Initial Lessons Learned from the Collaborative Efforts of an Early Head Start – Child Care Partnership

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Background - National Landscape

**EARLY HEAD START—CHILD CARE PARTNERSHIPS**

- 275 EHS-CC PARTNERSHIPS AND EXPANSION GRANTS

- **600 FAMILY CHILD CARE HOMES**
- **1,200 CHILD CARE CENTERs**
- **3,000 EHS-CC CLASSES**

**CURRENT ENROLLMENT**
- **Over 66%**
  - Data as of 1/19/16

**EXPECTED ENROLLMENT**
- **32,000**
  - Infants and Toddlers

**WIDE-REACHING POSITIVE IMPACT**
- **5,500**
  - Non EHS-CCP Children Benefitting in the Same Classrooms

**EHS-CC Partnerships and Expansion Make a Difference!**
- Increased access to high-quality early learning environments
- An educated and fully qualified workforce for infants and toddlers
- Improved well-being of families and more children ready to learn

Building cohesion across a fragmented cross sector delivery system is in high demand (Bassok, Fitzpatrick, Greenberg, & Loeb, 2016).

Government leaders have proposed ECE partnerships at the point of service delivery to create more cohesion within ECE systems and to promote increased quality across settings (Schilder et al., 2009).

“Stakeholder inputs” such as roles, responsibilities, and readiness as well as “design components” such as facilitation and management of collaboration that are essential to effective collaborative efforts (Hicks, 2015).
Evaluation Sub-Study Questions

1. In what ways were the partnerships formed?

2. What were the participants perceptions about collaborative efforts within the partnership?

3. To what extent are the partnerships meeting the goals of the expansion overall?
## Methods

### APPROACH
- Mixed Methods privileging a qualitative approach
- Focal Case Studies

### DATA SOURCES
- Interviews
- Grantee Leadership (*N*4)
- Implementation Planners (*N*3)
- Agency Administrators (*N*17)
- Working Together Survey (*N*60; 51%)
- Database
- Artifacts
- Contextual
Partnership Formation

1 Lead Grantee

- 17 Delegate Agencies
- 64 CC Partner Sites
- 125 CC Partner classrooms

Within Communities with the highest unmet need

Two Models
1. Internal Growth
2. New Partner Sites
Collaboration & Autonomy

What we are trying to accomplish with our EHS expansion would be difficult for any center to accomplish by itself.

- Strongly Agree: 26.09%
- Agree: 34.78%
- Disagree: 34.78%
- Strongly Disagree: 4.35%
Collaborative Decision-Making

When the members of the partnership make major decisions, there is always enough time for members to take information back to their centers to confer with colleagues about what the decision should be.
Our delegate agency communicated well with the partner site/center members of this partnership.

- Strongly Agree: 69.57%
- Agree: 21.74%
- Disagree: 8.70%
EHS-CCP Enrollment Outcome

Enrollment **INCREASED** between Year 1 & Year 2

- **Y1 2015-2016**: 934
- **Y2 2016-2017**: 1045
Policy Implications

- Intentional strategies are needed to foster collaboration within partnerships
- Striking the right balance between lead grantee requirements and delegate agency autonomy
- Standardized contracts help communicate expectations with the partnership
- Think long term – Outcomes & Impacts
Thank You – Q&A

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The Ask: From Licensing Standards to EHS Performance Standards

**LICENSED CHILD CARE**

- **Teacher-Child Ratios**
  - 1:4 Infants
  - 1:5 Toddlers
  - 1:8 Two Year Olds

- **Group Size**
  - 12 max for infants
  - 25 max for toddlers
  - 16 max for two year olds

- **Teacher Credentials**
  - 30 semester hours of college
  - 6 hours related to Child Development

**EARLY HEAD START**

- **Teacher-Child Ratios**
  - 1:4 Infants - 14 months
  - 1:4 Toddlers – 23 months
  - 1:4 Two Year Olds

- **Group Size**
  - 8 max for infants
  - 8 max for toddlers; 6 max with one teacher; 12 max with 2 teachers
  - 12 max for two year olds with 2 teachers

- **Teacher Credentials**
  - Minimum of an Infant/Toddler Child Development Associate Credential