



EHS NRC

# ADMINISTRATOR TIP SHEETS

## EARLY HEAD START FOR FAMILY CHILD CARE PROJECT

# WHY PARTNER?

EARLY HEAD START FOR FAMILY CHILD CARE PROJECT



## Why Is This Important?

Partnerships among community-based child care organizations are one of the most promising practices emerging in the early childhood field. Through thoughtful partnerships, organizations combine often fragmented funds and piecemeal services to better provide for low-income children and their families. All parties benefit from such arrangements: children, families, providers, and the community.

### Tips for Getting Started:

- **Before anything else, do your homework.** If you don't have a history of collaborating with other organizations, read up on community partnerships and find out why so many of your colleagues are employing this successful strategy.
- **Develop a "short list" of potential partners.** If you already have a good working relationship with an organization, you've got a great starting point. What does each player have to contribute? To gain? Ask for recommendations. Use others' experience as a guide.
- **Define the type of partnership you are forming.** Are you primarily interested in enhancing local and national requirements for quality through conformance to the Head Start Program Performance Standards? Or, is your chief need to help families access social services and early identification of children with disabilities? The clearer your goals, the more specific you can be in spelling out what will be needed. Make sure that written agreements clearly communicate expectations in a Memorandum of Understanding (MOU).
- **Don't forget the nitty gritty.** Clarifying roles is key. All parties must agree to terms of engagement, decision making, cost sharing, monitoring, and oversight.
- **Follow the money.** Everything depends on funding. Partnerships allow you to draw on the multiple funding sources available in the community. They also allow you to plan for continuous services and continuity of care when families' circumstances change. Make use of braided funding to protect both families and your program through times of transition and stress.

### Successful partnerships support:

1. High-quality care for all low-income infants and toddlers enrolled in participating family child care (FCC) programs.
2. Comprehensive services (including both expanded and additional services) for families.
3. Enhanced quality of services and professional development.
4. Coordinated service delivery built into the community's infrastructure.



## Tips for Keeping the Partnership Going:

- **Build trusting relationships.** Strong, nurturing relationships between providers and children foster development and learning. Between organizations, such relationships undergird effective partnerships. Partners need to be able to speak their minds with respect and appreciation. Open, honest communications are the foundation of success.
- **Meet regularly.** Meetings are vital to ensuring progress. Meetings provide forums for discussing problems before they become obstacles and give all participants opportunities to voice concerns and celebrate successes.
- **Share a common vocabulary.** You can avoid miscommunication by agreeing on terms, eliminating jargon, and ensuring understandings.
- **Embrace a common mission.** Not every organization is going to see things the same way. However, to be effective, partners must be united in their philosophy and dedication to meeting the project's stated goals.
- **Focus on the goals.** Avoid five common impediments: competing goals, relationship conflicts, control issues, differing values, and a feeling of helplessness.
- **Be realistic in meeting goals.** Change is hard and often takes place in small increments. Even baby steps are progress—so reward your progress and appreciate what you have done rather than dwell on what you can't change.
- **Recognize and applaud your partners' achievements.** Remember, you're not in this alone. When your partners succeed, you do too.
- **Think about "collective impact."** Social scientists believe that change emerges from a united movement, not isolated solutions. Work with your partners as a team with a common approach, rather than as organizations jointly funded to do individual tasks.
- **Build an infrastructure for change.** You may need to dedicate staff to oversee the partnership. This is not just "my" project and "your" goals—it needs to be "ours" in word and deed.

## To Find Out More:

- Goble C. B., & Horm, D. M., (2009). Infant-toddler services through community collaboration. *Zero to Three*, 29(6), 18–22. (An article that describes Oklahoma's approach to building collaborations to strengthen infant/toddler services.)
- Kania, J., & Kramer, M. (2011, Winter). Collective impact. *Stanford Social Innovation Review*, 36–41. (A case study of the commitment of a group of organizations from different sectors to a common agenda for solving specific social problems.)
- 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* (Contract No. ACYF90YE0023/01). Princeton, NJ: Mathematica Policy Research. (An interim report of an in-depth study of collaborative community initiatives designed to improve low-income families' access to high-quality infant-toddler child care.)

## Next Steps:

- **Strengthen existing partnerships.** If you are already in a collaborative partnership, evaluate how it is working. Are you achieving your stated goals? What obstacles are you facing? Are you able to resolve issues to everyone's satisfaction? What might you do to improve? Write out an action plan for the future.
- **Develop new partnerships.** If you are ready to embark on a collaborative project, have you met the conditions described above? What else do you need before you are ready to proceed? Develop an action plan and schedule for your project.

## TIP SHEET

# CREATING SYSTEMS FOR SEAMLESS SERVICE DELIVERY: THE KEY TO HELPING YOUNG CHILDREN THRIVE

EARLY HEAD START FOR FAMILY CHILD CARE PROJECT

## Why Is This Important?

Everyone wants young children to thrive. How we go about achieving this goal, however, is not always clear. What we can all agree on is that in order for infants and toddlers to flourish, three basic needs must be met: (1) good health, (2) strong families, and (3) positive early learning experiences.<sup>1</sup> Good health means that children grow and develop optimally. Strong families engage in effective parenting and are involved in children's care and learning. Positive learning experiences provide nurturing care and enriching experiences in the context of caring environments that are safe and promote the development of strong relationships.

How can we make sure that children get these three necessities? Our best answer is through joining forces with others and availing ourselves of the many resources found in our states and communities to support young children and families. The objective of this approach is to provide a continuum of services that is coordinated and fine-tuned to cater to each child's and each family's needs. A seamless service-delivery system created through identifying and connecting with available services, linking to financing from multiple sources, and coordinating services will help to promote thriving children and families.

A seamless delivery system not only benefits children and families, it also changes the way state and community stakeholders approach their missions. It's no longer a question of what a particular agency or organization can do, but a question of how they can work together to provide a full array of services that are customized to help children flourish. For example, the intake of children and families can be coordinated to ensure that children are properly placed, referrals and follow-up treatment are provided, and financial resources are used effectively. Programs such as Early Head Start, child care, home visiting, and the public schools can partner to match the strengths of their programs to the needs of each child and family in their community. Together they are more likely to prepare young children to be ready for their school years and to succeed in life. Likewise, services can be provided seamlessly and continuously from the prenatal stage to age 3 and beyond.

Change of this magnitude at either the state or community level is difficult and takes time. Combining the bureaucracies of different agencies and organizations with the individual perspectives of all stakeholders complicates the task further. Yet, with planning, dedication, and the belief that these changes will truly make a difference, an effective system of seamless services can be set in place.

## Tips for Getting Started in Coordinating Systems

- **Facilitate and support cross-agency relationships.** Make sure that the appropriate people are at the table. Convene teams with diverse perspectives, each of which brings its own expertise and strengths. Participants might include the health department director, a WIC representative, the bank manager, the local librarian, religious leaders, community college faculty, early intervention staff, parent educators, family child care providers, EHS/HS directors, child care fund staff, etc. Clarify the roles and expectations of each stakeholder.
- **Link planning and policy across agencies.** Work together to make sure that each stakeholder supports the others and that there is not duplication of effort. Create cross-agency mechanisms to share funding, staff expertise, and decision making. Align functions such as intake, screening, training, technical assistance, professional development, and program support. As appropriate, bring in regional staff persons who are familiar with both the players and the funding system.
- **Establish and set benchmarks across systems.** Coordinate monitoring, reporting, and evaluation efforts. Building cross-system, electronic communication, and data-collection capacities enables partners to communicate with one another and to measure progress against cross-system competencies and standards.
- **Be creative in blending and braiding funds locally.** Consider all sources of funding, from government to private foundations, philanthropists, and businesses. Become knowledgeable about federal, state, and local requirements and funding sources. Keep state and local government funds in mind in addition to federal funds. Know which national and local foundations provide funding for children's causes. Learn how to approach philanthropists and business leaders in your community by showing how they might benefit from financing a project.





## Tips for Getting Started in Creating Connections Across Systems

- Widen your vision.** Don't depend on the sources you already know. The "same old, same old" will get you only so far. Potential collaborators come in many forms and places—government, private sector, and nonprofit. Look at every community agency, business, or resource as a possible connection.
- Build understanding across systems.** Get to know the missions, goals, and benchmarks potential partners are using to support children and families. Be prepared to explain yours clearly.
- Include agencies, organizations, and individual programs that will provide children with health-related services.** Since good health is integral to children's growth and development, this is a natural starting point. Look for collaboration from those who can support or perform screening and testing, provide medical and dental assistance, offer healthy meals and snacks, and support special needs.

State or local government offices that are potential connections include: the Department of Health, Maternal and Child Health, Public Health Service, Department of Mental Health/Hygiene, Child Welfare/Child and Family Services/Welfare Department, Child and Adolescent Health, Women's Health, Indian Health, and the Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC. Community health clinics and other local health care providers such as HMOs and pediatricians might also become possible connections.
- Find partners committed to strengthening families.** To be effective primary caregivers, parents and guardians must first have their own basic needs met. Parents and guardians who are poor, homeless, uneducated, have problems with substance abuse, or live with an abusive partner may not be able to give their children all of the attention and guidance they need. In fact, many families would welcome culturally competent information on parenting or child development. By supporting families, we automatically support children.

Some potential state or local agencies and organizations to which you might connect are those focusing on welfare/workforce development, substance abuse services, adult education/family literacy, and immigrant/refugee assistance.
- Community-based family programs, civic organizations, religious institutions, and institutes of higher education/state and community colleges also offer services for families that might be tapped into.
- Locate programs and providers that will offer positive learning experiences for infants and toddlers.** Every community has early childhood educational programs, but not every community has early childhood services that work together to best serve children. Think, for example, how you can combine different types of funding sources to provide children high-quality full-day care and comprehensive services.

To secure a high-quality educational program for infants and toddlers, look to these partners: Child Care Resource and Referral Agencies, child care licensing; Child Care Subsidy offices; Departments of Education; Early Head Start and Head Start programs; early intervention programs; and home visiting programs. Religious institutions, local libraries, and nearby military installations that sponsor child care might also be potential collaborators.

# Tips for Getting Started in Linking Financing

- **Make the case for sharing resources.** Reach out to the state or local decision makers managing/ distributing the resources in question. Point out the benefit of leveraging diverse funding sources; no one source has the burden of maintaining the whole range of services children and families at risk may need to thrive.
- **Think creatively.** Just because a certain funding source has not been tapped before does not mean it can't be a resource now. In addition to federal and state grant programs, check out grant programs at the local and community levels, private foundations, and businesses. Don't forget in-kind contributions.
- **Understand how public funding flows.** Pinpointing where funding sources are generated and how they flow to your state or community is important. In addition to federal dollars, states and localities may have funding streams such as state gaming or lottery funds or cigarette tax dollars that they are using for early childhood education. Counties and cities sometimes dedicate a portion of their tax dollars to early childhood. Find out who is making the key decisions about the distribution and use of these funds, and get to know them.
- **Learn the "allowable uses" for potential funding streams.** Sometimes funds are used a certain way just because that's how it's always been done. In actuality, though, there may be some flexibility in the rules. Getting to know those rules will help you in applying negotiable aspects as well as making sure you meet the nonnegotiable aspects.
- **Plan to finance strategically.** Learn how to layer different sources of funding to deliver the full range of services necessary for families as seamlessly as possible. Develop cost-allocation plans or tools to ensure that these different sources and types of financing are being used appropriately.
- **Explore possible resources for funding health services.** These include:
  - State Children's Health Insurance Program (CHIP), <http://www.schip-info.org/>
  - Medicaid, <https://www.cms.gov/home/medicaid.asp>
  - Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT), <http://www.hrsa.gov/epsdt/overview.htm>
  - Comprehensive Community Mental Health Services for Children Grants, <http://www07.grants.gov/search/search.do?oppld=49711&mode=VIEW>
  - Linking Actions for Unmet Needs in Children's Health (Project LAUNCH), <http://projectlaunch.promoteprevent.org/>
  - Child and Adult Care Food Program (CACFP), <http://www.fns.usda.gov/cnd/care/>
  - WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), <http://www.fns.usda.gov/wic/>
  - Supplemental Nutrition Assistance Program (SNAP), <http://www.fns.usda.gov/snap/>
- **Look for funding sources to underwrite services for supporting strong families.** Among these are:
  - Temporary Assistance for Needy Families (TANF), <http://www.acf.hhs.gov/programs/ofa/tanf/about.html>
  - Child Welfare Title IV-B and IV-E, [http://www.acf.hhs.gov/programs/cb/laws\\_policies/cblaws/safe2003.htm](http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/safe2003.htm)
  - Social Service Block Grant, <http://www.acf.hhs.gov/programs/ocs/ssbg/>
  - New Maternal, Infant, and Early Childhood (MIEC) federal grants to states and existing state home visiting programs, <http://www.hrsa.gov/grants/manage/homevisiting>
  - Even Start, <http://www2.ed.gov/programs/evenstartformula/index.html>
  - Community-Based Child Abuse Prevention, [http://www.acf.hhs.gov/programs/cb/programs\\_fund/discretionary/community.htm](http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/community.htm)
  - Child Abuse Prevention Treatment Act (CAPTA), [http://www.acf.hhs.gov/programs/cb/laws\\_policies/cblaws/capta03/capta\\_manual.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/capta_manual.pdf)
- **Secure funding for positive early learning experiences.** Significant funding sources include:
  - Child Care and Development Fund (CCDF), <http://www.acf.hhs.gov/programs/occ/ccdf/index.htm>
  - Early Head Start, <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start>
  - Title I of Elementary and Secondary Education Act (ESEA, also known as the No Child Left Behind Act—local education authority grants), <http://www2.ed.gov/programs/titleiparta/index.html>
  - Individuals with Disabilities in Education Act (IDEA) Part C, <http://idea.ed.gov/explore/view/p/,root,statute,I,C>

## Next Steps:

- Once your system and program partnerships are in place, the hard part is over. The job, however, is not done. Monitoring and evaluating are ongoing processes. You will have to constantly tweak and refine. Providing seamless services that will help young children thrive demands ongoing attention and rethinking. It's helpful to think of the process outlined in this Tip Sheet as continuous, rather than linear. As your program evolves, you will always be working on improvements. With dedication, flexibility, and creativity you can keep moving ever closer to the ideal system.

# MAKING PROGRAM REGULATIONS WORK FOR YOU

## EARLY HEAD START FOR FAMILY CHILD CARE PROJECT

### Why Is This Important?

Forming partnerships between Early Head Start (EHS) and family child care (FCC) is more than a matter of combining two programs. Each program has its own governing rules and regulations. EHS grantees at the local level are subject to federal rules and regulations. State child care programs that receive funding through the Child Care and Development Fund (CCDF) are also guided by federal regulations; however, the federal legislation provides flexibility for states. In order to

make use of both funding streams, it's important to know the regulations and policy interpretations that define each program. When meshed together, these funds can help improve the quality of care for children and help families work and seek education. Knowing the ins and outs of federal and state rules will give you insight into how you might creatively combine these programs to optimally serve low-income infants, toddlers, and families.

### Tips to Get You Started

- Review the relevant federal regulations and state plans.** The starting point in this process is to read the relevant governance, if you have not done so already. You can find the federal regulations online. The Head Start Act can be retrieved at <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act>, and the Head Start Program Performance Standards (HSPPS) that local grantees must follow may be found at <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>.

The CCDF regulations that describe the flexibility states have to determine child care subsidy policies are available at <http://www.acf.hhs.gov/programs/occ/law/finalrul/fr072498.pdf>. States must submit a plan to the federal government about their CCDF policies (<http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2011-03/pi2011-03.htm>) every two years. Check your state child care agency website to see if they have posted their current plan.
- Know what's federal law and what's state policy.** Become familiar with the laws and regulations at both the federal and state levels. This will help you determine more precisely what you are required to do and whether or not you are in compliance. For example, many states interpret CCDF federal regulations as requiring families to redetermine their eligibility for CCDF subsidies every six months (or even less) and to be working, in school, and/or in training in order to maintain their subsidies. However, federal rules allow states to set eligibility periods and to define the terms "working" and "in education/training." Currently, 22 states use 12-month eligibility periods. Moreover, states may extend subsidies to support families during periods of job search. In addition, states may match eligibility periods to those of partnering programs
- Learn where there is flexibility in the laws.** Again, this will allow you to administer programs in a way that best serves the clientele. To illustrate, CCDF law may lead you to believe that using CCDF funding requires parents to pay a fee for services delivered in partnership. This is in direct contradiction with EHS rules that state that services are free. A further reading of CCDF regulations, however, reveals that states are allowed to waive copayments for families under the federal poverty level. As such, the children of poor families who are enrolled in family child care could be exempted from copays.

*Continued on page 2*



- **Consult federal clarifying guidance when you are uncertain how to interpret the legislation.** Perhaps you are wondering how often a family enrolled in EHS needs to have its CCDF eligibility redetermined. If you consult the legislation, you will learn that states have flexibility in determining the frequency of eligibility reviews for families receiving child care assistance. Half of the states use a 6 month eligibility period while the other half use a 12-month period. In addition, you will also learn that States have the option of aligning the eligibility redetermination period to allow families enrolled in Early Head Start to retain their CCDF eligibility for as long as the child is enrolled in EHS. You can find the answer to your question by consulting the clarifying guidance: Policies and Practices that Promote Continuity of Child Care Services, Information Memorandum (CCDF – ACF-IM-2011-06) (<http://www.acf.hhs.gov/programs/occ/law/guidance/current/im2011-06/im2011-06.htm>) and—Eligibility Determination for Head Start Collaboration, CCDF Services, Policy Interpretation Question ACYF-PIQ-CC-99-02. <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm>
- **Make full use of both EHS and CCDF funding.** Federal law permits using both EHS and CCDF funds to care for the same child. The only caveats are that eligibility conditions must be met and that there is no duplication in payments for the same exact services.
- **Think beyond the standard model for braiding funds.** While the “wraparound” model of partnering services (in which child care funds are used to keep children in FCC before and after EHS hours) is a viable one that will well serve many communities, it is not the only one. It is allowable, for instance, to use the CCDF subsidy to pay for full-day child care and to use EHS funds to enhance the quality of care, help FCC providers meet staff-to-child ratio requirements, and provide comprehensive services to the children and families served.

- **Target funds to support program stability and continuity of care for children.** States or counties might do this by using a portion of their CCDF subsidy dollars to contract for a set number of slots with providers who agree to set aside slots for CCDF-eligible children. Or they can use EHS funds to provide continuity of care by filling in the gaps when child care funding is not available. For example, EHS funds can be used to pay for the child of a teen parent during the summer months when she is not in school or working and thus is ineligible for a child care subsidy.

- **Use funds to support program quality, including providers’ professional development.** FCC providers must earn a Family Child Care Child Development Associate (CDA) credential in FCC within two years of joining EHS. In addition to their professional development budget, EHS grantees may also draw on the EHS/HS federally funded training and technical assistance system to support their child care partners. States may target some of the CCDF grant dollars they are required to set aside for enhancing quality of care to provide scholarships and offer mentoring and other supports.



*Knowing the ins and outs of federal and state rules will help you creatively combine both programs to best serve low-income infants and toddlers*



# To Find Out More:

The following resources can help clarify child care and Head Start regulations and guidance and provide more information about the issues discussed in this Tip Sheet.

- Adams, G., & Rohacek, M. (October 2010). *Child care instability: Definitions, context, and policy implications*. Washington, DC: Urban Institute.
- Bromer, J., Van Haitisma, M., Daley, K., & Modigliani, K., (2008). *Staffed support networks and quality in family child care: Findings from the Family Child Care Network Impact Study*. Chicago, IL: Erikson Institute, <http://www.erikson.edu/hrc/hrcprojects/fccnis.aspx>
- Center for Law and Social Policy (CLASP). (March 2009). *Ten policies to improve access to quality child care for children in immigrant families*. Washington, DC: Author, <http://www.clasp.org/admin/site/publications/files/0479.pdf>
- Ewen, D., & Matthews, H. (2010). *Adopting 12-month subsidy eligibility: Impacts on children, families, and state child care programs*. Washington, DC: CLASP, <http://www.clasp.org/admin/site/publications/files/12montheligibility.pdf>
- Hoffman, E., & Ewen, D. (June, 2011). *What state leaders need to know about EHS*. Washington, DC: CLASP, <http://www.clasp.org/admin/site/publications/files/What-State-Leaders-Should-Know-About-EHS.pdf>
- Matthews, H. (2010). *CCDBG: What's in the law?* Washington, DC: CLASP, <http://www.clasp.org/admin/site/publications/files/ccdbginlawrev.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families. *Budgeting for partnerships between child care and Head Start, ACYF-IM-HS-01-13*, [http://eclkc.ohs.acf.hhs.gov/hslc/ttasystem/operations/Fiscal/Financial%20Management/Budgets/fiscal\\_ime\\_00060a\\_081205.html](http://eclkc.ohs.acf.hhs.gov/hslc/ttasystem/operations/Fiscal/Financial%20Management/Budgets/fiscal_ime_00060a_081205.html)
- U.S. Department of Health & Human Services, Administration for Children and Families. *Eligibility determination for Head Start collaboration, ACYF-PIQ-CC-99-02*, <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm>.
- U.S. Department of Health & Human Services, Administration for Children and Families. Family child care option: Final rule. *Federal Register*, 73(5), 1285–1297, <http://eclkc.ohs.acf.hhs.gov/hslc/ttasystem/family/Family%20and%20Community%20Partnerships/Community%20Partnership/Program%20Options/AdditionofFamil.htm>
- U.S. Department of Health & Human Services, Administration for Children and Families. *Verification of citizenship and immigration status by non-profit organizations and Head Start grantees, Program instruction CCDF-ACF-PI-2008-01*, <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2008-01/pi2008-01.htm>

## Next Steps:

- You can have an impact on your state's policies. Become an advocate for EHS and FCC partnerships at the state level. Share information with your state CCDF administrator or attend child care agency public hearings. Talk with your Head Start State Collaboration Office, your federal Head Start Regional Office, and your Head Start Training and Technical Assistance provider about partnership issues. Be active in statewide associations and meetings.
- Consider creating an FCC provider network in your community. A network will allow you to offer ongoing professional development opportunities to a group of committed providers and enable providers to network with colleagues. Forming a network could also make it possible for your state to contract with that group to provide care to CCDF-eligible children enrolled in the FCC homes of network providers.

# LOOKING TO THE FUTURE: CONSIDERATIONS IN BUILDING AN EHS IN FCC PROGRAM

## EARLY HEAD START FOR FAMILY CHILD CARE PROJECT

### Why Is This Important?

Developing an EHS in FCC model requires careful consideration of several elements that are crucial to your success. As you decide how best to proceed, you have a number of questions to consider and choices to make: Should the grantee directly manage the child care delivered in homes, or share responsibilities with providers as independent business operators by contracting with them?

- How should EHS funding and child care subsidies be layered? What other federal, state, and local funds can you make use of?
- How can you identify and retain potential providers who will provide high-quality EHS in family child care?
- How should EHS specialists be used to support quality of care?
- How can families be included and supported?



©iStock.com

### To guide you in answering these questions, consider the following tips:

- **Weigh your options in deciding whether providers should be treated as employees or independent contractors.** When a program hires family child care providers as employees, it assumes direct management of family child care, including setting policies and managing funding. Providers will find it attractive that they can share in the grantee’s existing employee compensation and benefit package, including health insurance. But grantees should consider that they must carry liability insurance to cover what takes place in the providers’ homes. In addition, taking full responsibility for provision of EHS may eat up a greater part of an EHS grant than the contracting option, especially if the grantee chooses not to pursue and layer in child care subsidy funding to pay for full-day, full-year child care.

In contrast to hiring family child care providers as employees, programs that contract with providers share responsibilities with providers who operate as independent business owners. In this model, providers may care for children from families with different financial arrangements; providers are free to serve EHS, child care subsidy, and private-pay families, and they work directly with each family to arrange service hours—for example, some contracting providers may offer flexible hours to accommodate families who have nontraditional work hours. The contracting option could help a grantee get more from its federal EHS grant, especially in layering child care subsidy funding into the model. Providers can take responsibility for (and bring their experience to) securing payments from and managing contact with the child care

subsidy system for eligible families. This leaves the grantee able to reserve EHS funds to enhance the quality of care and to subsidize professional development and the purchase of supplies, as well as to provide comprehensive services to the children and families served. It is important to note that contracting requires care and expertise in drawing up a sound contract that clearly spells out both parties’ expectations and responsibilities. Furthermore, the grantee must take care to avoid the appearance of an employer/employee relationship, to ensure that it is not liable for the employer portion of the contractor’s Social Security and other payments based on compensation (Cohen, 2001).

- **Make sure you are using funding sources to your best advantage.** In Tip Sheet #3, we

*Continued on page 2*



discussed ways to creatively use both EHS and child care funding to best serve children and families. The traditional “wraparound” model, which taps child care subsidy funds for before and after EHS hours, does not take full advantage of child care subsidies. In contrast, “layering” allows you to maximize both funding sources, for example, by using full-time subsidy funds for families who maintain state eligibility requirements and layering EHS funding on top to enhance continuity, quality, and access to comprehensive health and nutrition services. As noted in Tip Sheet #3, this layer of EHS funding can also be used to maintain continuity of care by covering the cost of child care should a family temporarily lose eligibility for child care subsidy, to provide scholarships for providers working on their CDAs; to include providers in EHS training and other professional development opportunities, and to pay for child development specialists to coach providers.

While EHS and CCDF funds are your main funding sources, don’t forget to look for other federal, state, or local programs that can be tapped into. For example, the federal Child and Adult Care Food Program (CACFP) can be used to reimburse providers for nutritious meals and snacks. Similarly, state programs such as state public/private partnerships for early childhood or local United Way organizations may be appropriate sources for additional funding. Become familiar with the different funding streams available (see Tip Sheet #2), and learn how to make them work for you.

- **Seek out providers who share your program’s goals and dedication.** Begin your search for new providers with current providers who you think are doing an excellent job. Ask them for recommendations—providers who take pride in their work may know other providers who share their values. Look for new providers who are accredited by the National Association for Family Child Care (NAFCC) and/or who have met state Quality Rating Improvement System (QRIS) standards. Beyond this, work with licensing experts and child care resource

and referral agencies (CCR&Rs) to identify providers who have met licensing standards and completed training on caring for infants and toddlers.

- **Make the EHS in FCC program attractive to providers.** Once you have identified potential providers, encourage them to embrace your program. While philosophy, dedication, and enthusiasm go a long way in making your program attractive, you may need to offer incentives that will make providers want to join your program and stay with it. How can enrolling EHS children in family child care homes benefit providers more than offering family child care alone? Here are some advantages providers might find in partnering with EHS:
  - Providers will have access to comprehensive supports for the children and families they serve. As EHS in FCC providers, they will be a part of a program designed to deliver high-quality, comprehensive services to low-income infants and toddlers and their families.
  - Providers may receive both EHS and child care subsidy funds, so they may find that their income exceeds what they would earn without the support of these two programs. Moreover, there can be a “fail-safe” option for providers and families: If a provider has a slot filled by a child with a teenage mother, for example, EHS funds can cover the summer period when the mother may be neither in school nor working. This change in funding stream can happen seamlessly so that it affects neither the provider nor the family and the child care arrangement remains stable. Some EHS programs also set a standard rate that can compensate for state rates that change based on the age of the child.
  - If providers are employees, they may have access to health insurance and other benefits. If providers are contractors, they can join together for group purchases of insurance, supplies, and the like.
  - Providers may be given support to earn a CDA and access EHS professional development.

- Providers will receive mentoring and coaching services. Child development specialists are there to support providers and ensure their success.
- Providers will become part of a network of colleagues.

- **Determine how to optimize the role of the child development specialist to best serve the project.** One of the ways that enrolling EHS children in family child care builds in quality is through the requirement that each grantee hire a child development specialist who can both coach providers and monitor them for compliance. Specialists are required to visit providers at least every two weeks, with some of these visits being unannounced; research (Bromer, 2009) has shown that regular support and technical assistance from specially trained coordinators who consult with providers in their homes, through meetings, and via phone calls can improve the quality of licensed family child care. In deciding how to best staff this position, consider the following:
  - Do you want one person to do both the coaching and monitoring, or do you want to split the responsibilities into two positions? Think about the skills a person needs to be successful working with providers in their homes.
  - How can you screen applicants to ensure that the specialists you hire are knowledgeable not just about EHS, Head Start Program Performance Standards (HSPPS), and family child care, but also about licensing, subsidies, CC&Rs, and quality supports?
  - How can you keep caseloads low enough so that specialists can devote sufficient time to *each provider*?
  - *How do you encourage specialists to build a relationship with each provider they work with?*

In answering these questions, you will be able to select specialists who can ensure that quality remains in the forefront of all EHS in family child care programs.

Continued from page 2

- **Look for ways to include and support families.** Families enrolled in EHS may choose among the various program options that the Head Start grantee offers. Grantees will want to be sure that staff members are equipped to help families understand each of the options so that they can choose the one that is best for their child and family. Grantees will also want to work with local CCR&Rs or government agencies that determine eligibility for child care subsidies or advise parents on child care choices so they can inform eligible parents of this option in the community. To ensure that families are receiving the comprehensive health, nutrition, and mental health services required by the HSPPS, family support specialists and family child care providers can band together to both identify and address family needs. In addition, grantees need to be certain that family involvement and Policy Council policies are updated to be inclusive of the families that choose family child care, and make them feel that their voices and concerns are welcome.

## Next Steps:

This Tip Sheet, which is the last in a series of four, can help you decide whether a program should move forward with EHS in family child care and, if so, how to put together a model that best meets the program's needs and those of the community.

- Review the community assessment to see if the changing demographics might indicate a need for family child care. For example, are families who are currently being served through a home-based option now accepting employment and therefore needing child care? Are there families who need nontraditional hours? Are there many families with more than one child in Early Head Start/Head Start who might like their children to attend family child care together?
- Reach out to community agencies that share the goal of offering high-quality child care to all low-income children to see how you could collaborate and pull together your resources, including funding and such things as professional development.
- Work with your regional and state offices. Their approval is necessary to braid funds, change options, or convert slots.

Bring your board, Policy Council, and governing body into the conversation early to get their buy-in and advice. Make sure they understand the benefits of family child care and how it meets your grantee's needs—and those of the children and families you serve. Let them know which of the considerations discussed in this Tip Sheet you recommend.

## To Find Out More:

Take a look at the other tip sheets. Tip Sheet 1 was on partnering, Tip Sheet 2 focused on creating systems for seamless service delivery, and Tip Sheet 3 dealt with making regulations work for you. They can all be found at the Early Childhood Learning and Knowledge Center (ECLKC) site (<http://eclkc.ohs.acf.hhs.gov/hslc>). Even if you've read them previously, you may find new insights by rereading them and by reading them all together. Take a look at the following articles for a more in-depth understanding of some of the content covered here:

- Bromer, J. (2009). *The Family Child Care Network Impact Study: Promising strategies for improving family child care quality*. Chicago: Erikson Institute. Retrieved from <http://www.erikson.edu/hrc/hrcpublications.aspx>
- Cohen, A. (2001). *Partnership issues: Employees or independent contractors?* Fairfax, VA: National Child Care Information Center. Retrieved from <http://nccic.acf.hhs.gov/files/resources/ind-contractors.pdf>