



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 Benefiting 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



Perspectives

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 (N4)
 - ✓ Implementation Planners (N3)
 - ✓ Agency Administrators (N17)
- ✓ Working Together Survey (N60; 51%)
- ✓ Database
 - ✓ Artifacts
 - ✓ Contextual

Partnership Formation

1 Lead
Grantee

17 Delegate
Agencies

64 CC
Partner Sites

125 CC
Partner
classrooms

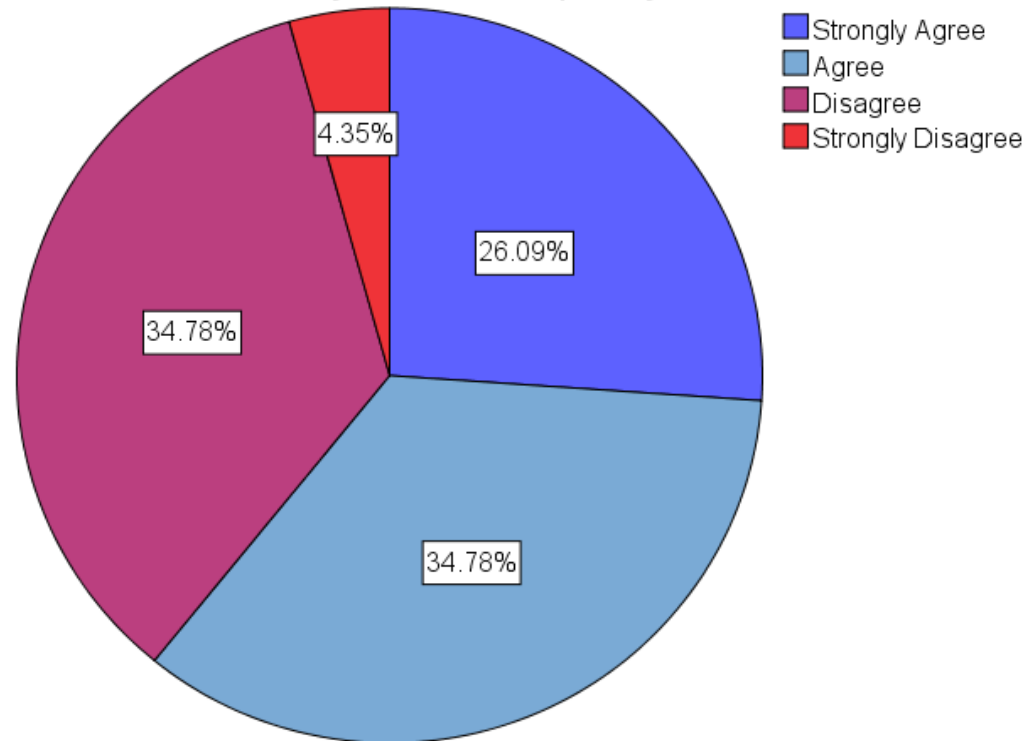
Within
Communities
with the
highest
unmet need

Two Models

1. Internal Growth
2. New Partner Sites

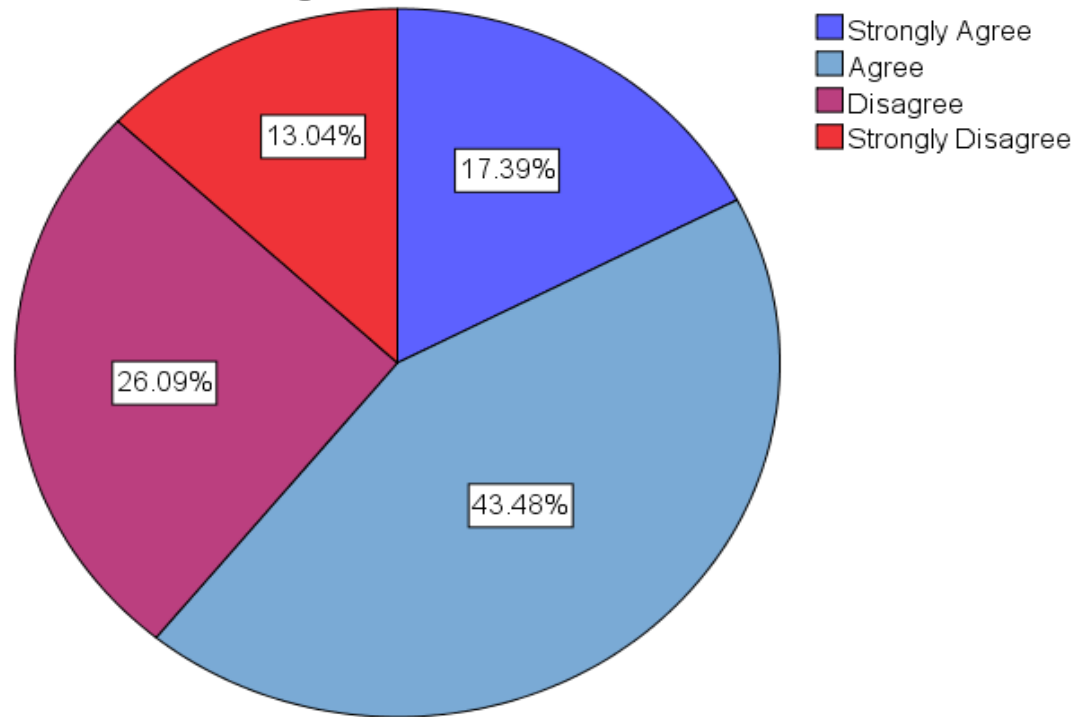
Collaboration & Autonomy

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



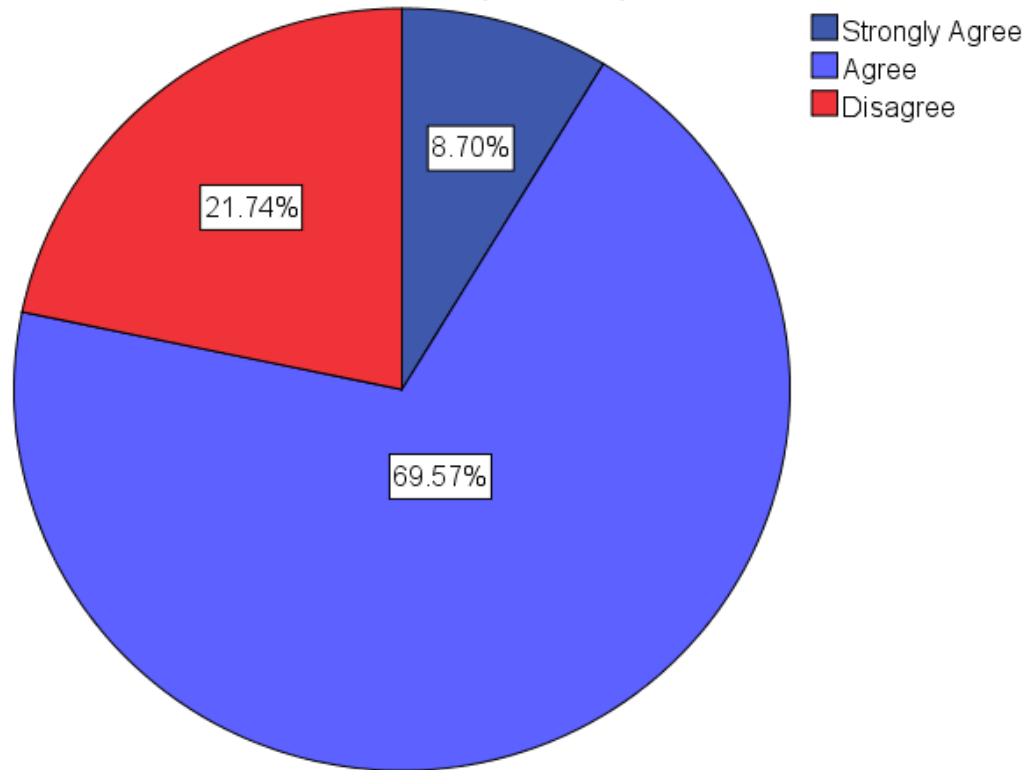
Collaborative Decision-Making

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.



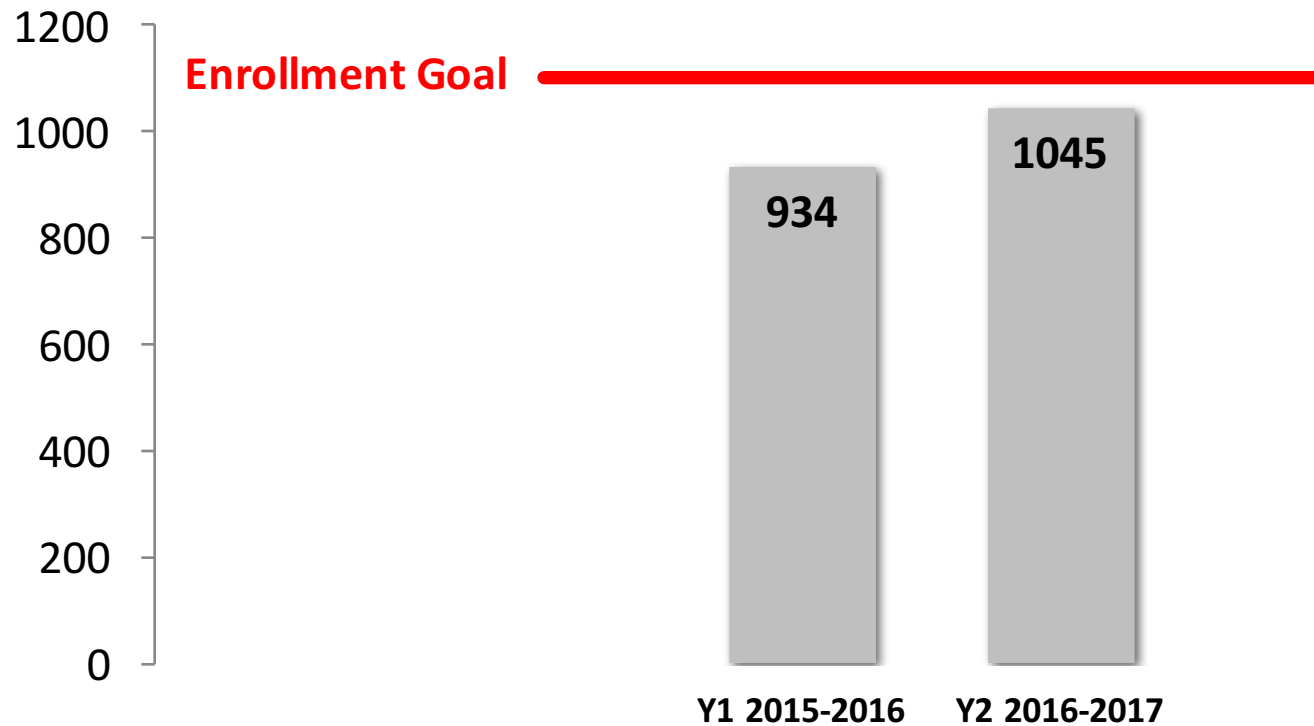
Communication Layers

Our delegate agency communicated well with the partner site/center members of this partnership.



EHS-CCP Enrollment Outcome

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



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