



**December 2013:  
Early Head Start and Child Care**

**Background**

The importance of early experiences for lifelong learning, health, and well-being is at the heart of our national commitment to Head Start. Yet in 2012, 5,218,000 children under six were living in families below the poverty line, with about 48% in nonparental care settings, and most communities lacked the resources to provide Head Start or Early Head Start to every eligible child. Program staff know well that families who are eligible but unable to enroll their children are often faced with no other high quality options and are forced to choose among expensive alternatives that may not even meet basic standards for health and safety.

For many years, Head Start and Early Head Start programs have partnered with local child care centers and family child care homes to expand access to high quality care in their communities, but this model has reached relatively small numbers of children. In January 2013, President Barack Obama called for a dramatic expansion of Early Head Start-Child Care Partnerships and in November The Strong Start for America's Children Act proposed policies and funding for these partnerships. Such expansion could raise access to quality care for hundreds of thousands of children. Research below highlights findings about how quality matters for children's learning, how Head Start quality compares to other settings, and how partnerships have been shown to relate to child care partner quality. Over the next few months, NHTSA will be focusing on how partnership models can be strengthened and expanded; if your community is doing something effective and exciting, we hope you'll join the conversation!

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**Resources**

**NHTSA Resources**

NHTSA is working to curate resources and research on Early Head Start and Child Care partnerships for practitioners across the country. Learn more at [earlyheadstartchildcare.nhtsa.org](http://earlyheadstartchildcare.nhtsa.org)!

**ACF Resources**

Looking for tip sheets, webinars, videos, and reports about EHS-CC partnerships?

- The Office of Head Start has posted a range of resources at <http://eclkc.ohs.acf.hhs.gov/hslc/hs/grants/ehs-ccp>
- The Office of Child Care has organized tools at

<https://childcareta.acf.hhs.gov/early-head-start-child-care-partnerships>

### **Expanding Access for Vulnerable Families**

For three examples of Head Start and Early Head Start partnerships that have been developed with local center-based or family child care, look for an article in the January-February issue of Exchange Magazine, written by NHSA Senior Specialist for Research and Policy Emmalie Dropkin.

### **EHS-CC Partnership Team Self-Assessments**

Curious how to assess the partnerships you currently have in your community or how they're integrated into early learning systems in your state? Appendix C of the report linked above has extensive self-assessments for EHS-CC Partnership planning teams at both the local and state levels.

[http://www.mathematica-mpr.com/publications/pdfs/earlychildhood/ehs\\_fcc\\_evalrpt.pdf](http://www.mathematica-mpr.com/publications/pdfs/earlychildhood/ehs_fcc_evalrpt.pdf)

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## **Research**

### **The quality of toddler child care and cognitive skills at 24 months: Propensity score analysis results from the ECLS-B**

*by Erik Ruzek, Margaret Burchinal, George Farkas, and Greg Duncan for Early Childhood Research Quarterly*

To people working with young children, the idea that different levels of quality lead to different levels of outcomes for children is intuitive, but when national policy is being written hard data are needed. In this study, Ruzek et al look at data about two-year-olds from the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B) about the quality of nonparental care they experienced at two years old and their cognitive abilities.

Among all children, about half received nonparental care at age 2; of these, 26% were in low quality care, 61% in medium quality, and 13% in high quality based on the ITERS and FDCRS measures. Among low income children, however, 43% were in low quality care and another 48% in medium quality care, leaving only 9% in high quality settings. The study found that there was a significant relationship between quality of care and children's outcomes, with a particularly strong effect of high quality on raising outcomes for children of all income levels. The authors conclude that the different experiences of quality between low income and higher income children may contribute to the developmental gap between the groups of children that grew in the study between 9 and 24 months of age. These findings underscore that if Early Head Start-Child Care partnerships improve systemic quality, by doing so they create an opportunity to change the outcomes of infants and toddlers both in childhood and throughout their lives.

<http://www.sciencedirect.com/science/article/pii/S0885200613000732>

### **Child care experiences in low-income communities: Developmental quality and maternal views**

*by Christine Li-Grining and Rebekah Levine Coley for Early Childhood Research Quarterly*

The idea that EHS-CC partnerships have the opportunity to raise child care quality relies on an assumption that Early Head Start programs are of higher quality than many other child care settings in their communities. This study, based on the early learning experiences of low-income children ages 2-5 in Boston, San Antonio, and Chicago in 1999 and 2000, finds that quality in center-based Head Start had higher observed developmental quality than other centers on several measures and than licensed family child care and relative care on nearly every measure. Head Start and other center-based providers also tended to have more highly educated or certified staff; notably, this study was done even before the significant push for Head Start teachers to have BA degrees.

Yet the other component of the study, a survey conducted with mothers, adds another layer to the conversation about EHS-CC partnerships. While mothers in all settings were largely satisfied with their child care arrangements, family child care and relative care were perceived as more accessible, flexible, and (with relatives) communicative settings. These other arrangements seem to better meet the needs of some working families for nontraditional hours and flexible scheduling. Given the commitment of Head Start programs to meet families where they are, these needs make clear the importance of partnering with child care providers to ensure vulnerable children receive high quality services in any setting they enter.

<http://www.sciencedirect.com/science/article/pii/S0885200606000196>

### **The Impact of Head Start Partnership on Child Care Quality: Final Report**

*by Diane Schilder, Meghan Broadstone, Ben Chauncey, Ellen Kiron, Candy Miller, and Youngok Lim for the Office of Policy, Research, and Evaluation*

This federally-funded study examined Head Start-child care partnerships in Ohio and measured quality, outcomes, and practices for center-based and family child care settings that had partnered with Head Start and those that had not. Observations documented significantly higher classroom quality in center-based child care settings that partnered with Head Start compared to child care settings that did not partner and increases in quality over time. There were also some benefits to individual children's school readiness in partnership classrooms. Family child care providers partnering with Head Start were more likely to offer comprehensive services, educationally enriched curricula, and professional development for staff; there were, however, no significant differences in observed quality between family child care homes that partnered with Head Start and those that did not.

Based on these findings, the research team makes numerous recommendations for the further implementation of partnerships and identifies key components of effective partnerships. While the nature of this project can identify correlation but not direct cause, the relationship between partnering and quality is clear.

<http://prekim pact.edc.org/data/HSPartnershipFinalReport.pdf>

**Building Partnerships Between Early Head Start Grantees and Family Child Care Providers: Lessons from the Early Head Start for Family Child Care Project**

*by Patricia Del Grosso, Lauren Akers, and Luke Heinkel for the Office of Policy, Research, and Evaluation*

In 2010, ARRA funds were invested in the expansion of Early Head Start, including an emphasis on expanding the Early Head Start-Family Care Care partnership model, and this evaluation examined 22 of the partnerships that formed or expanded. The report lays out the characteristics of partnership teams, approaches to partnering, goals and outcomes, and key successes and challenges. Many of them may be familiar to programs with partnerships, but others may provide new ideas or tools for exploring new partnerships. Further research is needed to explore whether these partnerships and others directly increase quality, coordination, capacity, and comprehensive services across child care systems in their communities.

[http://www.mathematica-mpr.com/publications/pdfs/earlychildhood/ehs\\_fcc\\_evalrpt.pdf](http://www.mathematica-mpr.com/publications/pdfs/earlychildhood/ehs_fcc_evalrpt.pdf)

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**Discussion Questions**

1. The first two research studies above find that low-income children have lower access to high quality early care settings. How do their findings reflect the availability of care in your community?
  2. Has your program established child care partnerships? Why or why not?
  3. If additional funding were to become available, what kind of partnerships would best meet the needs of your children and families?
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Do you know of other recent research that may be of interest to the Head Start field? Do you have other questions, comments or concerns? E-mail Emmalie Dropkin ([edropkin@nhsa.org](mailto:edropkin@nhsa.org)).