnerships. For example, one Type 2 partnership provider said that it took several months of meetings for the partnering programs' management to agree on a per-child cost based on the average cost of providing Head Start services such as home visits, parent conferences, enhanced curriculum, supplies, materials, and ongoing assessment. (They eventually agreed on an average cost because multiple child care centers were involved and the costs for each center varied.) Frequently, partners found that after one year of partnership they need to reevaluate their financial arrangements for a wide range of reasons. (See Box 3-13.)

- Collecting fees

Head Start and Early Head Start services must be provided at no charge to parents. However, according to Section 645, Head Start Act, as amended, providers should collect the assessed state/county child care co-payment when the family also receives child care services. (See Box 3-14.) Many Head Start providers reported that parent fee collection is easier when they partner with an experienced child care provider whose existing fee collection procedures are

Box 3-13. Providers revisit fiscal policies throughout the life cycle of their partnerships.

Several months ago, Elaine Carter, West Bend Head Start administrator and a leader of a Type 2 partnership with Rosedale Child Care Center, realized that her partnership waited too long to assess the effectiveness of its fiscal policies. Initially, the partnership planned to have West Bend Head Start purchase materials to enhance the child care classrooms, and based the amount on \$1000 per child per year. Their plan requires Rosedale teachers to make their requests of Head Start when needs arise, and West Bend decides whether or not the request is valid and should be granted. The Rosedale teachers have become frustrated with this system, as they must wait far too long for materials to arrive and for the West Bend fiscal offices to process their requests. Moreover, the process creates an uncomfortable dynamic. Elaine is beginning to work with her partners to remedy the problem.

clearly communicated to parents at the outset. Additionally, Head Start providers noted that they meet with more success when they include the fee collection procedures in Head Start's parent handbook and discuss them with the Parent Policy Council and at parent and staff orientations.

Many Head Start providers working in Type 1 partnerships within one organization reported that they found it difficult to set and enforce policies for fee collection, given both their inexperience with co-payments and their philosophy of family advocacy and support. Similarly, many experienced Head Start parents are accustomed to receiving services for free. Confusion and hesitation about charging parents of partnership children often persist in the first several years of the partnership.

- **Anticipating the impact of fluctuating enrollment**
Providers reported that serious financial problems for partnerships can arise when enrollment is unstable. Unlike Head Start programs, which are grant-funded, child care is usually a fee-for-service system and is often based on hours or days of attendance. Child absences can affect the revenue of child care centers and partnerships. When partnership program funding is tied to families' subsidy eligibility, changes in eligibility can result in inconsistent cash flow. When financial resources are available, thoughtful implementation of the bridge funding strategy described earlier in this chapter can mitigate the impact of lost reimbursements.

When partnership program funding is tied to families' subsidy eligibility, changes in eligibility can result in inconsistent cash flow.

Box 3-14. In accordance with Section 645 of the amended Head Start Act:

A Head Start agency that provides a Head Start program with full-working-day services in collaboration with other agencies or entities may collect a family co-payment to support extended day services if a co-payment is required in conjunction with the collaborative. The co-payment charged to families receiving services through the Head Start program shall not exceed the co-payment charged to families with similar incomes and circumstances who are receiving the services through participation in a program carried out by another agency or entity.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000a; p. 32

- **Building in costs to meet raised standards**

Providers can allocate funds more accurately when they anticipate the range of educational activities affected by partnering. Some providers noted the importance of foreseeing all costs during planning discussions. For example, implementing new education standards often result in additional costs to cover time for teachers to update documentation and to record how outcomes are being met, conduct parent-teacher conferences and home visits, improve classroom materials and equipment, and learn about a new curriculum.

Managing financial incentives

Partnership can offer a much-needed financial incentive for some programs. Several providers pointed to this fact as key to moving their partnerships forward. Partners are able to stretch financial resources further because they share responsibility for various costs associated with partnership services. For example, one provider reported that in her Type 2 Head Start/preK partnership, Head Start teaching assistants improve the teacher-student ratio in preK classrooms without additional cost to the school district. Likewise, the partnership serves Head Start children more hours per day and weeks per year than would be possible with the Head Start grant or preK funding alone.

Some providers secure support outside of existing public funding streams. For example, in one Type 2 Head Start/child care partnership, the Head Start program blends in other local funding sources to sponsor full-day scholarships for Head Start-eligible children who do not qualify for state child care assistance. In another Type 2 partnership involving multiple United Way-funded child care centers and a preK program, the partnership draws on United Way funds to help offset operational costs in partnership classrooms.

Partners are able to stretch financial resources further because they share responsibility for various costs associated with partnership services.

Box 3-15. Partners need to clarify funding expectations.

Newbridge Child Care Center and its partner, the Rocky Isle Head Start, have very different financial reporting systems. Both partners agree that Newbridge will earmark the \$24,000 received from Head Start for salaries and benefits. However, Newbridge's financial reporting system makes it difficult for Rocky Isle to track how the dollars are spent. At the outset of their Type 2 partnership, the partners agreed that Newbridge would allocate part of the \$24,000 an employee health plan, but they did not resolve how the bulk of the funds would be reported. Newbridge and Rocky Isle are dealing with this issue by building periodic financial reporting into their partnership.

“It’s easy to get [the partnership] off the ground, but to continue to advance quality in every room for every kid and family—this takes work.”

—Executive Director of a Community Action Agency

Providers described challenges associated with managing financial incentives of partnership including accountability, reporting, and questions from funders and other financial authorities. Some providers with multiple partners framed financial management challenges as the need to design services and financial terms that preserve their partners’ fiscal independence while clearly establishing reporting expectations. (See Box 3-15.)

In one case, a large, city-wide Head Start program strove to create a Type 2 partnership design that affords its child care partners financial resources along with the authority to use the funds as each provider sees fit. In another Type 2 partnership, the partners developed a Head Start/child care fiscal framework that allows each child care center to receive a lump sum every quarter for each Head Start “enrolled” or “counted” child. The framework sets guidelines for child care centers’ use of the funds, targeting certain budget items (e.g., personnel costs cannot exceed 20 percent of the funds) but otherwise leaves fiscal decision-making to the child care centers and thus gives child care partners more control over the partnership services.

Continuous quality improvement systems

Throughout providers’ descriptions of critical management practices, they returned to the theme of continuous quality improvement as systems are built. Partners referred to their reliance on observation and feedback as a way to critically examine and improve quality. In the early partnership stage, providers began by determining observation and feedback systems to assess program practices ranging from food service and nutrition practices, record-keeping, child assessment, and literacy practices.

Providers noted the importance of leadership in establishing quality assurance loops to enhance educational practice across partnership classrooms. Leaders with a spirit of openness and reciprocity have an easier time enlisting their partners in the ongoing effort for continuous quality improvement. For example, some Head Start directors invited their child care partners to serve on the committee responsible for Head Start’s required annual self-assessment. This activity helps affirm the reciprocal nature of the partnerships’ commitment to continuous improvement.

Leaders with a spirit of openness and reciprocity have an easier time enlisting their partners in the ongoing effort for continuous quality improvement.

Partnerships with longer histories and more refined systems described quality improvement efforts that encourage staff to think reflectively about their work and to use their own self-critique as a way to reach higher for themselves and their practices.

5. Resources and Allies that Strengthen the Partnership

Providers described the importance of reaching out to engage other groups and individuals to strengthen and advance their partnerships sustainability.

Training and technical assistance

T/TA services can significantly assist partnering providers transforming their experience of partnership development. Some providers reported that when they received T/TA services, they no longer felt they were “recreating the wheel.” One Early Head Start provider involved in a Type 3 partnership noted that she learned for the first time at a seminar on partnerships that the family child care provider could collect parent co-payments if the family also receives child care services. She said that this discovery turned out to be critical to her partnership’s financial solvency.

Some providers mentioned that they regret that they did not use onsite consultation or technical assistance early in their partnership planning. One provider believed that his Type 2 preK-Head Start-child care partnership would have benefitted from having a third-party participate in design meetings, especially in discussions on how to operationalize various Head Start regulations. An outsider who understood the preK, child care, and Head Start arenas could have helped partnership designers consider alternative ways to comply with such regulations.

Other providers noted T/TA services were useful at later stages in the partnership’s life cycle to resolve fiscal questions, improve outcome monitoring, or help staffing challenges. They also described the value of T/TA services in providing opportunities to reflect on their partnership practices and consider the bigger picture of how they serve children and families.

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External support from federal, state, city, and community agencies

Many Providers found that support from a broad base of external agencies/entities helps partnerships:

- Stabilize their funding
- Work proactively to address changes in child care assistance eligibility
- Boost their sustainability by gaining additional advocates who see the benefits of and believe in their work

Federal legislation can be tremendously supportive of partnering programs' efforts. For example, federal regulation requires that Title 1 preschool programs meet Head Start Program Performance Standards for education services. Many providers reported that they find it helpful to have this externally legislated requirement guide program operations.

Other providers reported that they work cooperatively with governing agencies to establish understanding and support for the partnership initiative. (See Box 3-16.) Some providers gain state support in the form of waivers from state regulations (i.e., waivers allowing child care and Head Start partners to design their own family co-payment system) as well as the opportunity to participate in state forums on partnership issues, which contribute to providers' willingness to partner.

Box 3-16. Providers reach out and educate about partnership challenges to garner support and shape policies.

Tina Dubique and Mary Watters are the leaders of a Type 3 partnership between Broadstreet Family Child Care Network and Remson City Head Start. Over the past six months, Tina and Mary have worked extensively with state officials to resolve issues about blending Head Start with state child care funds. Tina and Mary successfully advocated changing the state's requirement for monthly redetermination of child care assistance eligibility (based on parents' income and employment) to bridge Head Start and child care eligibility. Due to their hard work, the requirement was changed to a nine-month lock-in so that child care eligibility is stabilized for children served in partnership programs regardless of a family's changes in circumstance. By promoting continuity of care and by helping to stabilize family child care providers' monthly cash flows, this modification is proving to be one of the keys to a successful partnership.

Some providers that are engaged in Type 2 partnerships mentioned that support from city and community leaders (e.g., endorsements) is critically important to their work. Other providers reported that their partnerships boost their organizations' standing in the community because of their partners' standing. In some cases, providers found that they gain credibility and good standing with their partner's community associates, and that the support contributes to the partnership's growth and sustainability.

In Summary

Local early care and education partnerships vary widely in terms of the organizations involved, relationships among partners, terms of the agreement, communities served, resources accessed, and systems employed. Despite the variation, this analysis found that when historically separate programs blend resources from different funding streams, they must make major paradigm shifts in theory and in practice. In that regard, partnerships can serve as a change agent—driving individuals and programs to examine and modify their practices. In doing so, partnering providers demonstrate a willingness to grow and to venture outside familiar territory to expand services to better serve children and their families.

Conclusion

A consistent theme emerged from this analysis—state and local leaders perceive that the advantages of partnership outweigh the challenges. Many respondents report that partnerships provide clear and worthwhile benefits to early care and education programs, to teachers, and most notably, for low-income children and families. State and local leaders engage in partnership activities, despite the inherent challenges, because they perceive partnerships can result in the following benefits:

- Enhanced educational curriculum at the classroom level
- Added services such as medical, dental, mental health, nutrition, and parental involvement activities for children and families
- Expanded services (i.e., hours per day, days per year) to support low-income parents' self-sufficiency
- Increased availability of slots to a larger number of low-income children
- Improved quality at all program levels

Despite these benefits, state leaders informed this study that due to budgetary shortfalls, funding for some of the actions described in this report is in jeopardy. While leaders continue to support partnerships and recognize their value, incentive funding may not be available in the future.

As policy makers and administrators consider decisions affecting partnerships, information about the influence of partnerships on program quality and parents' access to services will be even more important. To provide this information, researchers are building on this report's findings to explore the influence of different partnership approaches on outcomes. In future years of the study, researchers will analyze new data collected from a random sample of child care centers to empirically examine the influence of partnership on quality and access to services.

End Notes

Executive Summary End Notes

1. Blank, H., Schulman, H., & Ewen, D. (1999b). *Seeds of success: State-funded prekindergarten initiatives, 1998-1999*. Washington, DC: Children's Defense Fund.
2. Adams, G., Snyder, K., & Sandfort, J. (2002a). *Getting and retaining child care assistance: How policy and practice influence parents' experiences*. Washington, DC: The Urban Institute; California Child Care Resource & Referral Network. (2001). *The 2001 California child care portfolio*. San Francisco: Author; Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.; Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles county child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm; Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119; Knitzer, J., Cauthen, N. K., & Kisker, E. (1999). *Enhancing the well-being of young children and families in the context of welfare reform: Lessons from early childhood, TANF, and family support programs*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Mezey, J., Greenberg, M., & Schumacher, R. (2002). *The vast majority of federally-eligible children did not receive child care assistance in FY 2000: Increased child care funding needed to help more families*. Washington, DC: Center for Law and Social Policy; Sonenstein, F. L., Gates, G., Schmidt, S. R., & Bolshun, N. (2002). *Primary child care arrangements of employed parents: Findings from the 1999 National Survey of America's Families*. Retrieved July 25, 2002 from <http://www.urban.org/Template.cfm?NavMenuID=24&template=/TaggedContent/ViewPublication.cfm&PublicationID=7763>
3. Blok, B., Dennis, D., & Nordmann, S. (1994). *Coming together: Community collaboration between Head Start & child care* (NACCRRRA TAP No. 6). Washington, DC: National Association of Child Care Resource and Referral Agencies; Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Gardner, S. (1996). *Beyond collaboration to results: Hard choices in the future of services to children and families*. Fullerton, CA: California State University; Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Koppel, S. G. (1995). *Head Start and child care: Partners not competitors. Support services for child care professionals*. Lumberville, PA: Support Services for Child Care Professionals; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education; Verzaro-O'Brien, M., & Scott, J. (1998). *The Ohio Head Start child care collaboration*. Columbus, OH: Ohio Head Start Collaboration Project.

4. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Goodman, I. F., & Brady, J. P. (1988). *The challenge of coordination: Head Start's relationship to state-funded preschool initiatives*. Newton, MA: Education Development Center, Inc.; Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Ochshorn, S. (2002). *Partnering for success: Community approaches to early learning*. New York: Child Care Action Campaign; Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research, Inc.
5. Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy.
6. Cauthen, N., Knitzer, J., & Ripple, C. (2000). *Map and track: State initiatives for young children and families*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
7. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; U.S. Department of Health and Human Services, Administration for Children and Families. (2000b). *Head Start program information report for the 1999-2000 program operating period*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families. (2001b). *Head Start program information report for the 2000-2001 program operating period*. Washington DC: Author.

Introduction End Notes

1. Blank, H., Schulman, H., & Ewen, D. (1999a). *Key facts: Essential information about child care, early education, and school-age care*. Washington, DC: Children's Defense Fund.
2. Adams, G., Snyder, K., & Sandfort, J. (2002a). *Getting and retaining child care assistance: How policy and practice influence parents' experiences*. Washington, DC: The Urban Institute; California Child Care Resource & Referral Network. (2001). *The 2001 California child care portfolio*. San Francisco: Author; Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.; Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles county child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm; Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119; Knitzer, J., Cauthen, N. K., & Kisker, E. (1999). *Enhancing the well-being of young children and families in the context of welfare reform: Lessons from early childhood, TANF, and family support programs*. New York:

- National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Mezey, J., Greenberg, M., & Schumacher, R. (2002). *The vast majority of federally-eligible children did not receive child care assistance in FY 2000: Increased child care funding needed to help more families*. Washington, DC: Center for Law and Social Policy; Sonenstein, F. L., Gates, G., Schmidt, S. R., & Bolshun, N. (2002). *Primary child care arrangements of employed parents: Findings from the 1999 National Survey of America's Families*. Retrieved July 25, 2002 from <http://www.urban.org/Template.cfm?NavMenuID=24&template=/TaggedContent/ViewPublication.cfm&PublicationID=7763>
3. Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119; Mezey, J., Greenberg, M., & Schumacher, R. (2002). *The vast majority of federally-eligible children did not receive child care assistance in FY 2000: Increased child care funding needed to help more families*. Washington, DC: Center for Law and Social Policy; U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2002). *Child care eligibility and enrollment estimates for fiscal year 2000*. Unpublished report.
 4. Blok, B., Dennis, D., & Nordmann, S. (1994). *Coming together: Community collaboration between Head Start & child care* (NACCRRRA TAP No. 6). Washington, DC: National Association of Child Care Resource and Referral Agencies; Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Gardner, S. (1996). *Beyond collaboration to results: Hard choices in the future of services to children and families*. Fullerton, CA: California State University; Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Koppel, S. G. (1995). *Head Start and child care: Partners not competitors. Support services for child care professionals*. Lumberville, PA: Support Services for Child Care Professionals; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education; Verzaro-O'Brien, M., & Scott, J. (1998). *The Ohio Head Start child care collaboration*. Columbus, OH: Ohio Head Start Collaboration Project.
 5. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Goodman, I. F., & Brady, J. P. (1988). *The challenge of coordination: Head Start's relationship to state-funded preschool initiatives*. Newton, MA: Education Development Center, Inc.; Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Ochshorn, S. (2002). *Partnering for success: Community approaches to early learning*. New York: Child Care Action Campaign; Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research, Inc.

6. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Goodman, I. F., & Brady, J. P. (1988). *The challenge of coordination: Head Start's relationship to state-funded preschool initiatives*. Newton, MA: Education Development Center, Inc.; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Mitchell, A. W. (2001). *Education for all young children: The role of states and the federal government in promoting prekindergarten and kindergarten*. New York: Foundation for Child Development; Ochshorn, S. (2002). *Partnering for success: Community approaches to early learning*. New York: Child Care Action Campaign; Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research, Inc.; Poersch, N. O., & Blank, H. (1996). *Working together for children: Head Start and child care partnerships*. Washington, DC: Children's Defense Fund; Sandfort, J. (2001). *The changing role of public policy in supporting early childhood collaborations*. Lynchburg, VA: I-Piece, School of Business and Economics, Lynchburg College; Sandfort, J. R., & Selden, S. C. (2001). Blurring the boundaries: Local collaborations among Head Start, preschool, and child care programs. *Policy and Practice of Public Human Services*, 59(1), 18-24; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education; U.S. Department of Health and Human Services, Administration for Children and Families. (1998). *Study of full-day, full-year Head Start services*. Washington, DC: Author; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author; U.S. General Accounting Office. (2000). *Early education and care: Overlap indicates need to assess crosscutting programs* (GAO/HEHS-00-78). Washington, DC: Author.
7. Annie E. Casey Foundation. (1995). *The path of most resistance: Reflections on lessons learned from New Futures*. Baltimore: Author; Brady, J. P., & Goodman, I. (1991). *Lessons learned: Head Start's experience with state activities*. Newton, MA: Education Development Center, Inc.; Buell, M. J., Pfister, I. K., & Gamel-McCormick, M. (2002). Caring for the caregiver: Early Head Start/family child care partnerships. *Infant Mental Health Journal*, 23(1-2), 213-230; Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Holmes, M., & Freeman, G. (1999). *Promising partnerships II: How to develop successful partnerships in your community*. Alexandria, VA: National Head Start Association, Partnership Office; Holmes, M., Mere, H., & Robertson, B. (1996). *Promising partnerships: How to develop successful partnerships in your community*. Alexandria, VA: National Head Start Association, Partnership Office; James Bell Associates. (1997). *Head Start-family child care partnerships. National forum*. Arlington, VA: Author; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Koppel, S. G. (1995). *Head Start and child care: Partners not competitors. Support services for child care professionals*. Lumberville, PA: Support Services for Child Care Professionals; Miller, L., Melville, A., & Blank, H. (2002). *Bringing it together: State-driven community early childhood initiatives*. Washington, DC: Children's Defense

- Fund; National Association of State Boards of Education. (1988). *Right from the start: The report of the NASBE Task Force on early childhood education*. Alexandria, VA: Author; Poersch, N. O., & Blank, H. (1996). *Working together for children: Head Start and child care partnerships*. Washington, DC: Children's Defense Fund; Schilder, D. (1998). Highlights and lessons from the Harvard Family Research Project. *Family Support Evaluation*, 16(4), 15-16; Schumacher, R., Greenberg, M., & Lombardi, J. (2001). *State initiatives to promote early learning: Next steps in coordinating subsidized child care, Head Start, and state prekindergarten*. Washington, DC: Center for Law and Social Policy; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education; Verzaro-O'Brien, M., & Scott, J. (1998). *The Ohio Head Start child care collaboration*. Columbus, OH: Ohio Head Start Collaboration Project.
8. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; Sandfort, J. R., & Selden, S. C. (2001). Blurring the boundaries: Local collaborations among Head Start, preschool, and child care programs. *Policy and Practice of Public Human Services*, 59(1), 18-24; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education.

Chapter 1 End Notes

1. Besharov, D. (Ed.). (2002). *Family well-being after welfare reform*. College Park, MD: University of Maryland; Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119.
2. Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children*. New York: Carnegie Corporation of New York; Education Commission of the States. (2000). *Early learning: Improving results for young children*. Denver, CO: Author; The Kauffman Early Education Exchange. (2002). *Set for success: Building a strong foundation for school readiness based on the social-emotional development of young children. Executive summary*. Retrieved September 23, 2002 from http://www.emfk.org/pdf/eex_summary.pdf; Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
3. National Governor's Association. (2002). *Policy position index*. HR-8, HR-21, HR-43. Retrieved September 25, 2002 from http://www.nga.org/nga/legislativeUpdate/1,1169,C_POLICY_POSITION,00.html
4. Organization for Economic Cooperation & Development. (2000). *OECD country note: Early childhood education and care policy in the United States of America*. Retrieved January 21, 2003 from <http://www1.oecd.org/els/pdfs/EDSECECDOCA012.pdf>; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.

5. Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research, Inc.; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.
6. Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.
7. Besharov, D. (Ed.). (2002). *Family well-being after welfare reform*. College Park, MD: University of Maryland; Greenberg, M. H., Levin-Epstein, J., Hutson, R. Q., Ooms, T. J., Schumacher, R., Turetsky, V., et al. (2002). The 1996 welfare law: Key elements and reauthorization issues affecting children. *The Future of Children*, 12(1), 27-57; Long, S. K., Kirby, G. G., Kurka, R., & Waters, S. (1998). *Child care assistance under welfare reform: Early responses by the states* (Occasional Paper No. 15). Washington, DC: The Urban Institute; Mezey, J., Schumacher, R., Greenberg, M., Lombardi, J., & Hutchins, J. (2002). *Unfinished agenda: Child care for low-income families since 1996. Implications for federal and state policy*. Washington, DC: Center for Law and Social Policy; Relave, N. (2002). TANF reauthorization and work requirements. *Welfare Information Network Reauthorization Notes*, 2(3). Retrieved December 10, 2002 from http://www.welfareinfo.org/workrequirements_trn.asp
8. Greenberg, M. H., Levin-Epstein, J., Hutson, R. Q., Ooms, T. J., Schumacher, R., Turetsky, V., et al. (2002). The 1996 welfare law: Key elements and reauthorization issues affecting children. *The Future of Children*, 12(1), 27-57; U.S. Department of Health and Human Services, Administration for Children and Families. (2002a). *Access to child care for low-income working families*. Retrieved September 15, 2002 from <http://www.acf.dhhs.gov/programs/ccb/research/ccreport/ccreport.htm#1>; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.
9. U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2002). *Child care eligibility and enrollment estimates for fiscal year 2000*. Unpublished report.
10. Gallagher, J. J., Clayton, J. R., & Heinemeier, S. E. (2001). *Education for four-year-olds: State initiatives*. (Tech. Rep. No. 2). Chapel Hill, NC: University of North Carolina at Chapel Hill, FPG Child Development Center, National Center for Early Development and Learning; Stoney, L., Groginsky, S., & Poppe, J. (2002). *Investing in our future: A guide to child care financing*. Denver, CO: National Conference of State Legislatures; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.

11. California Child Care Resource & Referral Network. (2001). *The 2001 California child care portfolio*. San Francisco: Author; Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.; Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles county child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm; Kreader, J. L., Piecyk, J. B., & Collins, A. (2000). *Scant increases after welfare reform: Regulated child care supply in Illinois and Maryland, 1996-1998*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Meyers, M. K., Peck, L. R., Davis, E. E., Collins, A., Kreader, J. L., Georges, A., et al. (2002). *The dynamics of child care subsidy use: A collaborative study of five states. Executive summary*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Mezey, J., Greenberg, M., & Schumacher, R. (2002). *The vast majority of federally-eligible children did not receive child care assistance in FY 2000: Increased child care funding needed to help more families*. Washington, DC: Center for Law and Social Policy; U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2002). *Child care eligibility and enrollment estimates for fiscal year 2000*. Unpublished report; Weber, R. B., & Davis, E. E. (2002). *Continuity and stability: Dynamics of child care subsidy use in Oregon. Executive summary*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
12. Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles county child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm; Hirshberg, D. (2002). *Child care demand and supply under CalWORKS: The early impacts of welfare reform for California's children, 1998-2000* (Working Paper Series 02-3). Berkeley, CA: University of California, Berkeley, Policy Analysis for California Education; Kreader, J. L., Piecyk, J. B., & Collins, A. (2000). *Scant increases after welfare reform: Regulated child care supply in Illinois and Maryland, 1996-1998*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Meyers, M. K., Peck, L. R., Davis, E. E., Collins, A., Kreader, J. L., Georges, A., et al. (2002). *The dynamics of child care subsidy use: A collaborative study of five states. Executive summary*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Piecyk, J. B., Collins, A., & Kreader, L. K. (1999). *Patterns and growth of child care voucher use by families connected to cash assistance in Illinois and Maryland*. Retrieved July 18, 2002 from <http://nccp.org/ccrprb2o.html>; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.
13. Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles county child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm

14. California Child Care Resource & Referral Network. (2001). *The 2001 California child care portfolio*. San Francisco: Author; Hirshberg, D. (2002). *Child care demand and supply under CalWORKS: The early impacts of welfare reform for California's children, 1998-2000* (Working Paper Series 02-3). Berkeley, CA: University of California, Berkeley, Policy Analysis for California Education.
15. Lemke, R. J., Witt, R., & Witte, A. D. (2001). *Child care and the welfare to work transition*. Wellesley, MA: Wellesley College, Department of Economics.
16. Adams, G., Snyder, K., & Sandfort, J. (2002a). *Getting and retaining child care assistance: How policy and practice influence parents' experiences*. Washington, DC: The Urban Institute; Adams, G., Snyder, K., & Sandfort, J. (2002b). *Navigating the child care subsidy system: Policies and practices that affect access and retention*. Washington, DC: The Urban Institute; Gennetian, L. A., Huston, A. C., Crosby, D. A., Chang, Y. E., Lowe, E. D., & Weisner, T. S. (2002). *Making child care choices: How welfare and work policies influence parents' decisions*. New York: Manpower Demonstration Research Corporation; Harvard Project on Human Development in Chicago Neighborhoods Child Care Research Partnership. (2002). *Neighborhoods, parent involvement, and child outcomes for low-income families. Harvard Project on Human Development in Chicago Neighborhoods preliminary findings in unpublished report*. Retrieved on September 5, 2002 from www.acf.hhs.gov/programs/ccb/research/ccprc/partner/pharvard.doc
17. Harvard Project on Human Development in Chicago Neighborhoods Child Care Research Partnership. (2002). *Neighborhoods, parent involvement, and child outcomes for low-income families. Harvard Project on Human Development in Chicago Neighborhoods preliminary findings in unpublished report*. Retrieved September 5, 2002 from www.acf.hhs.gov/programs/ccb/research/ccprc/partner/pharvard.doc
18. Gennetian, L. A., Huston, A. C., Crosby, D. A., Chang, Y. E., Lowe, E. D., & Weisner, T. S. (2002). *Making child care choices: How welfare and work policies influence parents' decisions*. New York: Manpower Demonstration Research Corporation.
19. Capizzano, J., Adams, G., & Sonenstein, F. (2000). *Child care arrangements for children under five: Variation across states*. Washington, DC: The Urban Institute; Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children*. New York: Carnegie Corporation of New York; Education Commission of the States. (2000). *Early learning: Improving results for young children*. Denver, CO: Author; Gomby, D. S., Larner, M. B., Stevenson, C. S., Lewit, E. M., & Behrman, R. E. (1995). Long-term outcomes of early childhood programs: Analysis and recommendations. *The Future of Children*, 5(3), 6-24; Groginsky, S., Robinson, S., & Smith, S. (1999). *Making child care better: State initiatives*. Denver, CO: National Conference of State Legislators; Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute; Smith, S., Fairchild, M., & Groginsky, S. (1997). *Early childhood care and education: An investment that works* (2nd ed.). Denver, CO: National Conference of State Legislatures.
20. Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Program* (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press; Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. (in press). The development of

cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*; Campbell, F. A., Ramey, C. T., Pungello, E. P., Sparling, J., & Miller-Johnson, S. (in press). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science*; Consortium for Longitudinal Studies. (Ed.). (1983). *As the twig is bent: Lasting effects of preschool programs*. Hillsdale, NJ: Lawrence Erlbaum Associates; Garber, H. L., & Heber, R. (1981). The efficacy of early intervention with family rehabilitation. In M. Begab, H. Garber, & H. C. Haywood (Eds.), *Psychosocial influences in retarded performance: Vol 2. Strategies for improving competence* (pp. 71-88). Baltimore: University Park Press; Lazar, I., & Darlington, R. (1982). Lasting effects of early education: A report from the Consortium for Longitudinal Studies. *Monographs of the Society for Research in Child Development*, 47(2-3, serial no. 195); Love, J. M., Kisker, E. E., Ross, C. M., Schochet, P. Z., Brooks-Gunn, J., Paulsell, D., et al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start. Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families; McKey, R. H., Condelli, L., Ganson, H., Barrett, B. J., McConkey, C., & Plantz, M. C. (1985). *The impact of Head Start on children, families and communities: Final report of the Head Start evaluation, synthesis, and utilization project* (DHHS Pub. No. OHDS 85-31193). Washington, DC: U.S. Government Printing Office; Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, S. L. (2000). Persistent effects of early childhood education on high-risk children and their mothers. *Applied Developmental Science*, 4(1), 2-14; Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*, 285(18), 2339-2346; Ridley, S. M., McWilliam, R. A., Raspa, M., & deKruif, R. (2001). *The quality and engagement study final report*. Chapel Hill, NC: Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill; Schweinhart, L. J., Barnes, H. V., & Weikart, D. P. (1993). *Significant benefits: The High/Scope Perry Preschool study through age 27* (Monographs of the High/Scope Educational Research Foundation, 10). Ypsilanti, MI: High/Scope Press; Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press; Vandell, D. L., & Wolfe, B. (2000). *Child care quality: Does it matter and does it need to be improved?* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

21. Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children*, 6(2), 62-82; National Institute of Child Health and Human Development Early Child Care Research Network. (2002). *The NICHD study of early child care*. Retrieved January 21, 2003 from <http://secc.rti.org/summary.cfm>; Vandell, D. L., & Wolfe, B. (2000). *Child care quality: Does it matter and does it need to be improved?* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
22. Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children*, 6(2), 62-82; National Institute of Child Health and Human Development Early Child Care Research Network. (2002). *The NICHD study of early child care*. Retrieved January 21, 2003 from <http://secc.rti.org/summary.cfm>

23. Frede, E. C. (1995). The role of program quality in producing early childhood program benefits. *The Future of Children*, 5(3), 115-132; Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, S. L. (2000). Persistent effects of early childhood education on high-risk children and their mothers. *Applied Developmental Science*, 4(1), 2-14; Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*, 285(18), 2339-2346; Zigler, E., & Finn-Stevenson, M. (1996). Funding child care and public education. *The Future of Children* 6(2), 104-121.
24. Dwyer, M. C., Chait, R., & McKee, P. (2000). *Building strong foundations for early learning: The U.S. Department of Education's guide to high-quality early childhood education programs*. Washington, DC: U.S. Department of Education, Planning and Evaluation Service; Frede, E. C. (1995). The role of program quality in producing early childhood program benefits. *The Future of Children*, 5(3), 115-132; Zigler, E., & Finn-Stevenson, M. (1996). Funding child care and public education. *The Future of Children* 6(2), 104-121; Zill, N., & Resnick, G. (2002, June). *Relationship of classroom quality and type of curriculum to children's progress in Head Start*. Presentation at the National Head Start Research Conference. Retrieved December 8, 2002 from http://www.acf.dhhs.gov/programs/core/ongoing_research/faces/gains_analysis/gains_cover.html
25. National Institute of Child Health and Human Development Early Child Care Research Network. (1997). The effects of infant child care on infant-mother attachment security: Results of the NICHD study of early child care. *Child Development*, 68(5), 860-879; Phillips, D. A. (1996). *Child care for low income families: Summary of two workshops*. Retrieved December 2, 2002 from http://www.nccic.org/research/nrc_care/c_care.html; Weber, R. (2000). *Results accountability guidebook-child care resource & referral*. Albany, OR: Oregon State University Family Policy Program & Oregon Child Care Research Partnership Project; Whitebook, M., Howes, C., & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America: Final report of the National Child Care Staffing Study*. Berkeley, CA: Child Care Employee Project.
26. Hestenes, L. L., Kontos, S., & Bryan, Y. (1993). Children's emotional expression in child care centers varying in quality. *Early Childhood Research Quarterly*, 8(3), 295-307.
27. Hausfather, A., Toharia, A., LaRoche, C., & Engelsmann, F. (1997). Effects of age of entry, day-care quality, and family characteristics on preschool behavior. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 38, 441-448; Peisner-Feinberg, E. S., & Burchinal, M. R. (1997). Relations between preschool children's child care experiences and concurrent development: The cost, quality, and outcomes study. *Merrill-Palmer Quarterly*, 43, 451-488.
28. Patten, P., & Ricks, O. B. (2000). *Child care quality: An overview for parents*. ERIC Digest. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood. (ERIC Document Reproduction Service No. ED447969)

29. Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Program* (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press; Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. (in press). The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*; Campbell, F. A., Ramey, C. T., Pungello, E. P., Sparling, J., & Miller-Johnson, S. (in press). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science*; Consortium for Longitudinal Studies. (Ed.). (1983). *As the twig is bent: Lasting effects of preschool programs*. Hillsdale, NJ: Lawrence Erlbaum Associates; Garber, H. L., & Heber, R. (1981). The efficacy of early intervention with family rehabilitation. In M. Begab, H. Garber, & H. C. Haywood (Eds.), *Psychosocial influences in retarded performance: Vol 2. Strategies for improving competence* (pp. 71-88). Baltimore: University Park Press; Lazar, I., & Darlington, R. (1982). Lasting effects of early education: A report from the Consortium for Longitudinal Studies. *Monographs of the Society for Research in Child Development*, 47(2-3, serial no. 195); Love, J. M., Kisker, E. E., Ross, C. M., Schochet, P. Z., Brooks-Gunn, J., Paulsell, D., et al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start. Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families; McKey, R. H., Condelli, L., Ganson, H., Barrett, B. J., McConkey, C., & Plantz, M. C. (1985). *The impact of Head Start on children, families and communities: Final report of the Head Start evaluation, synthesis, and utilization project* (DHHS Pub. No. OHDS 85-31193). Washington, DC: U.S. Government Printing Office; Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al. (2001). The relation of preschool child-care quality to children's cognitive and social developmental trajectories through second grade. *Child Development*, 72(5), 1534-1553; Phillips, D. A., & Howes, C. (1987). Indicators of quality in child care: A review of research. In D. Phillips (Ed.), *Quality in child care: What does research tell us?* (p. 19). Washington, DC: National Association for the Education of Young Children; Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, S. L. (2000). Persistent effects of early childhood education on high-risk children and their mothers. *Applied Developmental Science*, 4(1), 2-14; Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*, 285(18), 2339-2346; Ridley, S. M., McWilliam, R. A., Raspa, M., & deKruif, R. (2001). *The quality and engagement study final report*. Chapel Hill, NC: Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill; Schweinhart, L. J., Barnes, H. V., & Weikart, D. P. (1993). *Significant benefits: The High/Scope Perry Preschool study through age 27* (Monographs of the High/Scope Educational Research Foundation, 10). Ypsilanti, MI: High/Scope Press; Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press; Vandell, D. L., & Wolfe, B. (2000). *Child care quality: Does it matter and does it need to be improved?* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

30. U.S. Department of Health and Human Services, Administration for Children and Families. (2002b). *2002 Head Start fact sheet*. Retrieved December 2, 2002 from http://www2.acf.dhhs.gov/programs/hsb/research/factsheets/02_hsf.htm
31. U.S. Department of Health and Human Services, Administration for Children and Families. (2001a). *FY 2001 child care and related appropriations*. Retrieved December 2, 2002 from <http://www.acf.hhs.gov/programs/ccb/policy1/misc/approp01.htm>; U.S. Department of Health and Human Services, Administration for Children and Families. (2002c). *Fiscal year 2002 child care and related appropriations*. Retrieved December 2, 2002 from <http://www.acf.hhs.gov/programs/ccb/policy1/misc/approp02.htm>
32. Blank, H., Schulman, H., & Ewen, D. (1999b). *Seeds of success: State-funded prekindergarten initiatives, 1998-1999*. Washington, DC: Children's Defense Fund; Gallagher, J. J., Clayton, J. R., & Heinemeier, S. E. (2001). *Education for four-year-olds: State initiatives*. (Tech. Rep. No. 2). Chapel Hill, NC: University of North Carolina at Chapel Hill, FPG Child Development Center, National Center for Early Development and Learning; Mitchell, A., Ripple, C., & Chanana, N. (1998). *Prekindergarten programs funded by the states: Essential elements for policy makers*. New York: Families and Work Institute; U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families (GAO/HEHS-00-11)*. Washington, DC: Author.
33. White House. (2002a). *Good Start, Grow Smart: The Bush Administration's early childhood initiative. Executive summary*. Retrieved July 24, 2002 from <http://www.whitehouse.gov/infocus/earlychildhood/sect1.html>; White House. (2002b). *Early childhood education initiative*. Retrieved September 16, 2002 from <http://www.whitehouse.gov/infocus/earlychildhood>
34. U.S. General Accounting Office. (1998). *Head Start programs: Participant characteristics, services, and funding (GAO/HEHS-98-65)*. Washington, DC: Author.
35. Gennetian, L. A., Huston, A. C., Crosby, D. A., Chang, Y. E., Lowe, E.D., & Weisner, T. S. (2002). *Making child care choices: How welfare and work policies influence parents' decisions*. New York: Manpower Demonstration Research Corporation.
36. Gilman, E., & Collins, A. (2000). *Better strategies for babies: Strengthening the caregivers and families of infants and toddlers. Summary (Issue Brief No. 7)*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health; Hofferth, S. L., Shauman, K. A., Henke, R. R., & West, J. (1998). *Characteristics of children's early care and education programs: Data from the 1995 National Household Education Survey*. Washington, DC: National Center for Education Statistics; Marshall, N. L., Creps, C. L., Burstein, N. R., Glantz, F. B., Robeson, W. W., & Barnett, S. (2001). *The cost and quality of full day, year-round early care and education in Massachusetts: Preschool classrooms. Executive summary*. Wellesley, MA: Wellesley Centers for Women and Abt Associates, Inc.
37. Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings*. New York: Families and Work Institute.
38. Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children*, 6(2), 62-82.

39. Capizzano, J., Adams, G., & Sonenstein, F. (2000). *Child care arrangements for children under five: Variation across states*. Washington, DC: The Urban Institute; Meyers, M. K., Peck, L. R., Davis, E. E., Collins, A., Kreader, J. L., Georges, A., et al. (2002). *The dynamics of child care subsidy use: A collaborative study of five states. Executive summary*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
40. Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children*, 6(2), 62-82.
41. Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles county child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm
42. Azer, S., LeMoine, S., Morgan, G., Clifford, R. M., & Crawford, G. M. (2002). Regulation of child care. *Early Childhood Research & Policy Briefs*, 2(1). Retrieved December 30, 2002 from <http://www.fpg.unc.edu/~ncedl/PDFs/RegBrief.pdf>; The Children's Foundation. (2001). *The 2001 child care center licensing study*. Washington, DC: Author.
43. Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119; U.S. General Accounting Office. (1998). *Head Start programs: Participant characteristics, services, and funding* (GAO/HEHS-98-65). Washington, DC: Author; U.S. General Accounting Office. (2000). *Early education and care: Overlap indicates need to assess crosscutting programs* (GAO/HEHS-00-78). Washington, DC: Author.
44. Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press; U.S. General Accounting Office. (2000). *Early education and care: Overlap indicates need to assess crosscutting programs* (GAO/HEHS-00-78). Washington, DC: Author.
45. Education Commission of the States. (2000). *Early learning: Improving results for young children*. Denver, CO: Author; Elliott, K., & Vestal, A. (1998). *Learning and growing together: Head Start and child care professional development partnerships*. Boston: Center for Career Development in Early Care and Education; Schumacher, R., Greenberg, M., & Lombardi, J. (2001). *State initiatives to promote early learning: Next steps in coordinating subsidized child care, Head Start, and state prekindergarten*. Washington, DC: Center for Law and Social Policy; U.S. General Accounting Office. (2000). *Early education and care: Overlap indicates need to assess crosscutting programs* (GAO/HEHS-00-78). Washington, DC: Author.
46. Groginsky, S. (2002). *Child care and early education coordination in the states: A statutory overview*. Denver, CO: National Conference of State Legislatures; Schumacher, R., Greenberg, M., & Lombardi, J. (2001). *State initiatives to promote early learning: Next steps in coordinating subsidized child care, Head Start, and state prekindergarten*. Washington, DC: Center for Law and Social Policy; U.S. General Accounting Office. (2000). *Early education and care: Overlap indicates need to assess crosscutting programs* (GAO/HEHS-00-78). Washington, DC: Author.

47. Elliott, K., & Vestal, A. (1998). *Learning and growing together: Head Start and child care professional development partnerships*. Boston: Center for Career Development in Early Care and Education; Fuller, B., Kagan, S. L., & McCarthy, J. (2000). *Remember the children: Mothers balance work and child care under welfare reform*. Berkeley, CA: University of California; Knitzer, J., Cauthen, N. K., & Kisker, E. (1999). *Enhancing the well-being of young children and families in the context of welfare reform: Lessons from early childhood, TANF, and family support programs*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
48. Whitebook, M., Howes, C., & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America: Final report of the National Child Care Staffing Study*. Berkeley, CA: Child Care Employee Project.
49. Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press; National Association of State Boards of Education. (1988). *Right from the start: The report of the NASBE Task Force on early childhood education*. Alexandria, VA: Author.
50. U.S. Department of Health and Human Services, Administration for Children and Families. (2000b). *Head Start program information report for the 1999-2000 program operating period*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families. (2001b). *Head Start program information report for the 2000-2001 program operating period*. Washington DC: Author.
51. Bond, J. T., & The Research & Evaluation Department, Ewing Marion Kauffman Foundation. (1997). *Full start: An evaluation of a Head Start/community child care collaboration*. Kansas City, MO: Ewing Marion Kauffman Foundation; Sandfort, J. R., & Selden, S. C. (2001). Blurring the boundaries: Local collaborations among Head Start, preschool, and child care programs. *Policy and Practice of Public Human Services*, 59(1), 18-24; Sowa, J. (2001). *Why collaborate? Motivations for early childhood education partnerships*. Lynchburg, VA: I-PIECE, School of Business and Economics, Lynchburg College; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education.
52. Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research, Inc.; Poersch, N. O., & Blank, H. (1996). *Working together for children: Head Start and child care partnerships*. Washington, DC: Children's Defense Fund; Sandfort, J. R., & Selden, S. C. (2001). Blurring the boundaries: Local collaborations among Head Start, preschool, and child care programs. *Policy and Practice of Public Human Services*, 59(1), 18-24; Scott, J. A., & Fernie, D. E. (in press). *Early education partnerships in Region V*. Columbus, OH: The Ohio State University; Schumacher, R., Greenberg, M., & Lombardi, J. (2001). *State initiatives to promote early learning: Next steps in coordinating subsidized child care, Head Start, and state prekindergarten*. Washington, DC: Center for Law and Social Policy; Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education.

53. Organization for Economic Cooperation & Development. (2000). *OECD country note: Early childhood education and care policy in the United States of America*. Retrieved January 21, 2003 from <http://www1.oecd.org/els/pdfs/EDSECECDOCA012.pdf>
54. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; U.S. Department of Health and Human Services, Administration for Children and Families. (2000b). *Head Start program information report for the 1999-2000 program operating period*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families. (2001b). *Head Start program information report for the 2000-2001 program operating period*. Washington DC: Author.

Chapter 2 End Notes

1. Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.; Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy.
2. Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119; Mezey, J., Schumacher, R., Greenberg, M., Lombardi, J., & Hutchins, J. (2002). *Unfinished agenda: Child care for low-income families since 1996. Implications for federal and state policy*. Washington, DC: Center for Law and Social Policy.
3. Mitchell, A. W. (2001). *Education for all young children: The role of states and the federal government in promoting prekindergarten and kindergarten*. New York: Foundation for Child Development.
4. Cauthen, N., Knitzer, J., & Ripple, C. (2000). *Map and track: State initiatives for young children and families*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
5. Stoney, L., & Stanton, N. (2001). *Child care and development fund: Report of state plans for the period 10/01/99 to 9/30/01*. Washington, DC: U.S. Department of Health and Human Services, Child Care Bureau.
6. National Head Start Training and Technical Assistance Resource Center. (2001). *Head Start-State Collaboration Offices: Annual state profiles*. Washington, DC: U.S. Government Printing Office.
7. Stoney, L., & Stanton, N. (2001). *Child care and development fund: Report of state plans for the period 10/01/99 to 9/30/01*. Washington, DC: U.S. Department of Health and Human Services, Child Care Bureau.
8. Groginsky, S. (2002). *Child care and early education coordination in the states: A statutory overview*. Denver, CO: National Conference of State Legislatures; Groginsky, S., Poppe, J., & Davis, J. (2000). *Financing child care*. Denver, CO: National Conference of State Legislatures; Mitchell, A. W. (2001). *Education for all young children: The role*

of states and the federal government in promoting prekindergarten and kindergarten. New York: Foundation for Child Development.

9. Groginsky, S. (2002). *Child care and early education coordination in the states: A statutory overview*. Denver, CO: National Conference of State Legislatures.

Chapter 3 End Notes

1. Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>; U.S. Department of Health and Human Services, Administration for Children and Families. (2000b). *Head Start program information report for the 1999-2000 program operating period*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families. (2001b). *Head Start program information report for the 2000-2001 program operating period*. Washington DC: Author.

Appendix A End Notes

1. Lincoln, Y. S., & Guba, E. S. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications; Merriam, S. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass; Miles, M., & Huberman, A. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.
2. Miles, M., & Huberman, A. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.
3. Miles, M., & Huberman, A. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications; Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications; Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.
4. Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.

References

- Adams, G., Snyder, K., & Sandfort, J. (2002a). *Getting and retaining child care assistance: How policy and practice influence parents' experiences*. Washington, DC: The Urban Institute.
- Adams, G., Snyder, K., & Sandfort, J. (2002b). *Navigating the child care subsidy system: Policies and practices that affect access and retention*. Washington, DC: The Urban Institute.
- Annie E. Casey Foundation. (1995). *The path of most resistance: Reflections on lessons learned from New Futures*. Baltimore: Author.
- Azer, S., LeMoine, S., Morgan, G., Clifford, R. M., & Crawford, G. M. (2002). Regulation of child care. *Early Childhood Research & Policy Briefs*, 2(1). Retrieved December 30, 2002 from <http://www.fpg.unc.edu/~ncedl/PDFs/RegBrief.pdf>
- Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Program* (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press.
- Besharov, D. (Ed.). (2002). *Family well-being after welfare reform*. College Park, MD: University of Maryland.
- Blank, H., Schulman, H., & Ewen, D. (1999a). *Key facts: Essential information about child care, early education, and school-age care*. Washington, DC: Children's Defense Fund.
- Blank, H., Schulman, H., & Ewen, D. (1999b). *Seeds of success: State-funded prekindergarten initiatives, 1998-1999*. Washington, DC: Children's Defense Fund.
- Blok, B., Dennis, D., & Nordmann, S. (1994). *Coming together: Community collaboration between Head Start & child care* (NACCRRRA TAP No. 6). Washington, DC: National Association of Child Care Resource and Referral Agencies.
- Bond, J. T., & The Research & Evaluation Department, Ewing Marion Kauffman Foundation. (1997). *Full start: An evaluation of a Head Start/community child care collaboration*. Kansas City, MO: Ewing Marion Kauffman Foundation.
- Brady, J. P., & Goodman, I. (1991). *Lessons learned: Head Start's experience with state activities*. Newton, MA: Education Development Center, Inc.
- Buell, M. J., Pfister, I. K., & Gamel-McCormick, M. (2002). Caring for the caregiver: Early Head Start/family child care partnerships. *Infant Mental Health Journal*, 23(1-2), 213-230.
- California Child Care Resource & Referral Network. (2001). *The 2001 California child care portfolio*. San Francisco: Author.
- Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. (in press). The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*.

- Campbell, F. A., Ramey, C. T., Pungello, E. P., Sparling, J., & Miller-Johnson, S. (in press). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science*.
- Capizzano, J., Adams, G., & Sonenstein, F. (2000). *Child care arrangements for children under five: Variation across states*. Washington, DC: The Urban Institute.
- Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children*. New York: Carnegie Corporation of New York.
- Cauthen, N., Knitzer, J., & Ripple, C. (2000). *Map and track: State initiatives for young children and families*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
- The Children's Foundation. (2001). *The 2001 child care center licensing study*. Washington, DC: Author.
- Collins, A., Layzer, J., Kreader, L., Werner, A., & Glantz, F. (2000). *National study of child care for low-income families: State and community substudy interim report*. Washington, DC: Abt Associates, Inc.
- Consortium for Longitudinal Studies. (1983). *As the twig is bent: Lasting effects of preschool programs*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Cost, Quality, and Child Outcomes Study Team. (1995). *Cost, quality, and child outcomes in child care centers. Executive summary*. Denver, CO: University of Colorado, Department of Economics.
- Cuthbertson, B., Burr, E., Fuller, B., & Hirshberg, D. (2000). *Los Angeles County child care needs assessment*. Retrieved December 2, 2002 from http://childcare.co.la.ca.us/pace_report/final_los_angeles_report_for_web.cfm
- Dwyer, M. C., Chait, R., & McKee, P. (2000). *Building strong foundations for early learning: The U.S. Department of Education's guide to high-quality early childhood education programs*. Washington, DC: U.S. Department of Education, Planning and Evaluation Service.
- Education Commission of the States. (2000). *Early learning: Improving results for young children*. Denver, CO: Author.
- Education Development Center, Inc. (2000). *Components of a legal agreement*. Center for Children & Families. Newton, MA: Author.
- Education Development Center, Inc. (2001). *Partnership profiles*. Center for Children & Families. Retrieved January 22, 2003 from <http://www.quilt.org/Home/pprofile.html>
- Education Development Center, Inc. (2002). *Side-by-side comparison of federal and state requirements for early childhood education services*. Center for Children & Families. Retrieved January 21, 2003 from <http://www.quilt.org/Home/pdfdocs/sidebyside.pdf>
- Elliott, K., & Vestal, A. (1998). *Learning and growing together: Head Start and child care professional development partnerships*. Boston: Center for Career Development in Early Care and Education.

- Frede, E. C. (1995). The role of program quality in producing early childhood program benefits. *The Future of Children*, 5(3), 115-132.
- Fuller, B., Kagan, S. L., & McCarthy, J. (2000). *Remember the children: Mothers balance work and child care under welfare reform*. Berkeley, CA: University of California.
- Fuller, B., Kagan, S. L., Caspary, G., & Gauthier, C. (2002). Welfare reform and child care options for low-income families. *The Future of Children*, 12(1), 97-119.
- Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings*. New York: Families and Work Institute.
- Gallagher, J. J., Clayton, J. R., & Heinemeier, S. E. (2001). *Education for four-year-olds: State initiatives* (Tech. Rep. No. 2). Chapel Hill, NC: University of North Carolina at Chapel Hill, FPG Child Development Center, National Center for Early Development and Learning.
- Garber, H. L., & Heber, R. (1981). The efficacy of early intervention with family rehabilitation. In M. Begab, H. Garber, & H. C. Haywood (Eds.), *Psychosocial influences in retarded performance: Vol 2. Strategies for improving competence* (pp. 71-88). Baltimore: University Park Press.
- Gardner, S. (1996). *Beyond collaboration to results: Hard choices in the future of services to children and families*. Fullerton, CA: California State University.
- Gennetian, L. A., Huston, A. C., Crosby, D. A., Chang, Y. E., Lowe, E. D., & Weisner, T. S. (2002). *Making child care choices: How welfare and work policies influence parents' decisions*. New York: Manpower Demonstration Research Corporation.
- Gilman, E., & Collins, A. (2000). *Better strategies for babies: Strengthening the caregivers and families of infants and toddlers. Summary* (Issue Brief No. 7). New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
- Gomby, D. S., Lerner, M. B., Stevenson, C. S., Lewit, E. M., & Behrman, R. E. (1995). Long-term outcomes of early childhood programs: Analysis and recommendations. *The Future of Children*, 5(3), 6-24.
- Goodman, I. F., & Brady, J. P. (1988). *The challenge of coordination: Head Start's relationship to state-funded preschool initiatives*. Newton, MA: Education Development Center, Inc.
- Greenberg, M. (1998). *Spend or transfer, federal or state? Considerations in using TANF and TANF-related dollars for child care*. Retrieved January 2, 2003 from <http://www.clasp.org/DMS/Documents/1011364478.64>
- Greenberg, M. H., Levin-Epstein, J., Hutson, R. Q., Ooms, T. J., Schumacher, R., Turetsky, V., et al. (2002). The 1996 welfare law: Key elements and reauthorization issues affecting children. *The Future of Children*, 12(1), 27-57.
- Groginsky, S. (2002). *Child care and early education coordination in the states: A statutory overview*. Denver, CO: National Conference of State Legislatures.

- Groginsky, S., Poppe, J., & Davis, J. (2000). *Financing child care*. Denver, CO: National Conference of State Legislatures.
- Groginsky, S., Robison, S., & Smith, S. (1999). *Making child care better: State initiatives*. Denver, CO: National Conference of State Legislators.
- Harvard Project on Human Development in Chicago Neighborhoods Child Care Research Partnership. (2002). *Neighborhoods, parent involvement, and child outcomes for low-income families. Harvard Project on Human Development in Chicago Neighborhoods preliminary findings in unpublished report*. Retrieved September 5, 2002 from <http://www.acf.hhs.gov/programs/ccb/research/ccprc/partner/pharvard.doc>
- Hausfather, A., Toharia, A., LaRoche, C., & Engelsmann, F. (1997). Effects of age of entry, day-care quality, and family characteristics on preschool behavior. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 38, 441-448.
- Hayes, C., Palmer, J., & Zaslow, M. (Eds.). (1990). *Who cares for America's children? Child care policy for the 1990s*. Washington, DC: National Academy Press.
- Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children*, 6(2), 62-82.
- Hestenes, L. L., Kontos, S., & Bryan, Y. (1993). Children's emotional expression in child care centers varying in quality. *Early Childhood Research Quarterly*, 8(3), 295-307.
- Hirshberg, D. (2002). *Child care demand and supply under CalWORKS: The early impacts of welfare reform for California's children, 1998-2000* (Working Paper Series 02-3). Berkeley, CA: University of California, Berkeley, Policy Analysis for California Education.
- Hofferth, S. L., Shauman, K. A., Henke, R. R., & West, J. (1998). *Characteristics of children's early care and education programs: Data from the 1995 national household education survey*. Washington, DC: National Center for Education Statistics.
- Holmes, M., & Freeman, G. (1999). *Promising partnerships II: How to develop successful partnerships in your community*. Alexandria, VA: National Head Start Association, Partnership Office.
- Holmes, M., Mere, H., & Robertson, B. (1996). *Promising partnerships: How to develop successful partnerships in your community*. Alexandria, VA: National Head Start Association, Partnership Office.
- James Bell Associates. (1997). *Head Start-family child care partnerships. National forum*. Arlington, VA: Author.
- Kagan, S. L. (1991). *United we stand: Collaboration for child care and early education services*. New York: Teachers College Press.
- Kagan, S. L., Verzaro-O'Brien, M., Kim, U., & Formica, M. (2000). *Head Start-child care partnership study*. New Haven, CT: Yale University, The Bush Center in Child Development and Social Policy.

- The Kauffman Early Education Exchange. (2002). *Set for success: Building a strong foundation for school readiness based on the social-emotional development of young children. Executive summary*. Retrieved September 23, 2002 from http://www.emkf.org/pdf/eex_summary.pdf
- Knitzer, J., Cauthen, N. K., & Kisker, E. (1999). *Enhancing the well-being of young children and families in the context of welfare reform: Lessons from early childhood, TANF, and family support programs*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
- Koppel, S. G. (1995). *Head Start and child care: Partners not competitors. Support services for child care professionals*. Lumberville, PA: Support Services for Child Care Professionals.
- Kreader, J. L., Piecyk, J. B., & Collins, A. (2000). *Scant increases after welfare reform: Regulated child care supply in Illinois and Maryland, 1996-1998*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
- Lazar, I., & Darlington, R. (1982). Lasting effects of early education: A report from the Consortium for Longitudinal Studies. *Monographs of the Society for Research in Child Development*, 47(2-3, Serial No. 195).
- Lemke, R. J., Witt, R., & Witte, A. D. (2001). *Child care and the welfare to work transition*. Wellesley, MA: Wellesley College, Department of Economics.
- Lincoln, Y. S., & Guba, E. S. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Long, S. K., Kirby, G. G., Kurka, R., & Waters, S. (1998). *Child care assistance under welfare reform: Early responses by the states* (Occasional Paper No. 15). Washington, DC: The Urban Institute.
- Love, J. M., Kisker, E. E., Ross, C. M., Schochet, P. Z., Brooks-Gunn, J., Paulsell, D., et al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start. Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Marshall, N. L., Creps, C. L., Burstein, N. R., Glantz, F. B., Robeson, W. W., & Barnett, S. (2001). *The cost and quality of full day, year-round early care and education in Massachusetts: Preschool classrooms. Executive summary*. Wellesley, MA: Wellesley Centers for Women and Abt Associates, Inc.
- McKey, R. H., Condelli, L., Ganson, H., Barrett, B. J., McConkey, C., & Plantz, M. C. (1985). *The impact of Head Start on children, families and communities: Final report of the Head Start evaluation, synthesis, and utilization project* (DHHS Pub. No. OHDS 85-31193). Washington, DC: U.S. Government Printing Office.
- Merriam, S. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.

- Meyers, M. K., Peck, L. R., Davis, E. E., Collins, A., Kreader, J. L., Georges, A., et al. (2002). *The dynamics of child care subsidy use: A collaborative study of five states. Executive summary*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
- Mezey, J., Greenberg, M., & Schumacher, R. (2002). *The vast majority of federally-eligible children did not receive child care assistance in FY 2000: Increased child care funding needed to help more families*. Washington, DC: Center for Law and Social Policy.
- Mezey, J., Schumacher, R., Greenberg, M., Lombardi, J., & Hutchins, J. (2002). *Unfinished agenda: Child care for low-income families since 1996. Implications for federal and state policy*. Washington, DC: Center for Law and Social Policy.
- Miles, M., & Huberman, A. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Miller, L., Melaville, A., & Blank, H. (2002). *Bringing it together: State-driven community early childhood initiatives*. Washington, DC: Children's Defense Fund.
- Mitchell, A. W. (2001). *Education for all young children: The role of states and the federal government in promoting prekindergarten and kindergarten*. New York: Foundation for Child Development.
- Mitchell, A., Ripple, C., & Chanana, N. (1998). *Prekindergarten programs funded by the states: Essential elements for policy makers*. New York: Families and Work Institute.
- National Association of State Boards of Education. (1988). *Right from the start: The report of the NASBE Task Force on early childhood education*. Alexandria, VA: Author.
- National Center for Early Development and Learning. (1997). Quality in child care centers. *Early Childhood Research and Policy Briefs*. 1(1). Retrieved January 7, 2003 from <http://www.fpg.unc.edu/~ncedl/PDFs/brief1.pdf>
- National Governor's Association. (2002). *Policy position index*. HR-8, HR-21, HR-43. Retrieved September 25, 2002 from http://www.nga.org/nga/legislativeUpdate/1,1169,C_POLICY_POSITION,00.html
- National Head Start Training and Technical Assistance Resource Center. (2001). *Head Start-State Collaboration Offices: Annual state profiles*. Washington, DC: U.S. Government Printing Office.
- National Institute of Child Health and Human Development Early Child Care Research Network. (2002). *The NICHD study of early child care*. Retrieved January 21, 2003 from <http://secc.rti.org/summary.cfm>
- National Institute of Child Health and Human Development Early Child Care Research Network. (1997). The effects of infant child care on infant-mother attachment security: Results of the NICHD study of early child care. *Child Development*, 68(5), 860-879.
- Ochshorn, S. (2002). *Partnering for success: Community approaches to early learning*. New York: Child Care Action Campaign.

- Organization for Economic Cooperation & Development. (2000). *OECD country note: Early childhood education and care policy in the United States of America*. Retrieved January 21, 2003 from <http://www1.oecd.org/els/pdfs/EDSECECDCA012.pdf>
- Patten, P., & Ricks, O. B. (2000). *Child care quality: An overview for parents*. ERIC Digest. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood. (ERIC Document Reproduction Service No. ED447969)
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications.
- Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurwitz, E., Fenichel, E., & Kisker, E. (2002). *Partnerships for quality: Improving infant-toddler child care for low-income families*. Princeton, NJ: Mathematica Policy Research, Inc.
- Peisner-Feinberg, E. S., & Burchinal, M. R. (1997). Relations between preschool children's child care experiences and concurrent development: The cost, quality, and outcomes study. *Merrill-Palmer Quarterly*, 43, 451-488.
- Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al. (2001). The relation of preschool child-care quality to children's cognitive and social developmental trajectories through second grade. *Child Development*, 72(5), 1534-1553.
- Phillips, D. A., & Howes, C. (1987). Indicators of quality in child care: A review of research. In D. Phillips (Ed.), *Quality in child care: What does research tell us?* (p. 19). Washington, DC: National Association for the Education of Young Children.
- Phillips, D. A. (1996). *Child care for low income families: Summary of two workshops*. Retrieved December 2, 2002 from http://www.nccic.org/research/nrc_care/c_care.html
- Piecyk, J. B., Collins, A., & Kreader, L. K. (1999). *Patterns and growth of child care voucher use by families connected to cash assistance in Illinois and Maryland*. Retrieved July 18, 2002 from <http://nccp.org/ccrprb2o.html>
- Poersch, N. O., & Blank, H. (1996). *Working together for children: Head Start and child care partnerships*. Washington, DC: Children's Defense Fund.
- Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, S. L. (2000). Persistent effects of early childhood education on high-risk children and their mothers. *Applied Developmental Science*, 4(1), 2-14.
- Relave, N. (2002). TANF reauthorization and work requirements. *Welfare Information Network Reauthorization Notes*, 2(3). Retrieved December 10, 2002 from http://www.welfareinfo.org/workrequirements_trn.asp
- Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*, 285(18), 2339-2346.
- Ridley, S. M., McWilliam, R. A., Raspa, M., & deKruif, R. (2001). *The quality and*

- engagement study final report*. Chapel Hill, NC: Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.
- Sandfort, J. (2001). *The changing role of public policy in supporting early childhood collaborations*. Lynchburg, VA: I-Piece, School of Business and Economics, Lynchburg College.
- Sandfort, J. R., & Selden, S. C. (2001). Blurring the boundaries: Local collaborations among Head Start, preschool, and child care programs. *Policy and Practice of Public Human Services*, 59(1), 18-24.
- Schilder, D. (1998). Highlights and lessons from the Harvard Family Research Project. *Family Support Evaluation*, 16(4), 15-16.
- Schumacher, R., Greenberg, M., & Lombardi, J. (2001). *State initiatives to promote early learning: Next steps in coordinating subsidized child care, Head Start, and state prekindergarten*. Washington, DC: Center for Law and Social Policy.
- Schweinhart, L. J., Barnes, H. V., & Weikart, D. P. (1993). Significant benefits: The High/Scope Perry Preschool study through age 27. *Monographs of the High/Scope Educational Research Foundation, No. Ten*. Ypsilanti, MI: High/Scope Press.
- Scott, J. A., & Fernie, D. E. (in press). *Early education partnerships in Region V*. Columbus, OH: The Ohio State University.
- Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.
- Smith, S., Fairchild, M., & Groginsky, S. (1997). *Early childhood care and education: An investment that works* (2nd ed.). Denver, CO: National Conference of State Legislatures.
- Sonenstein, F. L., Gates, G., Schmidt, S. R., & Bolshun, N. (2002). *Primary child care arrangements of employed parents: Findings from the 1999 National Survey of America's Families*. Retrieved July 25, 2002 from <http://www.urban.org/Template.cfm?NavMenuID=24&template=/TaggedContent/ViewPublication.cfm&PublicationID=7763>
- Sowa, J. (2001). *Why collaborate? Motivations for early childhood education partnerships*. Lynchburg, VA: I-PIECE, School of Business and Economics, Lynchburg College.
- Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.
- State Policy Documentation Project. (2001). *Findings in brief: Child care assistance*. Retrieved September 10, 2002 from <http://www.spdp.org/tanf/childcare/childcaresumm.htm>
- Stoney, L., Groginsky, S., & Poppe, J. (2002). *Investing in our future: A guide to child care financing*. Denver, CO: National Conference of State Legislatures.
- Stoney, L., & Stanton, N. (2001). *Child care and development fund: Report of state plans for the period 10/01/99 to 9/30/01*. Washington, DC: U.S. Department of Health and Human Services, Child Care Bureau.

- Tout, K., Zaslow, M., Papillo, A. R., & Vandivere, S. (2001). *Early care and education: Work support for families and developmental opportunity for young children* (Occasional Paper No. 51). Washington, DC: The Urban Institute.
- Triolo-Moloney, S., & Davis, J. (2002). *Colorado community consolidated child care pilots: Report and recommendations*. Denver, CO: Colorado Department of Education.
- U.S. Department of Health and Human Services, Administration for Children and Families. (1998). *Study of full-day, full-year Head Start services*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2000a). *Compilation of the Head Start Act*. Retrieved January 22, 2003 from <http://www2.acf.dhhs.gov/programs/hsb/budget/headstartact.htm>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2000b). *Head Start program information report for the 1999-2000 program operating period*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2001a). *FY 2001 child care and related appropriations*. Retrieved December 2, 2002 from <http://www.acf.hhs.gov/programs/ccb/policy1/misc/approp01.htm>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2001b). *Head Start program information report for the 2000-2001 program operating period*. Washington DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2002a). *Access to child care for low-income working families*. Retrieved September 15, 2002 from <http://www.acf.dhhs.gov/programs/ccb/research/ccreport/ccreport.htm#1>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2002b). *2002 Head Start fact sheet*. Retrieved December 2, 2002 from http://www2.acf.dhhs.gov/programs/hsb/research/factsheets/02_hsf.htm
- U.S. Department of Health and Human Services, Administration for Children and Families. (2002c). *Fiscal year 2002 federal child care appropriations*. Retrieved December 2, 2002 from <http://www.acf.hhs.gov/programs/ccb/policy1/misc/approp02.htm>
- U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2002). *Child care eligibility and enrollment estimates for fiscal year 2000*. Unpublished report.
- U.S. Department of Health and Human Services, Head Start Bureau. (1998). *Study of full-day, full-year Head Start services*. Washington, DC: Author.
- U.S. General Accounting Office. (1994). *Child care: Child care subsidies increase likelihood that low-income mothers will work*. (GAO/HEHS-95-20). Washington, DC: Author.
- U.S. General Accounting Office. (1998). *Head Start programs: Participant characteristics, services, and funding* (GAO/HEHS-98-65). Washington, DC: Author.
- U.S. General Accounting Office. (1999). *Education and care: Early childhood programs and services for low-income families* (GAO/HEHS-00-11). Washington, DC: Author.

- U.S. General Accounting Office. (2000). *Early education and care: Overlap indicates need to assess crosscutting programs* (GAO/HEHS-00-78). Washington, DC: Author.
- U.S. General Accounting Office. (2002a). *Child care states exercise flexibility in setting reimbursement rates and providing access for low-income children* (GAO-02-894). Washington, DC: Author.
- U.S. General Accounting Office. (2002b). *Child care: States have undertaken a variety of quality improvement initiatives, but more evaluations of effectiveness are needed* (GAO-02-897). Washington, DC: Author.
- Vandell, D. L., & Wolfe, B. (2000). *Child care quality: Does it matter and does it need to be improved?* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Verzaro-O'Brien, M., & Scott, J. (1998). *The Ohio Head Start child care collaboration*. Columbus, OH: Ohio Head Start Collaboration Project.
- Weber, R. (2000). *Results accountability guidebook—child care resource & referral*. Albany, OR: Oregon State University Family Policy Program & Oregon Child Care Research Partnership Project.
- Weber, R. B., & Davis, E. E. (2002). *Continuity and stability: Dynamics of child care subsidy use in Oregon. Executive summary*. New York: National Center for Children in Poverty, Columbia University Joseph L. Mailman School of Public Health.
- Weiss, C. (1998). *Evaluation: Methods for studying programs and policies* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.
- Wheelock College Institute for Leadership and Career Initiatives. (2002). *Report on 2001 early childhood/school-age career development survey*. Boston: Author.
- Whitebook, M., Howes, C., & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America: Final report of the National Child Care Staffing Study*. Berkeley, CA: Child Care Employee Project.
- White House. (2002a). *Good start, grow smart: The Bush Administration's early childhood initiative. Executive summary*. Retrieved July 24, 2002 from <http://www.whitehouse.gov/infocus/earlychildhood/sect1.html>
- White House. (2002b). *Early childhood education initiative*. Retrieved September 16, 2002 from <http://www.whitehouse.gov/infocus/earlychildhood>
- W. K. Kellogg Foundation. (n.d.). *Community partnership toolkit*. Retrieved January 8, 2003 from <http://www.WKKF.org/Pubs/CustomPubs/CPtoolkit/cptoolkit>
- Zigler, E., & Finn-Stevenson, M. (1996). Funding child care and public education. *The Future of Children* 6(2), 104-121.
- Zill, N., & Resnick, G. (2002, June). *Relationship of classroom quality and type of curriculum to children's progress in Head Start*. Presentation at the National Head Start Research Conference. Retrieved December 8, 2002 from http://www.acf.dhhs.gov/programs/core/ongoing_research/faces/gains_analysis/gains_cover.html

Appendix A: Research Background and Design

Research Background

The Partnership Impact Research Project is a three-year study funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. The study is designed to assess the nature of early education partnerships and their influence on child care quality and access to services.

During the first year of the study, researchers conducted a qualitative analysis of data in the Quality in Linking Together (QUILT)—Early Education Partnerships profiles database, which is designed to assist T/TA professionals, early care and education providers, and state leaders in developing and sustaining partnerships. The Child Care and Head Start Bureaus jointly fund the QUILT itself, which comprises three organizations: Community Development Institute (CDI), Education Development Center, Inc. (EDC), and the National Child Care Information Center (NCCIC). EDC is responsible for designing and maintaining the QUILT state and provider partnership profiles database, which is accessible through the QUILT website hosted by CDI.

The QUILT database is divided into two sections: *state-level* information for all 50 states and the District of Columbia, and local *provider-level* information from 65 partnerships representing over 200 providers in 36 states, Puerto Rico, a tribal nation, and each ACF region in the country. Both the state- and provider-level sections contain narratives, factual data, and documents. The state narratives are based on reviews of documents produced both by national organizations and by states, and on interviews with key state stakeholders, including child care administrators, Head Start-State Collaboration directors, state preK directors, and directors of agencies responsible for early care and education services. The state factual data include links to state early care and education webpages. The provider-level narratives are based on interviews and questionnaires completed with early education providers engaged in partnership. Database documents were produced by the states and local providers that are profiled in the database.

Research Design

Currently the federal government and states are supporting early care and education partnerships, and child care, Head Start, and preK programs across the country are engaged in partnerships. While these partnerships aim to improve the quality and accessibility of services, questions persist about the nature of the partnerships and their relationship to program quality and accessibility. Building on knowledge obtained by creating the QUILT database and collecting the data therein, Partnership Impact researchers conceptualized the present study to explore questions about partnerships and their impact on child care and parents. The researchers approached these questions with the theory that state actions can influence both the development of provider-level partnerships and the processes partnerships engage in to sustain their work. Providers, in turn, can work together in different partnership arrangements, engaging in processes that sustain their work and that could potentially lead to changes in child care practice. Such changes could then lead to improved service quality and accessibility. Additionally, providers in partnerships can inform the development of state actions that could in turn influence the development and sustainability of other partnerships.

This study is designed to address the following objectives:

- Conduct a qualitative analysis of data in an existing database to assess the nature of partnerships and systematically assess state actions to support partnerships.
- Conduct a longitudinal study that uses a quasi-experimental design and involves original data collection at three points in time to learn about the impact of partnerships on child care center quality, child care classroom quality, and accessibility of services for parents.
- Develop detailed reports and research briefs, tailored to specific audiences such as legislators, administrators, and providers, that translate research findings into practical information that addresses questions frequently asked about child care partnerships.
- Disseminate research reports and briefs through established networks of policy makers and practitioners, using their organizations' web sites and publications.

To achieve these objectives, Year One of the study was focused on a qualitative analysis to elucidate partnership approaches at the state and local levels and to produce this report for national dissemination to a variety of audiences. During project Years Two and Three, researchers will focus on the influence of provider-level partnership practices on quality and access.

Year One Methodology

Between October 2001 and October 2002, researchers used the standardized case study approach to analyze the state- and provider-level data in the QUILT partnership profiles database. In addition, researchers reviewed the research literature about partnerships as well as studies of state early care and education funding and policies. Two research questions framed the Year One analysis and writing:

- How are states across the country supporting and promoting early care and education partnerships?
- How are early care and education providers engaging in partnerships?

In both the state and local sections of the database, data are from a convenience sample selected to ensure a broad range of perspectives. The sample in the state profiles section of the QUILT database represents early care and education stakeholders from all 50 states and the District of Columbia. The sample in the provider section of the database represents over 200 providers in partnerships from 36 states, Puerto Rico, a tribal nation, and each region in the country. The sample includes partnerships that represent a range of programs, communities, program sizes, target populations, funding sources and partnership settings.

Contexts, actors, actions, and processes differ substantially at the state and provider levels. Therefore, to address Year One study questions, researchers conducted two separate case studies, one of state actions and another of local provider-level partnerships. Table A-1 lists the research questions and sub-questions used for these case studies.

Researchers began the case study analysis by using open coding to categorize

Table A-1. Year One Research Questions and Sub-Questions

Case Study	Research Questions	Sub-Questions
State Case Study	How are states across the country supporting and promoting early care and education partnerships?	<ul style="list-style-type: none"> • What actions are states taking to support partnerships? • How does the role of the person initiating the action affect the action taken? • How does state context affect the actions states are taking to support partnerships (e.g., funding levels, licensing structure)?
Local Provider-Level Case Study	How are early care and education providers engaging in partnerships?	<ul style="list-style-type: none"> • What are the characteristics of providers involved in partnerships? • What processes facilitate the development and sustainability of partnerships?

phenomena and to classify, compare, and contrast processes/actions. Researchers analyzed the data using an iterative process of creating codes and coding findings as themes emerged. Then, axial coding was conducted to create fine-grained analyses, refine coding, and create interim summaries. Data analysis was carried out in the same way for state and provider case studies, except that state analysis involved document review, and provider analysis included questionnaire data.¹

For the state case study, state narratives were coded to examine the interaction among context, actors, and actions.² Researchers then analyzed the range of state actions to identify how these differed by state context, by looking at state facts such as funding levels, numbers served, and state licensing data as well as the actor initiating the action. The data sources for the state narratives included reviews of documents produced by national organizations and by states as well as interviews with state child care administrators, Head Start-State Collaboration directors, state preK directors, and directors of agencies responsible for early care and education services. The state factual data include links to state early care and education webpages, state demographics, child care licensing regulations, eligibility criteria for early education programs, funding for early education programs, and numbers served, all of which are from secondary sources such as the census. (See Appendix D for a list of sources.)

For the provider-level case study, researchers analyzed interview data to identify emerging themes related to barriers and facilitating factors of partnership. (See Appendix D for interview protocol used for the provider-level narratives.) The questionnaire data, from the 65 partnership profiles in the database, were analyzed globally and by partnership type to assess frequencies of objectives, barriers, and facilitating factors.

The questionnaire data provide factual information for each partnership in the database. (See Appendix D for questionnaire used to obtain these data.) Questions focused on: partnership approach, partnership hours and days, number of children served by the partnership, total numbers served by the center, ages of children served by the partnership and by partnering organizations, funding used to support the partnership, partnership setting, services offered, and the primary objective for partnering.

General Methodological Considerations

The research was designed to ensure methodological soundness in its control for biases and in the way it meets the criteria for credibility, transferability, dependability, and confirmability.³

Researchers sought to establish credibility by analyzing data in a nationally recognized and used database. The QUILT partnership profiles database was developed by researchers under a contract from the U.S. Department of Health and Human Services, Child Care and Head Start Bureaus. The database includes secondary source data, updated on a regular basis, from nationally recognized sources. The data were confirmed for accuracy and, where possible, were triangulated.

Researchers strengthened transferability by analyzing data from all 50 states and representing over 200 providers in partnerships.⁴ By providing detailed descriptions of the state contexts and actions as well as the partnership processes, researchers took steps to enable readers to transfer findings to comparable situations.

To enhance the dependability of the findings, triangulation occurred across data sources. Researchers triangulated the themes that emerged across states and among providers in partnerships. For example, to triangulate the actions presented in the state case study, researchers analyzed data from NCCIC, the National Center for Children in Poverty, and the National Conference of State Legislatures. Similarly, researchers for the local provider-level case study compared emerging themes from the analysis of narratives with questionnaire data to triangulate the themes.

To enhance the dependability of the findings, researchers maintained an audit trail that describes investigators' research processes and the situations being examined. Finally, to strengthen the confirmability of the findings, researchers convened review groups of state and local early education professionals, technical assistance providers, researchers, and policy makers to review the accuracy of the findings. Furthermore, the state child care administrator and the Head Start-State Collaboration director in each state and in the District of Columbia were given an opportunity to verify the accuracy of the examples presented in this report prior to its publication.

Years Two and Three

In Years Two and Three of this project, researchers will continue to work with the qualitative data to analyze cross-cutting themes. Researchers will also conduct targeted analyses for the development of detailed briefs aimed at addressing specific questions posed by different audiences such as policy makers and providers.

The study will turn to addressing questions about the influence of partnership on quality and access. In-depth longitudinal data collection, which began in the first year of the project but was not the focus then, will continue, and researchers will start analyzing this data. Specifically, the study will collect follow-up data from child care directors, teachers, and parents, and from directors of Head Start programs partnering with child care centers. Data analysis will focus on partnership processes, structural variables related to quality, and parents' access to services. Using hierarchical linear modeling to examine changes over time, the researchers will assess the relationship between duration of partnership and child care quality and will also assess the relationship between duration and access to services.

Appendix B: State Actions to Support Partnerships

Below we provide a table listing the actions states are taking to support partnerships. (See Chapter 2 for a list by overarching categories.)

<i>What Action?</i>	<i>Who Initiates and Participates in This Action?</i>	<i>Why is This Action Pursued?</i>
<p>Review</p> <p>Research and dissemination</p>	<p>Stakeholders at the state level include child care administrators, Head Start–State Collaboration directors, preK directors, governor’s policy advisors, legislative staff, and HHS regional office representatives. In some states, review activities include local providers or representatives of devolved early education systems.</p> <p>For states in which Head Start–State Collaboration directors have been responsible for overseeing the research and dissemination activities, Head Start–State Collaboration Grant funds have been used to support these activities; in some states, Child Care Bureau research grants have also been used. In most states, representatives from the broader early education community have been involved in designing and/or disseminating the research and materials.</p>	<p>To ensure that strategies to support and promote partnership are tailored to the state’s context and address the unique needs of local early education providers.</p>
<p>Informal and formal state agency coordination</p> <p>Creation of new state agencies</p>	<p>Administrators at a variety of levels create and participate in informal and formal activities to coordinate state actions to support partnerships.</p> <p>The state legislature and governor enact any mandated reorganization that creates new state-level entities.</p>	<p>To ensure that information about early education programs is provided efficiently and is well coordinated and to model a “one-stop shop” at the state level as a method of promoting partnerships at the provider level.</p>
<p>Align professional development standards</p> <p>Support T/TA</p>	<p>Activities to align professional development standards include representatives from state agencies involved in overseeing higher education, early education licensing, and early education professional development standards. Representatives from institutions of higher education and from Head Start, child care, and preK programs may also be involved, in some cases.</p> <p>State agency representatives ranging from the Head Start–State Collaboration director to the Child Care administrator coordinate T/TA services provided by existing support systems and information networks, such as child care resource and referral agencies and networks, the Early Head Start Resource Center at Zero to Three, the QUILT project, the National Child Care Information Center, Department of Education resources (e.g., regional education labs), and state and regional technical assistance efforts. Some states provide support directly in the form of ongoing publications and materials or through accessing and disseminating materials produced by existing technical assistance providers. Other states support the direct training of early childhood teachers.</p>	<p>To ensure that early education staff have comparable professional development standards and to eliminate differences that can be barriers to partnership at the provider level.</p> <p>To develop processes at the state or provider level to support the smooth functioning of partnerships.</p>

<i>What Action?</i>	<i>Who Initiates and Participates in This Action?</i>	<i>Why is This Action Pursued?</i>
<p>Issue new policies or policy guidance</p>	<p>This varies across states: In some states, agency directors or program administrators are granted authority by the state legislature to issue new policies; in other states, program administrators can issue policy clarification at their discretion but are given a limited role in issuing new policies.</p>	<p>To ensure that those responsible for early education services (such as state administrators, providers, and county administrators) have a clear understanding about partnership practice and early care and education policies that affect partnerships, and to provide clarification to facilitate partnerships.</p>
<p>Enact new legislation</p>	<p>Support from the governor and legislature is key to enacting new legislation. State respondents reported that broad-based support is important for sustaining legislative initiatives.</p>	<p>To support partnerships in a variety of ways (see the Legislative section of this report), such as creating new state agencies or providing incentives.</p>
<p>Develop intergovernmental agreements</p>	<p>The individuals who sign the agreements represent those responsible for the specific services that are being coordinated—such as a child care administrator or director of the agency that oversees child care, Head Start–State Collaboration director or President of the Head Start Association, preK director, Chief State School Officer, or U.S. Department of Health and Human Services Regional Office representative.</p>	<p>To ensure that stakeholders are in agreement about specific actions that will be taken to support early education partnerships, and that they are clear about the roles and responsibilities of those involved. Frequently, MOUs describe how barriers to partnership will be addressed, and delineate the steps to be taken to support early education partnerships at the provider level.</p>
<p>Provide incentives, including monetary incentives</p>	<p>This depends on the nature of the incentives and the administration of services in the particular state. In some states, the legislature has enacted laws that provide incentives; in other states, administrators or interagency coordinating bodies have the authority to provide incentives.</p>	<p>To encourage providers to engage in partnerships and to increase the quality of full-day, full-year services by creating opportunities that otherwise would not be available.</p>

Appendix C: Factors that Support Providers in Partnerships

Below we provide the list of 15 factors in rank order based upon the frequency with which respondents cited them. (See Chapter 3 for a list of factors by overarching categories.)

1. Improved educational and professional development opportunities for teachers that support the development of effective teaching strategies:

Providing non-financial benefits including additional/more conveniently scheduled training; reimbursements for mileage, books, fees, and substitutes; release time or substitutes provided for training.

2. Extending benefits to staff, children, and families not served by partnership:

Extending benefits beyond the partnership agreement—including spreading resources to a facility’s non-Head Start-eligible children who can also experience enhanced education and family services; and upgrading equipment throughout a facility.

3. Enhanced capacity to meet parents' changing needs:

Producing what families wanted and needed most: access to both full-day and Head Start services; siblings conveniently enrolled in one location; and access to a range of convenient, comprehensive services and supports.

4. Planning:

If provided with sufficient time to plan, educating each partner about one another’s program practices and regulations, and anticipating the partnership’s impact on systems and practices, articulating expectations, involving staff, and documenting the results.

5. Developing Partnership Agreements/Plans:

Creating a written document that outlines expectations of the partnership; can be used to resolve conflicts once implementation occurs.

6. Prior experience with the partner, its program, or partnering:

Building on a collegial relationship between programs, experience working together or with another program, and a history of trust, that each program can be relied on to fulfill its commitments.

7. Shared educational philosophy and partnership vision:

Providing organizations and staff with a solid foundation from which their partnership services can flourish.

8. Mutual respect and trust:

Valuing the contributions and opinions of each partner and fostering an environment of equity, tolerance, and flexibility.

9. Communication within and across partnering organizations:

Sharing a commitment to communicating readily, candidly, consistently, and inclusively throughout the partnership life cycle.

10. Involvement of staff in all phases of partnerships: Listening to staff and keeping staff apprised of partnership issues and benefits when planning, developing, and implementing a partnership.

11. Ability to address staff pay differentials: Discussing the differences in programs' pay scales openly, listening to staff concerns, and if possible, increasing the compensation for a partnering program.

12. Financial know-how: Understanding, planning for, and managing income received from different payment mechanisms; thinking strategically about how to blend financial and staff resources to advance partnership goals.

13. Continuous quality improvement systems: Establishing observation and feedback systems to access and enhance program practices across partnership classrooms.

14. Training/Technical Assistance (T/TA): Being able to access expert advice and consultation—in partnership design, agreement writing, negotiation, budget development, and continuous quality improvement systems—throughout the partnership's lifecycle.

15. External support from federal, state, city, and community agencies: Receiving support from federal legislation, state-sponsored partnership information sessions, or advocacy by community allies.

Appendix D: QUILT Partnership Profiles Data Collection Sources and Tools

QUILT State Partnerships Profiles Secondary Sources

- **Child Care Center Quality Regulations.** Data were collected in 2000. *Source:* The Children's Foundation. 2001. *2001 Child Care Center Licensing Study*. Washington, DC: The Children's Foundation. <http://www.childrensfoundation.net/publications.htm>
- **Child Care Development Fund (CCDF) Eligibility.** The most recent data available are as of October 1999. Data were reported in July 2000 by the State Policy Document Project. Data are reported in terms of the federal policy level equivalent for states with income guidelines based on dollar amounts. *Source:* State Policy Documentation Project. July 2000. *Child Care Assistance for Low Income Families: State Income Eligibility For Assistance Funded Under the Child Care Development Fund as of October 1999*. <http://www.spdp.org/tanf/lowincome1.PDF>
- **Child Care Development Fund (CCDF) Funding.** The most recent funding data available for the CCDF are for federal fiscal year 2001, based on a report released in January 2001. Funding reported in this table is the total Federal-Only Fund. *Source:* National Child Care Information Center. February 2001. *FY 2001 Final CCDF Allocations*. Washington, DC: Child Care Bureau. <http://nccic.org/cctopics/ccdf-allocations.xls>
- **Child Care Development Fund (CCDF) Numbers Served.** The data represents the average number of children served per month. The most recent data available are from federal fiscal year 1998, based on a report released by the Child Care Bureau in December 2000. *Source:* Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. December 2000. *Child Care and Development Block Grant/Child Care and Development Fund, State by State Child Care Table*. Washington, DC: Child Care Bureau. <http://www.acf.dhhs.gov/programs/ccb/>
- **Children Age Birth to 18 and Children in Poverty.** Data are based on 1999 population estimates. *Source:* U.S. Census Bureau. 1999. *State and County QuickFacts*. Washington, DC: U.S. Census Bureau. <http://quickfacts.census.gov/qfd/>

- **Children in Poverty.** Data are based on 1997 model-based estimates and represent the share of children under age 18 who live in families with incomes below the U.S. poverty threshold. In 1996, the poverty threshold for a family of four was \$15,911. Poverty status is not determined for people in military barracks or institutional quarters, or for unrelated individuals under age 15 (such as foster children). *Source:* U.S. Census Bureau. 1999. *State and County QuickFacts*. Washington, DC: U.S. Census Bureau. <http://quickfacts.census.gov/qfd/>
- **Contact Information.** The contact information is from January 2001 and is based on information from the Quality in Linking Together (QUILT) contact database compiled by the National Child Care Information Center, Community Development Institute, and Education Development Center. *Source:* Quality in Linking Together: Early Education Partnerships Project database.
- **Federal Head Start Eligibility.** The most recent data are from the Head Start Bureau's website updated January 8, 2001. *Source:* U.S. Department of Health and Human Services. 2001. *Frequently Asked Questions About Head Start*. Washington, DC: Head Start Bureau. <http://www2.acf.dhhs.gov/programs/hsb/>
- **Federal Head Start Funding and Numbers Served.** The most recent data available are from federal fiscal year 2000, based on a report released by the Head Start Bureau. *Source:* Head Start Bureau, U.S. Department of Health and Human Services. 2000. *2000 Head Start Statistical Fact Sheet*. Washington, DC: Head Start Bureau. (Fiscal year 1999 data are available at: <http://www2.acf.dhhs.gov/programs/hsb/>.)
- **Governor.** Information collected after the November 2000 elections by the National Governors' Association. *Source:* National Governors' Association. 2001. *NGA Online: Governors*. Washington, DC: National Governors' Association. <http://www.nga.org/governors/>
- **Median State Income.** The methodology used to compute 4-person family median income by state uses the most recent data available from the March Current Population Survey (CPS) and the decennial census of population conducted by the Bureau of the Census; as well as per capita personal income estimates produced by the Bureau of Economic Analysis. The figure represents the dollar amount that divides the income distribution into two groups—half with an income above the median, and half with an income below it. Many states use Median State Income to determine eligibility for child care subsidies. For example, some states grant subsidies to families with an income below the state median and others grant subsidies to families with an income below 125 percent of the state median income. *Source:* U.S. Census Bureau. 2001. *Median Income for 4-Person Families by State*. Washington, DC: U.S. Census Bureau. <http://www.census.gov/hhes/income/4person.html>

- **Other Funding and Numbers Served.** The data are from a review of data compiled by the Children’s Defense Fund and the National Center for Children in Poverty. *Sources:* H. Blank, K. Schulman, and D. Ewen. 1999. *Key Facts: Essential Information about Child Care, Early Education, and School-age Care.* Washington, DC: Children’s Defense Fund. <http://www.childrensdefense.org/head-resources.htm>.

N. Cauthen, J. Knitzer, and C. Ripple. 2000. *Map and Track: State Initiatives for Young Children and Families, 2000 Edition.* New York, NY: National Center for Children in Poverty. <http://cpmcnet.columbia.edu/dept/nccp/mt00text.html>

- **Population.** Population data are based on 1999 estimates. *Source:* U.S. Census Bureau. 1999. *State and County QuickFacts.* Washington, DC: U.S. Census Bureau. <http://quickfacts.census.gov/qfd/>

- **Prekindergarten Eligibility, Funding, Numbers Served, Child/Staff Ratios, and Maximum Group Size.** The most recent data available are from in-depth telephone interviews with state prekindergarten administrators conducted by the Children’s Defense Fund from the summer of 1998 through mid-1999. *Source:* K. Schulman, H. Blank, and D. Ewen. 1999. *Seeds of Success: State Prekindergarten Initiatives 1998-99.* Washington, DC: Children’s Defense Fund. <http://www.childrensdefense.org/head-resources.htm>

- **Small Family Child Care and Group/Large Family Child Care Quality Regulations.** Data were collected in 1999. *Source:* The Children’s Foundation. 2000. *2000 Family Child Care Licensing Study.* Washington, DC: The Children’s Foundation. <http://www.childrensfoundation.net/publications.htm>

QUILT Phone Interview Guide for Local Partnering Programs

1. What type of organization or agency do you work for?
2. Does your organization participate in more than one full-day, full-year partnership?
3. Who do you partner with? How long have you been partners?
4. What led you into this partnership? What needs does the partnership try to meet?
5. How is the partnership structured? Where are the kids served?
Who provides the teaching staff and who pays for what and how much?
Are your managers' salaries paid out of two funding streams?
If Head Start: what is the role of the Head Start policy council with the partnership?
How has family involvement changed as a result of the partnership?
6. What are the ingredients of success of this partnership?
What factors/resources helped in creating a partnership and what is working well?
Can you give an example?
7. What problems have you overcome in this partnership? What are some of the lessons that you have learned? Can you give examples?
8. Are there barriers or challenges that are caused by partners' different regulatory requirements?
9. What would you do differently next time? What information, resources or assistance would have been helpful to you that you would recommend to others?
10. How has the partnership changed or grown since it started?
Any plans for change in the near future...long-term vision?
11. What are the benefits of this partnership?
12. Is there anything else you would like to say, about either the partnership or the process of collaborating, that might be helpful to programs that are just starting to partner?
13. Do you have materials or documents from your partnership that you would be willing to share with others through the QUILT web site? For example, written procedures, training materials, job descriptions, legal agreements, budgets, recruitment materials or program brochures.

10. Children Mixed in Partnership Setting? CC/HS CC/Pre-K HS/Pre-K No Mix Other _____
 (e.g. Head Start funded children and non-Head Start funded children integrated in one classroom)

11. Partnership Services:

Services	Partner Responsible for Direct Service Delivery					Children Receiving Services	
	HS	CC	Pre-K	HS	non-HS		
Child Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Family Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parent Educ./Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transitional Child/ and Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

12. Services Include:

Evening/weekend care	No	<input type="radio"/>	Yes	<input type="radio"/>
Evening/weekend home visits	No	<input type="radio"/>	Yes	<input type="radio"/>
Sick child care (care for mildly ill child)	No	<input type="radio"/>	Yes	<input type="radio"/>

13. Who initiated the partnership? CC HS Pre-K Community Other

14. Administration and Management Issues:

a. Does the partnership have a legal agreement/contract?	No	<input type="radio"/>	Yes	<input type="radio"/>
b. Other than a contract, does the partnership have a written partnership plan?	No	<input type="radio"/>	Yes	<input type="radio"/>
c. Are there written oversight/monitoring procedures?	No	<input type="radio"/>	Yes	<input type="radio"/>
d. Are there written procedures for communication among partners? (e.g. regularly scheduled meetings)	No	<input type="radio"/>	Yes	<input type="radio"/>
e. Is there a written cost allocation plan?	No	<input type="radio"/>	Yes	<input type="radio"/>
f. Is there a plan for training staff involved in the partnership?	No	<input type="radio"/>	Yes	<input type="radio"/>
g. Do the managers' job descriptions reflect their partnership responsibilities?	No	<input type="radio"/>	Yes	<input type="radio"/>
h. Is there a shared computerized MIS (e.g. HSFIS)?	No	<input type="radio"/>	Yes	<input type="radio"/>
i. Do you share the cost of equipment?	No	<input type="radio"/>	Yes	<input type="radio"/>
j. Do you share business operations (e.g. USDA processing)?	No	<input type="radio"/>	Yes	<input type="radio"/>
k. Do you purchase transportation jointly?	No	<input type="radio"/>	Yes	<input type="radio"/>
l. Is there a competitive RFP process for partner selection?	No	<input type="radio"/>	Yes	<input type="radio"/>
m. Is there an ongoing advisory group for the partnership?	No	<input type="radio"/>	Yes	<input type="radio"/>
n. Did partnership develop out of a broad-based community planning process?	No	<input type="radio"/>	Yes	<input type="radio"/>

15. Partnership's broader impact on secondary partner's internal practices:

Parent Decision Making	No	<input type="radio"/>	Yes	<input type="radio"/>
Parent Education	No	<input type="radio"/>	Yes	<input type="radio"/>
Family Services	No	<input type="radio"/>	Yes	<input type="radio"/>
Salaries	No	<input type="radio"/>	Yes	<input type="radio"/>
Management	No	<input type="radio"/>	Yes	<input type="radio"/>
Staff Training/Development	No	<input type="radio"/>	Yes	<input type="radio"/>

16. What were the primary objectives for launching this partnership? (choose up to five):

Enhancing health and family services	<input type="radio"/>
Enhancing the quality of children's education services	<input type="radio"/>
Expanding services into new communities	<input type="radio"/>
Extending service hours	<input type="radio"/>
Linking with partners to coordinate and maximize staff training	<input type="radio"/>
Linking early education systems in the community	<input type="radio"/>
Maximizing funding and cost effectiveness	<input type="radio"/>
Maximizing use of facilities	<input type="radio"/>
Offering increased options for parents	<input type="radio"/>
Offering parents routine home visits	<input type="radio"/>
Responding to changing needs of parents	<input type="radio"/>
Serving a wider age range of children	<input type="radio"/>
Extending days of service	<input type="radio"/>
Serving siblings in one program	<input type="radio"/>
Providing more economically & culturally diverse programs	<input type="radio"/>
Increasing number of children served	<input type="radio"/>
Providing continuity of care	<input type="radio"/>
Improving staff compensation packages	<input type="radio"/>

Appendix E: Partnership Impact Research Project Advisory Committee

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Glossary

Accessible Early Education Services: Services that are affordable, sensitive to parents' cultural and social issues, geographically proximal, available enough hours during the day and year, open to new enrollment, and designed to serve children in multiple age groups and in the context of their family.

ACF (Administration for Children and Families): The branch of the U.S. Department of Health and Human Services that administers federally funded Child Care, Head Start, Community Services, *Temporary Assistance for Needy Families (TANF)*, and Child Support programs. ACF programs are administered through 12 regional offices across the country.

Braided/Blended Funding: A strategy for integrating various funding streams to enhance services to children and families. Even when funding is “braided,” the managing program continues to track each individual funding stream and adheres to each funder’s specific requirements.

Bridge Funding Strategy: The name coined by a local-level respondent for a financial strategy that allows a partner to lend temporary fiscal support to enable its partner to continue to provide early education services to a child whose parents have suddenly become ineligible for child care subsidy. This strategy limits disruptions for the child, supporting continuity of care and improved child outcomes.

Center-Based Child Care: Programs licensed or otherwise authorized to provide child care services in a non-residential setting.

Child Care and Development Fund (CCDF): Funding from the federal Department of Health and Human Services/ACF/Child Care Bureau, integrating multiple funding sources for child care activities across the country. CCDF programs provide services to children and help eligible families (low-income families, families receiving TANF, and those transitioning from public assistance) obtain child care in order to work or attend trainings/school. In addition, services may be provided to children in need of protective services. CCDF makes funds available through block grants to states, territories, and federally recognized tribes. Subsidized child care services are available to eligible families through child care certificates/vouchers or contracts with providers. States determine eligibility for CCDF services within federal limits and also set payment rates for providers and sliding fee scales that determine parent fees. States must ensure that low-income parents have equal access to providers and the same selection of providers as non-subsidized parents.

Child Care Bureau: A division of ACF, U.S. Department of Health and Human Services, which administers the Child Care and Development Fund (CCDF) to states, territories, and federally recognized tribes.

Continuity of Care: Programs that provide continuity of care offer early education services to children in a consistent location throughout the day and/or year, to ensure a stable and nurturing early learning environment. Such care is provided by a consistent set of caregivers, with little turnover throughout the day/year.

Cost Allocation Plan: A systematic way, often based on a formula, of allocating costs across separately funded programs, by organizations involved in Type 1 partnership activities. See Chapter 3 for a thorough description of partnership types.

Early Education (or early childhood education): Services provided by early childhood professionals who work with young children in many different settings such as: nonprofit and for-profit child care centers, family child care homes, Head Start programs, or preK classrooms.

Early Education Providers/Professionals (or early childhood teachers): Anyone paid by public or private funds who is responsible for a young child's healthy intellectual, physical, and emotional growth, has the opportunity to nurture the development of a variety of skills and intelligences, and prepares children to read and succeed in school.

Early Head Start: A comprehensive model for the delivery of services to pregnant women, infants, and toddlers and their families that was created by Congress as part of the 1994 Reauthorization of the Head Start Act. Children remain eligible for Early Head Start services from enrollment until they are three years old.

Even Start: The U.S. Department of Education's Even Start Family Literacy Program provides parents with instruction in a variety of literacy skills and assists them in promoting their children's education development. Its projects must provide participating families with an integrated program of early childhood education, adult basic education, and parenting education.

Full Day, Full Year: Schedule of operation of early education services that meets the needs of parents who are employed or in work training. Full-day programs generally operate at least nine hours a day and at least 50 weeks of the year.

Funding Streams: Sources of funds for early childhood programs and initiatives.

Good Start, Grow Smart: The Bush Administration's new early childhood initiative to help states and local communities strengthen early learning for young children and ensure that young children are equipped with the skills they will need to start school ready to learn. The initiative focuses on strengthening Head Start, partnering with states to improve early childhood education, and providing information to teachers, caregivers, and parents.

Government Performance and Results Act (GPRA): The Government Performance and Results Act (GPRA), enacted in 1993, requires federal agencies to establish standards measuring their performance and effectiveness.

Head Start: Since its founding in 1965, the Head Start program has delivered comprehensive and high quality services—early education, health, parent involvement, social services—designed to foster healthy development in low-income children. A child-focused program that has the overall goal of increasing the school readiness of young children in low-income families, Head Start serves 3- to 5-year-old children, pregnant women, and their families. The Head Start program is administered by the Head Start Bureau, the Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), Department of Health and Human Services (DHHS). Grants are awarded by the ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Program Branches directly to local public agencies, private organizations, Indian Tribes and school systems for the purpose of operating Head Start programs at the community level.

Head Start Bureau: Division of ACF, U.S. Department of Health and Human Services that administers the Head Start program. The Bureau develops and oversees regulations based on the Head Start Act, Head Start Program Performance Standards, and other legislation.

Head Start Program Performance Standards: Federal Head Start regulations that establish the agency programmatic functions, activities, and facilities required to meet the objectives and goals of the Head Start Program as they relate to children and their families. Revised standards were implemented in January 1998.

High Quality: Extensive research has been conducted into what comprises quality in early education. Results point to several structural variables such as child-to-staff ratio as key elements of quality. See Chapter 1 for a thorough description of those variables.

Home Visits: A core part of the parental involvement element of the Head Start program in which providers visit families' homes, allowing parents to learn about the needs of their children and about educational activities that can take place at home.

Incentives: Used to encourage and support early education partnerships. Types of incentives include: setting up processes to review and waive some state regulations; issuing grants to networks or groups of providers who agree to partner to provide services that meet the needs of working families; increasing reimbursement rates for providers who meet quality standards; providing contracts and sample contracts for providers; and providing incentive funding directly to providers.

Partnership: A coming together of services and resources that results in a braiding/blending of funds and program services by local level early education providers, designed to bring about full-day, full-year early education with comprehensive services and a continuity of care.

Partnership Agreement: A detailed written document based on a jointly developed plan that describes the roles and responsibilities of each partner to blend/share resources and provide enhanced services to young children and their families.

Personal Responsibility and Work Opportunities Reconciliation Act of 1996

(PRWORA): A central component of welfare reform, sections of this bill provide for block grants to states to fund TANF and CCDF services.

Prekindergarten (preK): State-funded early childhood initiatives to provide education-related services to children younger than five, in the years before they enter school. Most preK programs are funded through state budget appropriations to a state agency (usually the state education department) to administer a defined program to be operated by school districts directly and/or by other entities in communities.

Quality: see high quality

Request for Proposals (RFP): The formal system whereby the federal government or other funders solicit bids from agencies and institutions.

School Readiness Initiatives: State-funded initiatives for preschool-age children that are designed to prepare them to enter and succeed in school.

Seamless Early Education Services: Early education that expands service options, eliminates service interruptions, and provides a single point of service delivery.

Stakeholders or State Leaders: State level players that are involved in coordinating early education partnerships. Stakeholders can include leaders from welfare and education agencies, state child care administrators, preK directors, or large groups composed of state and local early education leaders and others appointed by governors.

Subsidy (or Child Care Assistance): Payments typically made by the state agency that administers CCDF funds to local child care providers to cover a portion of the total cost of child care for parents/children who meet state subsidy eligibility criteria. May be provided through contracts with providers, child care certificates, or cash payments to parents.

Temporary Assistance for Needy Families (TANF): This block grant to states and some tribes covers benefits, administration, expenses, and services to low-income families transitioning off public assistance. Each state or tribe determines eligibility, benefit levels, services, and time limits for low-income families. (Federal law stipulates that the time limit shall not exceed five years.) Many states transfer TANF funds to finance child care programs or other services.

Title I: Part of the Elementary and Secondary Education Act legislation of the U.S. Department of Education (ED). Section A of Title I describes how funds under this Act may be used to provide early education development services to low-income children through a local education agency (LEA). These services may be coordinated/integrated with other preschool programs.

Training and Technical Assistance (T/TA): Consultation, resources, and training designed to clarify the partnership process, help states support the development of early education partnerships, and assist programs in forming and managing partnerships.

United States Department of Education: The federal agency responsible for programs that deal with public education.



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