U.S. Child Care Bureau. (2002). Partnerships for quality: Improving infant-toddler child care for low-income families [Executive summary]. Washington, DC: Zero to Three.

EXECUTIVE SUMMARY

The demand for good-quality child care has increased in the wake of welfare reform, as many low-income families have entered the workforce and confronted difficulties arranging, paying for, and sustaining the continuity of child care. Infant-toddler child care is scarce in most communities across the U.S., particularly in low-income communities. It is also expensive. Even with the increased availability of child care subsidies, many low-income families face difficulties paying for care. And, although the quality of child care can be a critical influence on the well-being of infants and toddlers, finding good-quality infant-toddler child care can be especially challenging for low-income families.

To address these families' needs, federal and state governments have increased funding for child care and supported special quality initiatives focused on the unique challenges of infant and toddler care. Nevertheless, child care and child development service systems are often fragmented, as are efforts to improve child care quality. Policymakers and program operators have begun to collaborate and develop partnerships to improve coordination across systems and address the child care needs of working parents. These efforts, however, have not necessarily focused on infant-toddler child care.

In fall 2000, ZERO TO THREE and Mathematica Policy Research, Inc. (MPR) obtained funding from the Child Care Bureau of the U.S. Department of Health and Human Services (DHHS) to conduct an in-depth study of collaborative community initiatives designed to improve low-income families' access to good-quality infant-toddler child care. This interim report describes what we have learned in the study's first year about promising strategies for building community collaborations and partnerships, as well as preliminary operational themes that may be helpful for programs, communities, and state and federal policymakers who seek to develop, implement, and support partnership strategies. Because Early Head Start has been at the forefront of efforts to promote the development of community partnerships—especially those with child care providers—to help meet the unique needs of families with infants and toddlers, the report examines these Early Head Start-child care partnerships in detail. A comprehensive report of the study's findings, including lessons for policymakers and program operators derived from the experiences of

child care partnerships and other collaborative child care initiatives, will be completed in fall 2002.

THE RESEARCH QUESTIONS

The research questions that guide our study address five broad themes: (1) quality, (2) affordability, (3) state policy, (4) barriers faced by families, and (5) challenges to collaboration. The questions included the following:

- What community strategies have been implemented to improve the quality of infant-toddler child care used by low-income families? What are the processes of collaboration, and how long does it take to form partnerships and address issues related to the quality of infant-toddler care?
- What community strategies have been implemented to help low-income families pay for good-quality infant-toddler child care?
- How have communities worked with states to access funding and develop policies that address the needs of low-income families with infants and toddlers for affordable, accessible, good-quality child care?
- What barriers do low-income families face in accessing good-quality child care for their infants and toddlers?
- What challenges do child care providers and other community service agencies serving this population (such as Early Head Start programs) face? In particular, what are the challenges to implementing collaborative initiatives and partnerships to increase families' access to good-quality infant-toddler child care?

Because collaborative community strategies for addressing the child care needs of low-income families with infants and toddlers have not been well documented in other research, this study is exploratory in nature. Using an iterative process to identify data sources and collect data for the study, we began by reviewing recent literature on the barriers faced by low-income families who need infant-toddler child care and the strategies that have been implemented to address these barriers. We then conducted interviews with a range of government officials, child care researchers, and other experts and conducted focus groups with child care providers, Early Head Start staff, and others who serve families with infants and toddlers. Based on this initial round of data collection, we identified promising, collaborative community partnerships that are working to address comprehensively the barriers faced by families. We interviewed key players in these partnerships. This interim report summarizes what we learned about these partnerships during the study's first year and identifies emerging themes that we plan to explore in more depth as the study continues.

IDENTIFYING THE BARRIERS

Low-income families with infants and toddlers face significant child care challenges. The barriers to finding and maintaining good-quality child care for children under age 3, as described in recent literature and identified by child care providers and Early Head Start staff include:

- **The supply of infant-toddler care is insufficient.** Many parents face long waiting lists because few infant-toddler slots are available. Regulated infant-toddler care—which is more likely to be of high quality—is especially scarce in low-income neighborhoods. It is also scarce for families who need part-time care and families who need care during nontraditional work hours, as well as for infants and toddlers with special needs and sick children.

- **Most infant-toddler care is not of good quality.** Research has shown that a large proportion of child care for infants and toddlers is not of good quality. Low-income families, in particular, may have limited choices in child care providers because of cost or location constraints. As a result, they tend to rely on poorer-quality child care arrangements, compared with higher-income families.

- **Infant-toddler care is expensive.** The high cost of this type of care affects low-income families disproportionately. They often pay a higher proportion of their income for child care than higher-income families. Many low-income families without access to subsidies cannot afford to pay for regulated child care.

- **Accessing and maintaining state child care subsidies are difficult.** Funding for state child care subsidies is insufficient to serve all eligible families. As a result, states prioritize families to determine which ones will receive assistance. Some eligible families have trouble getting and keeping state subsidies for reasons that include a lack of information about subsidy availability, transaction costs, administrative barriers, structure and level of co-payments, and availability of providers who accept subsidies.

- **Information about the availability and quality of infant-toddler care is lacking.** States face constraints in providing adequate consumer information to parents, and low-income families who are not linked to the welfare system may find access to information especially difficult. Families lack adequate information about the availability and quality of specific child care arrangements. In addition, language barriers prevent some families from accessing consumer information.

- **Transportation to child care can be difficult to arrange.** Because infant-toddler child care is in especially short supply in neighborhoods where low-

income families live, many need transportation to care. Transportation barriers can be severe for families in rural areas, where public transportation may not be available, and for parents who work late shifts and need transportation after public transit stops running.

FEDERAL, STATE, AND COMMUNITY RESPONSES

During the past decade, the federal government, states, and communities have initiated efforts to expand child care supply and improve quality. Not all of these initiatives focus on infant-toddler care, or even on low-income families. Nevertheless, as a whole, they provide important context for understanding strategies being used to promote access to good-quality infant-toddler child care for low-income families. The main initiatives identified include:

- **Child Care and Development Fund (CCDF).** The Personal Responsibility Work Opportunities Reconciliation Act (PRWORA) created CCDF, the primary federal child care funding stream. This federal initiative combined four federal child care programs into a single block grant to states, increased federal funding, and gave states more flexibility in spending the funds. CCDF also requires states to set aside four percent of their grant for quality improvement and additional funds for improving the quality of infant-toddler care. Within broad limits, states have flexibility in setting income eligibility requirements, fee schedules for parent co-payments, and provider reimbursement rates.

- **Local Planning Initiatives.** Several states—including California, Iowa, and North Carolina—have developed initiatives to plan and coordinate early childhood services at the local level. These states provide a broad structure and resources to local planning boards, which plan and implement services based on local community needs and resources.

- **Initiatives Designed to Increase Supply.** States and communities have implemented initiatives to increase the supply of regulated child care, such as supporting new family child care providers, developing new child care facilities, and offering tiered provider reimbursement rates (from CCDF funds) to increase the supply of certain types of care (for example, infant-toddler care or care during nonstandard hours).

- **Initiatives Designed to Improve Quality.** Strategies for improving the quality of care include provider training and education, technical assistance initiatives, support networks for nonregulated "kith and kin" providers, support for obtaining accreditation, Early Head Start-child care partnerships, tiered reimbursement rates that pay more to higher-quality providers, and public rating systems that identify higher-quality providers.

- **Public-Private Partnerships.** Communities have implemented strategies to finance child care services through public-private partnerships, including loan and grant programs, corporate tax incentives, and information and referral assistance.

STRATEGIES FOR BUILDING EARLY HEAD START-CHILD CARE PARTNERSHIPS

Although we identified a number of strategies that states and communities are using to expand and improve child care supply and quality, not all of them focus specifically on infant-toddler care and care for low-income families. In addition, in some communities, the initiatives did not appear to be well-coordinated. Early Head Start-child care partnerships, however, are good examples of initiatives that target both the need to improve quality and supply for low-income families and the need to focus on access and quality specifically for infant-toddler care.

The experiences of the Early Head Start-child care partnerships can provide useful information for policymakers and program operators who seek to implement similar partnership or community collaborative strategies to help low-income families access good-quality infant-toddler child care. We also found that most of the Early Head Start-child care partnerships we examined were collaborating not only within the partnership, but also with community child care resource and referral agencies (CCR&Rs), community colleges, health-related initiatives (for example, Healthy Child Care America projects), or other community agencies. Other initiatives and partnerships seeking to expand families' access to good-quality infant-toddler care might also benefit from these community resources.

Head Start Program Performance Standards

Early Head Start, which began in 1995, extended Head Start services to low-income pregnant women and families with infants and toddlers up to age 3. A comprehensive, two-generation program, it focuses on enhancing children's development while strengthening families. Today, more than 640 programs across the nation serve more than 55,000 families.

Early Head Start programs must adhere to the revised Head Start Program Performance Standards (HSPPS), which took effect in January 1998 (Administration for Children and Families 1996). These standards lay out requirements for the quality of early childhood development and health services, family and community partnerships, and program design and management and establish a set of expectations for the quality of services provided in child care settings. For example, the standards require that care be developmentally appropriate and designed to promote the formation of secure relationships by providing continuity of care. Child care teachers must have a Child Development Associate (CDA) credential or higher degree within a year of hire. Children must be cared for in groups of no more than eight, with at least one teacher for every four children.

The Head Start Bureau expects Early Head Start programs to take responsibility for helping to arrange child care for all families who need it. Moreover, programs must ensure that their child care arrangements, whether provided in a program-operated child care center or through a community child care provider, adhere to relevant performance standards.

Developing the Partnerships

To meet families' child care needs, many Early Head Start programs have developed partnerships with child care providers in the community that agree to work toward meeting the performance standards. Partnerships, which develop in response to families' child care needs, community characteristics, and available resources, vary from one community to another. We identified three main types of partnerships: (1) comprehensive partnerships, (2) subsidy enhancement partnerships, and (3) technical assistance partnerships.

These partnerships vary in their staffing configurations, partnership agreements, financial arrangements, and intensity of support and technical assistance offered to child care providers (Table 1). In turn, these differences affect implementation—both the challenges partnerships face and the successes they achieve. Next, we describe key characteristics of the Early Head Start-child care partnerships studied.

Staffing. Almost all Early Head Start programs name a provider liaison to serve as the primary contact with child care providers. Typically, liaisons participate in provider recruitment and selection, visit child care partners regularly to offer technical assistance in implementing the HSPPS, and loan or provide equipment, toys, and consumable supplies to child care providers. They also help teachers with professional development, which includes creating individual professional development plans, and coordinating CDA and other training. Other Early Head Start staff, such as family advocates or disabilities specialists, supplement this support. Some programs also bring in staff from other community agencies to support the partnerships.

Provider Recruitment. In most of the partnerships we studied, Early Head Start programs try to recruit both centers and family child care homes. Only a few recruit one or the other exclusively, usually because of the limitations in available child care supply or resources available to invest in partnerships. Most programs recruit partners by extending an open invitation to all licensed child care providers in the community. They send mailings, obtain recommendations from child care resource and referral agencies, advertise in local newspapers, post fliers, and invite providers to orientation sessions. Some programs recruit new family child care providers and help them become licensed. A few do not recruit widely, because they have decided to concentrate their resources on a few selected child care partners.

Partnership Agreements. Formal agreements are central to Early Head Start-child care partnerships, because they document the expectations and obligations of each partner. Often, they represent the culmination of an in-depth decision-making process about whether to go forward with the partnership, as well as a negotiation phase in which the terms of the

TABLE 1

KEY CHARACTERISTICS OF EARLY HEAD START-CHILD CARE PARTNERSHIPS

Partnership Characteristics	Comprehensive Partnerships	Subsidy Enhancement Partnerships	Technical Assistance Partnerships
Partnership Agreements	Formal contract for specific number of slots that meet the HSPPS	Formal contract for specific number of slots that meet the HSPPS	Partnership agreement that specifies steps the provider will take to meet the HSPS. Programs do not contract for specific numbers of slots.
Level of Financial Support	Program pays a per-child rate to cover the full cost of care. Additional costs of meeting the HSPPS are covered, such as extra staff needed to meet ratios, CDA training (cost of courses, compensation for teachers while they attend classes, compensation for substitutes), bonuses for qualified teachers to improve retention, equipment, and renovations.	Program pays a per-child rate to supplement the state child care subsidy and parent copayments collected for each child or an agreed upon portion of staff salaries. Supplemental funds for additional costs of meeting the HSPS are common, such as CDA training, teacher bonuses, and equipment.	Financial support is limited. Per-child supplements to state subsidies and parent copayments are minimal. Purchase of equipment and supplies is limited.
Technical Assistance and Training	Support from Early Head Start is intensive. Usually includes weekly visits to the provider, CDA training, individualized staff development plans, assistance with curriculum development, and financial incentives to encourage compliance with the HSPPS.	Support from Early Head Start is intensive, but usually includes fewer financial incentives.	Regular technical assistance and support is provided, but provision of CDA training, equipment, and supplies is limited.
Safeguards Against Interruptions in Care	Families receive services as long as they are eligible for Early Head Start. Continuity of children's child care placements is not jeopardized by temporary loss of eligibility for state child care subsidies.	To receive services, families must be eligible for Early Head Start services and state child care subsidies. Continuity of children's child care placements is jeopardized by temporary loss of eligibility for state child care subsidies, but partnerships can often maintain the placements in the short term.	To receive services, families must be eligible for Early Head Start services and state child care subsidies. When families lose their child care subsidy and cannot afford to pay for the care, children often lose their child care slots.

SOURCE: Focus groups and individual interviews with Early Head Start staff, child care partners, Head Start and Child Care Bureau staff and technical assistance providers, and others staff from other community programs that support the partnerships.

HSPPS = Head Start Program Performance Standards

CDA = Child Development Associate credential

partnership are decided. Partnership agreements vary in formality and level of detail. Typical partnership agreements describe the resources that the Early Head Start program will provide to the child care partner and the standards that the provider must meet.

Technical Assistance and Support. Early Head Start programs usually provide child care partners with technical assistance and support during regular visits—which can be as often as weekly. Provider liaisons assess quality and adherence to the HSPPS, work on goal plans with providers, offer feedback about the quality of care observed, model developmentally appropriate caregiving, provide hands-on training, and help providers with

curriculum and lesson planning. Liaisons sometimes bring in outside experts—such as nutrition, health, or disabilities specialists—to support the child care partners.

Teacher Training. Early Head Start programs help child care teachers obtain a CDA credential (if they do not already have one or a higher degree) and participate in other training. In a typical partnership, the provider liaison works with each teacher to develop an individual staff development plan that identifies training needs and describes plans for meeting those needs. Programs help teachers access CDA classes and other training by providing them directly or helping teachers enroll in community colleges or agency-provided courses. Programs tailor training to providers' needs by offering training during evenings and on weekends, providing substitute teachers to relieve teachers of their duties during training, providing CDA courses in Spanish, and providing CDA training through independent study.

Financing the Partnerships. State child care subsidies are not sufficient to cover the cost of child care that meets the HSPPS quality standards. Early Head Start grants usually do not provide enough funding to cover the comprehensive child and family services that the standards require and full-day, full-year child care. Early Head Start-child care partnerships must draw on multiple funding sources to meet families' child care needs and comply with the HSPPS. The following funding sources are typically used:

- **State Subsidies.** Most partnerships studied combine state child care subsidy funds and Early Head Start funds to pay for child care. Typically, a provider agrees to collect the state child care subsidy payment, and in some cases a co-payment from parents. In recognition of the additional costs associated with the HSPPS, the program provides enhancement funds to supplement the subsidy.

- **Other State Sources.** Some states draw on other sources to fund the partnerships. For example, Kansas uses Temporary Assistance for Needy Families (TANF) transfers to fund Early Head Start services provided through partnerships with community child care providers. Missouri funds a similar program with TANF transfers and revenue from taxes on gambling. Nebraska has used a portion of its CCDF infant-toddler set-aside to fund technical assistance partnerships.

- **Private Sources.** Partnerships received limited funding from private sources. Some used private funds to pay for a training component or to temporarily cover child care costs when families lost eligibility for state subsidies. However, none relied on private sources for a significant portion of their funding.

EMERGING THEMES AND NEXT STEPS

The experiences of Early Head Start programs and child care providers in developing and sustaining their partnerships can provide valuable insights for others who seek to implement similar collaborative community strategies to help low-income families with infants and toddlers find and pay for good-quality child care. Staff of the Early Head Start-child care partnerships we studied were able to point to progress in a number of specific areas. While not achieved in all of the partnerships we examined, the successes identified here illustrate the potential of partnerships to improve low-income families' access to good-quality infant-toddler care.

- **Improving quality**, as measured by reduced child-teacher ratios and group sizes, enhanced professional development of child care teachers, more developmentally appropriate practices, greater continuity of care, licensing of informal providers, and improved care for non-Early Head Start children.
- **Expanding supply and improving access** through creating new infant-toddler slots, providing an organized system for helping low-income families find and pay for good-quality care, and providing bus transportation if necessary.
- **Getting more resources for child care providers** in the form of funds, developmentally appropriate toys and equipment, and technical assistance and support.
- **Increased community collaboration**, either in the form of new relationships with community agencies or movement toward a comprehensive system of support for child care providers.
- **Building community awareness of early childhood issues**, with emphasis on the importance of good-quality infant-toddler child care and the resources required to provide such care.

Our first year's research also uncovered enduring challenges that continue to confront the partnerships. The experiences of the partnerships we studied indicate the types of challenges similar initiatives in other communities may face. Among these are:

- **Improving quality and complying with the performance standards**, especially when there were significant differences between the state licensing requirements and the performance standards or differences in the philosophy and organizational cultures of partners. High teacher turnover in some communities made obtaining CDA credentials for all teachers challenging.

The cost of improving quality and complying with the performance standards was also a barrier for some partnerships.

- **Achieving and maintaining continuity of care** in the context of child care staff turnover, subsidy eligibility issues, and transitions out of Early Head Start

- **Matching child care arrangements to families' needs**, including the need for care during nonstandard work hours and conveniently located care.

- **Staffing issues,** including staff supervision across partners and maintaining high morale among provider liaisons.

In the next phase of the study, we will develop in-depth case studies of collaborative infant-toddler child care initiatives in three diverse communities. We will include Early Head Start-child care partnerships, as well as other community-based initiatives and partnerships. Through these case studies, we expect to explore the emerging themes described in this interim report in more depth and to identify new themes. Based on these themes, we will formulate operational lessons that can inform the decisions of a wide range of policymakers and program operators as they seek to help low-income families access good-quality child care for their infants and toddlers.