

Building Supply,
Enhancing Quality,
and Advancing Equity:
The Early Head Start-Child
Care Partnership Series



SPOTLIGHT ON EHS-CCP GRANTEES DURING THE PANDEMIC



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INTRODUCTION

The COVID-19 pandemic caused massive health, economic, and educational challenges globally. Millions have lost their lives, lost loved ones, and had their lives upended. More than 220,000 children reportedly lost a primary caregiver between March 2020 and September 2022.¹ Throughout this uncertain time, many child care providers served as frontline workers, risking their health and safety so that parents could work and children could be cared for. Their businesses also faced uncertain futures, unsure if they would be able to stay financially afloat and keep their doors open.² While the majority of licensed providers remained open consistently, those providers typically served fewer children than their licensed capacity, experienced challenges accessing basic materials like soap and toilet paper, took on additional debt, and experienced increased health and safety costs to keep their programs running.³ By 2022, workforce recruitment and retention, already an issue prior to the pandemic, became a central challenge for the early care and education field as it attempted to regain much of the workforce it had lost over two years.⁴

During this tumultuous time, the Early Head Start-Child Care Partnerships (EHS-CCP), a grant program to support high quality infant and toddler child care, served an important role in supporting families and stabilizing child care programs. Initially launched in 2014, the EHS-CCP expands quality early education opportunities for working families from low-income households with infants and toddlers by adequately resourcing child care partners to implement the Head Start model. The EHS-CCP were particularly important in helping stabilize child care partners during the peak of the pandemic, in many cases through continued financial and other types of support when parents and families were staying home. With a centralized lead organization and network of community resources, over the course of the last two years, beyond their original function, EHS-CCP grantees connected families and child care providers with essential resources and services, modified settings to accommodate better outdoor environments for safer learning and play, provided up-to-date health and safety guidance in line with public health officials, and assisted providers in accessing relief funds.

WHAT ARE THE EHS-CCP?

EHS-CCP funding expands access to high quality child care for infants and toddlers from low-income households. The grant provides the funding necessary to enable child care programs to meet quality Early Head Start standards, supporting an array of needs, such as increased training, coaching, and access to higher levels of education for child care providers; access to developmental and behavioral screening for children and early childhood mental health support; facility improvements to ensure infants and toddlers are cared for in safe, healthy, and enriching environments; lower ratios and group sizes to enable more responsive and individualized care; and supports for families, including connections to services to promote economic stability and health, and resources to foster their child's learning and development across their educational trajectory. In addition to providing high quality services to infants and toddlers directly enrolled in the program, the EHS-CCP model has the added benefit of boosting the quality of care of many additional children through program-wide improvements, like facility improvements, and teacher professional development. For example, an EHS-CCP grant may only fund slots for half of the children in a child care center, but facility, teacher, and program operations improvements have a "ripple effect" which benefits all children (and future cohorts of children) served at the center. Since the program's launch there have been three rounds of funding for partnerships, with the third round of EHS-CCP funding awarded to grantees during the COVID-19 pandemic.

In 2019, The Bipartisan Policy Center interviewed several EHS-CCP grantees to better understand the impacts and lessons learned from this unique grant program. The profiles demonstrated that EHS-CCPs helped boost the quality of care in numerous ways, including by increasing the credentials and coaching/training opportunities for the workforce, improving physical program environments, and ensuring children and families had access to an array of comprehensive services, like developmental screenings, connections to health insurance, and mental health support. Overall, the twelve EHS-CCP grantees featured in the 2019 report directly served 2,832 children and their families, while indirectly benefiting approximately 5,606 children and families, through 220 child care partners across 64 communities.

In this report, the Children’s Equity Project, in partnership with the Bipartisan Policy Center and Start Early, revisit five EHS-CCP grantees from the 2019 brief and highlight five additional grantees to explore challenges and successes, specifically during the pandemic. This report showcases highlights of partnership funding in several communities, draws lessons learned, and makes recommendations for expanding EHS-CCP. We focus our attention on the role the EHS-CCP program had on three major dimensions of need in the early care and learning system: pandemic response and recovery for child care system stabilization, workforce retention, and expanded access to comprehensive supports and services.

The ten grantees featured in this report represent a combination of states, cities, and nonprofit agencies delivering EHS-CCP services to 2,257 children and their families through 136 child care partners across seven states, with an estimated “ripple effect” of more than 5,300 children and families indirectly.



THE EHS-CCP RIPPLE EFFECT

In addition to providing high quality services for infants and toddlers directly enrolled in the program, EHS-CCP has the added benefit of boosting the quality of care for additional children who are not directly enrolled in the program but who share a classroom or center with enrolled children. These indirect “ripple effect” benefits result from program-wide improvements and resources such as facility improvements, access to dental and health services, and teacher professional development. For example, grantees like the California Department of Education and the Schoenbaum Family Center at Ohio State University provided dental exams and services like teeth cleaning to all children enrolled at partner sites in addition to those served through EHS-CCP funding. Other EHS-CCP grantees opened up their professional development and training sessions to all staff at partnering schools to help enhance the knowledge and skills of all the teachers working directly with children, even if those children were not funded through EHS-CCP.



ARIZONA

Phoenix, Maricopa County

FAST FACTS

Children Directly Benefiting: 112
Children Indirectly Benefiting: 436
Child Care Partners: 3
Local Communities Affected: 1
Funding: \$1.9 million

Southwest Human Development (SWHD) is the largest non-profit organization in Arizona that is dedicated to early childhood development. SWHD delivers services to 135,000 children and families each year through 40 different programs, is a Head Start and Early Head Start grantee, and leads the state's early childhood mental health consultation program, Smart Support. Southwest Human Development operates Educare Arizona and along with United Way of Miami and Educare Miami (featured below), are part of the Educare Learning Network, a nationwide network of 25 high-quality early childhood schools serving children from birth to age five. Over the years, Educare school organizations in 12 states and the District of Columbia have administered Partnership grants with local child care centers and family child care homes, school districts, special education programs, homeless shelters, and other community organizations. Through the EHS-CCP, SWHD partners with three child care programs across the Phoenix metropolitan area that focus on serving families who are unhoused — including families of veterans, refugee families, and other families living in pockets of deep poverty.

SWHD provides funds to child care partners to operate Early Head Start slots. Then for all partners, SWHD coordinates coaching for EHS-CCP staff and connects sites with other community based organizations to ensure families receive the services they need, such as a medical home, dental and mental health support, early intervention, and family supports, like job training or housing assistance. SWHD also runs an apprenticeship program that provides the training and courses necessary to help EHS-CCP staff complete a Child Development Associate (CDA) credential.

During the pandemic, SWHD noted that the EHS-CCP sites served as an important “beacon of service delivery for working families” in the Phoenix community. **The full-time, year-round care that the EHS-CCP offers helped ensure working families and essential workers had access to quality early learning environments so that they could maintain their employment.** The EHS-CCP sites were situated geographically where families needed them the most, often closer to the family's work location than home.

PANDEMIC RECOVERY AND RESPONSE

- **Enhanced business management practices.** Many local child care programs operate as small businesses, relying on tuition and other revenue streams like grants and child care subsidies to continue to operate. Having full enrollment and full fee collection are key to child care business success.⁵ Yet, the pandemic brought instability and unpredictable attendance resulting in inconsistent income for providers — income that is used to keep staff on the payroll and secure needed supplies.⁶ To address this challenge, SWHD offered individualized technical assistance for EHS-CCP sites to successfully apply for and receive the state's child care stabilization grants when they became available, bolstering the sites to benefit from these federal relief funds. SWHD also delivered business leadership coaching that helped providers plan how to spend recovery grants on allowable, one-time costs to sustain their financial operations.
- **Secured critical supplies during the pandemic.** Throughout the pandemic, supply chains were disrupted, leading to limited — and often no — access to critical child care supplies that providers need to operate, like diapers, cleaner, and personal protective equipment (PPE). To address the supply chain issue, SWHD passed through the same materials to child care partners that were made available to Head Start sites operating directly. For example, SWHD purchased and distributed HEPA filters for air conditioning units, cleaning materials, and PPE for staff to the EHS-CCP sites which enabled child care providers to keep children and staff safe, and eased the cost burden and helped child care partners stabilize services without interruption.

- **Developed COVID policies and procedures.**

Navigating the past two years was a new venture for child care programs. Evolving public health guidance and minimal tools for operating during the pandemic led to misinformation and inconsistency. SWHD developed and shared policies with their child care partners to clearly define practices to remain open effectively. For example, a SWHD pediatric nurse practitioner provided technical assistance to help EHS-CCP sites successfully navigate personnel and logistics challenges like pick up and drop off procedures and appropriate ratios with staff shortages, in alignment with public health guidance and county, state, and federal resources.

SUPPORTING THE WORKFORCE

- **Provided virtual professional development.** In response to the pandemic, SWHD transitioned professional learning opportunities to a virtual format. With this pivot, teachers continued to develop the quality of early learning services through ongoing professional development while simultaneously being compensated for their work hours even when programs needed to close for quarantine. SWHD also moved their CDA apprenticeship program to a virtual, live series for EHS-CCP sites, allowing for 21 teachers to graduate with this credential.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Improved inclusion.** Research shows that parents of children with disabilities are more likely to experience difficulty finding quality child care compared to other parents, which can result in financial strain, additional stress, and even leaving their job.⁷ Reasons for this difficulty include shortages of space as well as child care providers not being equipped with the skills needed to support successful inclusion.⁸ SWHD works to address this through their system of comprehensive support for EHS-CCP sites. Throughout the pandemic, SWHD prioritized direct support to child care partners to strengthen inclusion of children with disabilities and children with chronic health conditions. EHS-CCP staff were given resources and support to individualize activities and interactions in their classrooms and help children and families achieve their early learning goals.

IMPROVEMENTS TO WORKFORCE COMPENSATION

Since 2019, SWHD EHS-CCP staff wages have increased by 5%, which is higher than the federal cost-of-living adjustments (COLA) over that same period. During the pandemic, Head Start and Early Head Start grantees could apply for a COLA of 1.22% in FY21 and 2.28% in FY22 to be used to permanently increase base rates. An equivalent increase was required to be provided to delegate agencies and other partners, like EHS-CCP sites, to adjust their salaries and scale. SWHD offered additional workforce incentives like “stay pay” which provided a one-time \$500 stipend to employees who remained in the EHS-CCP workforce during COVID.

HIGHLIGHTS

- ✔ Directly served 112 infants and toddlers and their families and indirectly benefited 436 children in local child care programs each year
- ✔ Supported 21 teachers to attain their CDA, 3 an associate degree, and 1 a bachelor degree
- ✔ Streamlined purchasing of COVID-related supplies for EHS-CCP sites including HEPA filters and universal cleaning supplies
- ✔ Provided a nurse practitioner for guidance around quarantine and other health practices
- ✔ Improved leadership through business management practice coaching to help providers apply for the state’s child care stabilization grants
- ✔ Provided ECP-CCP staff with a \$500 retention stipend as a “stay pay” incentive

NEXT STEPS

SWHD noted that one of the challenges local providers face is a need for building renovations and other physical environment issues. To address this challenge, SWHD strategically wrote in startup funding in their recent budget to support construction, reduced teacher-to-child ratios, and reduced group size limits. Additionally, the partnerships helped increase staff access to credentialing and degree programs that not only improved the quality of teaching in the early learning environments, but also impacted the educator’s whole family through greater access to opportunity and advancement.

Looking towards the future, SWHD reflected on the importance of boosting support for the business side of child care when collaborating with child care partners. Currently, SWHD is working on supporting child care partners with software to automate their systems and eliminate pen-and-paper administrative tasks. This approach is anticipated to streamline data collection, maximize program resources, and free up administrative time to focus on quality improvement, and continues to build child care partner capacity to deliver services that are efficient, accessible, and high quality.

The EHS-CCP made it possible for SWHD to build child care capacity, improve quality of services in local communities, and continue to serve children and families who experienced the most challenging circumstances during the pandemic. Though the model was in place well before the pandemic, it proved crucial for stabilization during the tumultuous height of the pandemic by ensuring programs were adequately resourced to continue providing care safely, and by assisting them in optimizing federal and state recovery dollars. As a result, 112 children and their families had access to quality early care and education each year as well as a multitude of comprehensive services like health, mental health, inclusion, family engagement, and assistance with housing and employment.

Greater funding for the EHS-CCP approach would expand the model to other licensed child care providers across Arizona, improving the quality of existing slots in local communities and building new ones.

The partnerships helped increase staff access to credentialing and degree programs that not only improved the quality of teaching in the early learning environments but also impacted the educator's whole family. As Lori Jablonsky, Director of Educare Arizona, a SWHD EHS-CCP partner, explained:

“We have seen so many phenomenal success stories unfold over the years that our CDA program has been in place including a woman who arrived as a Somalian refugee who will be receiving her bachelor degree. She has a son at Harvard and a daughter attending Arizona State University on a scholarship. It is so gratifying to see individuals raise their education levels and witness the upward movement of the entire family.”

EARLY HEAD START CHILD CARE PARTNERSHIPS RESOURCES

[Lessons from the Evaluation of Early Head Start-Child Care Partnerships Across the Educare Network: Executive Summary](#)
(Educare Learning Network, 2019)

[Expanding High Quality Child Care for Infants and Toddlers: Lessons from Implementation of Early Head Start – Child Care Partnerships in States and Executive Summary](#) (Start Early, formerly Ounce of Prevention Fund, 2020)



CALIFORNIA

Butte, Colusa, Del Norte, Glenn, Humboldt, Mendocino, Sutter, Trinity, and Yuba Counties

FAST FACTS

Children Directly Benefiting: 236

Children Indirectly Benefiting: 1,050

Child Care Partners: 11

Local Communities Affected: 6

Funding: \$5.1 million

The California Department of Education (CDE) oversees the state's public school system, which is responsible for more than seven million children in more than 9,000 schools. CDE houses the Head Start State Collaboration Office and became an EHS-CCP grantee in 2015, joining only five other state agency grantees around the country. Through this grant, CDE works to improve and expand quality early learning services for 236 infants, toddlers, and their families in nine rural counties of northern California, including Butte, Colusa, Del Norte, Glenn, Humboldt, Mendocino, Sutter, Trinity, and Yuba. Priority populations include children who are at risk of abuse and neglect, families below federal poverty income levels, dual language learners, and teen parents and babies with low birth-weight.

CDE is a direct grantee of the Office of Head Start. Child care partners subgrant with the CDE to provide educational services then receive comprehensive support and resources from the CDE to successfully implement the EHS program. The CDE directly employs staff who support child care partners to meet the educational, health, nutritional, and social needs of children and families, in alignment with the Head Start model. Each EHS-CCP site gains access to a wealth of support resources from CDE like professional development coaches to improve instructional practices, health consultants to provide health and dental services to children, and inclusion specialists to enhance the environment to meet the needs of children with disabilities. This centralized model for support is efficient and maximizes shared resources to support partners, families, and children.

Many northern California counties are sparsely populated with limited access to early learning options. In many areas, early learning services are few and far between due to challenges like geographic terrain, weather, organizational capacity, and availability of center-based options. Accessing quality child care in rural communities is often a challenge. Across California, only 14% of income-eligible families of

infants and toddlers have access to Early Head Start,⁹ above the national average of 11%. Through EHS-CCP, CDE worked to improve access to child care options in local communities by partnering strategically with family child care networks and center-based providers.

PANDEMIC RECOVERY AND RESPONSE

- **Prioritized family child care home providers.** The use of non-center-based child care across the nation steadily increased by 6.75% between September 2020 and September 2022,¹⁰ according to a national survey of households with children birth to age 5. During the pandemic, many California families worked closer to home and thus sought neighborhood-based child care arrangements to meet their working needs.¹¹ EHS-CCP funding gave local family child care providers a consistent funding stream that helped them serve families and continue to operate during the pandemic. CDE identified that many children in the rural counties were cared for in home-based settings. To leverage these existing networks, CDE contracted with family child care home providers as the majority EHS-CCP option in their service region, totalling 67% of all contracted partners. The administrative support from CDE gave family child care providers the capacity and resources needed to implement the holistic Early Head Start model. Many of these family child care providers would not have had the resources to apply and obtain an Early Head Start grant on their own, making this partnership critical to their ability to provide these services. This investment in family child care programs meant more access to care for families who had to work during the pandemic, which contributes to child care stability.
- **Enhanced outdoor environments.** Over the past several years, the CDE has committed to enhancing the outdoor environments of child care partners and providing professional development around topics such as open-ended play materials for children, called loose parts. The need for high quality outdoor learning environments increased as more time was spent outdoors to help stop the potential spread of COVID-19. As a result, the CDE provided loose parts training and materials for all staff at the contracted programs but noted that it has most impacted the practices of the family child care providers.

SUPPORTING THE WORKFORCE

- **Funded college courses and coordinated regional professional development.** All staff from partner child care sites were invited to participate in ongoing professional development through the state's resource hubs located throughout the counties in which the grantee provides services. Additionally, CDE sponsored college coursework series to advance the workforce's credit attainment leading towards the state's child development permit which is a critical credential for assistant teacher level positions. This resulted in 17 family child care providers achieving a CDA, associate's degree, or bachelor's degree. Spanish interpreters were offered in the classes and were available for homework support.
- **Improved workforce compensation.** Several of the CDE family child care home networks increased the monthly provider stipend or provided an annual stipend using EHS-CCP funding. A private center-based child care partner also provided bonuses to retain qualified staff and thank them for their service during the pandemic. The majority of the CDE center-based programs are operated by school districts, colleges, or universities, which, due to internal policies and procedures, made it difficult to provide bonuses, stipends, or wage increases directly to their EHS-CCP staff.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Improved access to oral health support.** Regular preventative dental care improves oral health and overall health and well-being, yet not all families have equal access. Low-income families are less likely to have dental insurance or to be able to afford out-of-pocket costs.¹² Children from low-income families are as much as three times more likely to have untreated cavities in their primary teeth compared to the percentage of children in higher-income families.¹³ During the pandemic, to address inequitable access in low-income rural communities to oral health care, CDE trained its health consultants on how to apply varnish so that they could provide dental services directly at EHS-CCP sites. As a result, 79 EHS-CCP children received a dental assessment and fluoride varnish. 74% of children received preventative dental care, and 74% had a primary dental home, an increase of 7% from the beginning of the school year.
- **Provided inclusion resources.** Because the state's early childhood special education department is housed within CDE, the EHS-CCP was able to ensure close coordination to support children with disabilities and

delays. All EHS-CCP sites received targeted, individualized resources, training, and support to fully include children with disabilities. This support also ensured that nearly all children in EHS-CCP slots received developmental screenings to identify needs that may require early intervention or additional support.

- **Provided ongoing mental health support for parents and staff.** In reviewing their programmatic data, CDE identified a need for mental health support for parents and staff to meet emerging challenges during the pandemic such as reopening after program closures and anxiety around emerging health information and safety concerns. CDE houses 2 mental health professionals who work with 3 contracted consultants across the service region to review gaps in services based on regional and program data, coordinate ongoing on-site support, and organize outreach with EHS-CCP sites like pop-up events and staff training. CDE worked with their contracted mental health consultants to provide on-site technical assistance targeted to parent and staff needs including dealing with the loss of a family member, addressing stress and health needs, conducting depression screeners, and engaging with children through a trauma-informed lens. Access to these mental health services was provided for all 11 child care partners, resulting in 100% of the EHS-CCP staff receiving reflective sessions with their local mental health consultant to address pandemic-related stressors and improve their well-being and mental health. Additionally, 65 families received in-person services from a mental health consultant to discuss individual concerns and learn strategies to better support their child's social-emotional development.

HIGHLIGHTS

- ✓ Leveraged existing community networks to directly serve 236 children and indirectly impact 1,050 children in a variety of early learning settings including tribal, district-based, center-based and family-based providers in rural communities
- ✓ Supported 17 family child care providers to attain their CDA, associate, or bachelor degree
- ✓ 79 children received dental assessments/fluoride varnish, and children enrolled in a dental home increased by 7%
- ✓ Maximized state agency resources to build capacity and support local providers to serve children through EHS-CCP slots
- ✓ Provided ongoing mental health support for 100% of EHS-CCP staff and 65 families throughout the pandemic

NEXT STEPS

One of the most powerful outcomes of a state agency grantee is the unique opportunity to provide much-needed infrastructure to help child care partners take on and provide educational services in their local communities. Centralizing the comprehensive health, mental health, professional development, and administrative services within the CDE emphasized shared, collaborative partnerships and reduced the operational burden on local programs that otherwise would not have had the capacity to secure those services.

In many rural parts of California, there are families that qualify for Head Start or public preschool services, but no providers nearby. The state was able to examine this landscape and fill access gaps in rural communities. An expansion of EHS-CCP would help CDE address services in places within the state where it is difficult to find contractors and work directly with more local child care contractors to boost quality and implement the holistic Head Start model.

A recent study shows that parents using informal child care arrangements, like family child care, prefer it because it contributes to the most important factors they consider when selecting child care: safety and trust.¹⁴ Yet, there are often fewer public investments made in access to infant and toddler care compared to preschool. The cost of infant and toddler care is higher than the cost of college tuition in most states and shortages of slots exist nearly everywhere across the United States.¹⁵ These disparities are especially prevalent in rural regions and counties with lower median family incomes, where slots are three times scarcer than urban areas.¹⁶ By focusing efforts on center-based and family child care environments, EHS-CCP can shore up additional programming to serve children and their families in areas that need it the most.



CHILD CARE COMPENSATION

How EHS-CCP Grantees Addressed Workforce Recruitment and Retention Challenges During the Pandemic

Across the nation, there is a child care workforce shortage, with child care employment rates still nearly 10% below what they were in the Spring of 2020.¹⁷ A major driver is poor compensation, paired with unfair working conditions and a lack of support.¹⁸ According to the Center for the Study of Child Care Employment, almost every other occupation in the United States earns more than child care workers, and “as a result, early educators face poverty rates nearly eight times higher on average than K-8 teachers.”¹⁹ The median hourly wage in 2021 is just over \$13, falling within 200% of the federal poverty level, depending on family size, and qualifying many child care workers for public assistance.

While federal pandemic relief funds have modestly improved workforce compensation throughout the past two years, longer term strategies are necessary to sustain the efforts states have made. Continued federal funding is critical. Funding more EHS-CCPs can be one avenue to increase compensation and wages for the workforce, particularly through a grants and contracts model. EHS-CCP direct grants or contracts with child care providers can be written in a way that accounts for higher wages and improved compensation, including benefits. EHS-CCPs may also address other challenging working conditions, increasing support for professional growth through training, coaching, and access to credentials and higher levels of education.

EHS-CCPs have begun to invest modest increases in compensation, but future iterations of the grant can have a more direct focus and directives in this area, requiring plans for achieving pay parity with kindergarten teachers.

In Ohio, three EHS-CCP grantees undertook measures to address workforce compensation throughout the pandemic.

- The Cincinnati-Hamilton Community Action Agency increased compensation for staff and teachers by nearly 7% and was able to hire more staff to reduce staff to child ratios. They also provided professional development to EHS-CCP teachers and partnered with community organizations to provide coaching to participating providers.
- The Ironton-Lawrence County Community Action Organization raised base pay for aides, bus drivers, and child care workers and distributed \$1,200 bonuses to teachers and staff. EHS-CCP teachers also gained access to Child Development Associate (CDA) and child development training to help enhance their professional knowledge.
- The YWCA of Canton provided relief funding to increase teacher and staff salary to \$18 per hour and gave additional monetary incentives to reduce teacher and staff turnover.

In Arizona, Southwest Human Development worked to increase EHS-CCP staff wages by 5% and offered additional workforce incentives like “stay pay” which provided a \$500 stipend to employees who remained in the EHS-CCP workforce during the pandemic. In Florida, United Way Miami (UWM) invested in hiring and retention bonuses and increased base salaries. Additionally, UWM created a pipeline for leadership advancement and access to increased salaries by creating new EHS-CCP positions.

Local and state level collaboration and further public investments in EHS-CCP have the potential to help address sustained wage and benefit increases for child care staff, paired with greater support, improved working conditions, and access to professional growth.

Additional child care compensation resources are available from the [National Association for the Education of Young Children, BUILD Initiative](#), and the [Center for the Study of Child Care Employment](#).



COLORADO

Arapahoe, Adams, Garfield, Mesa, Morgan, and Pueblo Counties

FAST FACTS

Children Directly Benefiting: 350

Children Indirectly Benefiting: 1,375

Child Care Partners: 39

Local Communities Affected: 6

Funding: \$2.9 million

Early Learning Ventures (ELV) is a Denver-based nonprofit organization committed to providing quality care to Colorado's children and families through a shared services approach. ELV specializes in assisting child care providers with the administrative duties of running a child care home or center including marketing, human resources, family enrollment management, and cost-savings strategies. Since its first EHS-CCP award in 2015, ELV has braided Head Start funding with child care subsidy funding, together with their EHS-CCP grant to improve the quality of child care for low-income families across participating centers and homes in Colorado.

ELV is the grantee for two EHS-CCP awards, which are spread across six Colorado counties. Today, ELV contracts with 39 licensed child care providers across four counties to provide the educational services for 240 children under the age of three. ELV then provides partner sites with comprehensive services to improve the quality of care such as leadership development and training for EHS-CCP center directors, professional development and credentialing support for EHS-CCP teaching staff, and resources and direct support for family health, parent education, and economic well-being.

All 39 partner child care providers remained open and offered in-person services throughout the most challenging waves of the pandemic. Still, most centers and home-based providers experienced losses in revenue due to temporary closures and child absences. In response, ELV launched two rounds of one-time grants for providers; the amount for each applicant was calculated based on the provider's operating budget from the previous year. Throughout 2020 and 2021, ELV also coordinated and distributed federal COVID relief funding based on community needs. Providers were able to purchase PPE, thermometers, and cleaning supplies to protect and monitor the health of staff and children. In 2020, 386 masks and 90 thermometers were sent to participating providers. They were also able to fund new outdoor learning opportunities.

PANDEMIC RECOVERY AND RESPONSE

- **Organized shared services alliances.** ELV recognized that many child care providers were struggling to maintain efficient and affordable business operations while providing quality care. ELV developed a shared services model that includes a bulk purchasing system to reduce costs, a child care data management system, and individual support for business plan development and implementation.

SUPPORTING THE WORKFORCE

- **Provided training and degree support for child care staff.** At the start of the grant, 20% of participating providers met Early Head Start teacher qualifications. To bring providers up to the CDA requirement, ELV offered scholarship funding for providers to pursue CDA, associate, or bachelor degrees in child development. Since the launch of their most recent grant award, 250 infant and toddler teachers, or 80% of participating providers, have either received or are on course to receive a CDA, or completed equivalent college coursework. Additionally, teaching staff received coaching and professional development training in child development and effective teaching practices.
- **Incentivized educational attainment.** Increased educational attainment contributes to the quality of an educator's professional practice and can result in higher compensation, more effective recruitment efforts, and a reduction in turnover, which results in a stable, qualified early care and learning workforce.²⁰ To improve educational attainment, ELV developed incentive guidelines to help the EHS-CCP workforce achieve teacher qualifications and improve retention. Teachers who pass certain required classes or earn the CDA credential are eligible to receive a retention incentive that totals \$1,000 annually. For family child care homes, incentive payments are provided for meeting professional development goals related to leadership, early education, health and safety, family development, and business practices. Incentive payments of up to \$500 annually are paid to the family child care provider and may be split amongst the staff.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Supported family economic well-being.** ELV identified participating families that experienced hardship due to the pandemic and provided related financial assistance. For example, ELV helped 12 Early Head Start families with utility and rental assistance which, in a few cases, prevented eviction. Overall, ELV reported investing \$35,000 in grant funding to rent and utility cost relief to a total of 37 families in 2020.
- **Increased access to telehealth and mental health service.** Access to mental health services are instrumental to helping children, families, and educators recover from the effects of the pandemic and more effectively engage in play, learning, work, and their communities. The pandemic has been especially difficult for early childhood educators of color who disproportionately faced higher stress and higher morbidity rates, food insecurity, and job loss during the pandemic.²¹ Recent research shows that nearly 1 out of every 2 child care providers nationwide screened positive for depression, which is higher than the national average for the general population.²² Through state funding, ELV increased consistent access to mental health services in five of their service counties. At the height of the pandemic, ELV used relief funding to cover the cost of expanding telehealth and virtual mental health services to support teachers and staff.

HIGHLIGHTS

- ✓ Served 240 infants and toddlers and their families through 39 local partners and indirectly benefited 1,375 children at the EHS-CCP site
- ✓ Supported 250 teachers to work towards a CDA or complete equivalent college coursework
- ✓ Provided help to 12 Early Head Start families with utility and rental assistance which helped prevent eviction
- ✓ Enhanced financial stability through a shared service model and by providing grants to providers
- ✓ Increased access to telehealth and mental health services for support teachers and staff in 5 of their service counties

NEXT STEPS

The most powerful aspect of the EHS-CCP for ELV was that it also positively impacted children not directly funded by the program through a “ripple effect.” **By connecting child care partners with Head Start resources, the quality of care in the entire center or home improved regardless of the child’s subsidy source.** These “ripple effect” benefits included more teachers with early childhood degrees and credentials with improved knowledge of child development; gains in measures evaluating teacher’s support for child learning and exploration; increased parent engagement opportunities; and improvement in programmatic business practices such as recordkeeping, strategic planning, and participation in leadership and management training.²³

ELV noted strong improvements among providers in the partnership program, and they now have a waiting list of providers hoping to join. According to ELV, the benefits of EHS-CCP are clear, but without additional funding, the program cannot be expanded to more communities to increase the reach and impact for children, families, and the child care workforce.

Looking towards the future, ELV plans to build on its work organizing shared services models to relieve smaller providers of the administrative burdens of running a child care center or home, prioritizing workforce professional development and compensation increases, and highlighting the benefits of automation in administrative processes.



FLORIDA

Miami-Dade County

FAST FACTS

Children Directly Benefiting: 520

Children Indirectly Benefiting: Approx 2,000

Child Care Partners: 18

Local Communities Affected: 14

Funding: \$8.9 million

United Way Miami (UWM) opened its Center for Excellence in Early Education in 2007 — a teaching, research, and training facility dedicated to elevating the quality of early childhood education across the state. Since becoming an EHS-CCP grantee in 2014, UWM expanded its reach and provided additional early childhood resources to 520 infants, toddlers, and their families from low income settings through 18 child care partners. Additionally, UWM operates Educare Miami which supports the Partnerships with child care programs located across Miami-Dade County. These Partnerships include family child care, small child care businesses, a homeless shelter, nonprofit organizations, and the public schools. In 2020, United Way Miami's efforts were featured in an 8-part series by the Educare Learning Network highlighting the impact of COVID-19 on EHS-CCP grantees, their child care partners, the families they serve, and the unique opportunities and features of Partnerships that inform policy and program implementation recommendations for improving our nation's supply of quality child care.

UWM contracts with local providers to serve infants and toddlers in quality environments, to implement holistic Early Head Start services, and to engage families in their child's educational and health goals. Contracts include requirements for minimum base wages and annual COLA for EHS-CCP staff as well as ongoing professional development. UWM then provides contracted sites with coordinated resources like health-related technical assistance, paid professional learning opportunities, mental health consultation for staff, and coaching to improve interactions between educators and children.

UWM partners with both family child care and center-based providers through its EHS-CCP program. UWM noted that the exchange of resources and information must extend beyond the walls of the programs to help transform access to quality early care and education programming for everyone in the community. Continued, shared focus on providing quality

early learning environments and comprehensive health and nutrition services for families provided a strong foundation for sustained collaboration between UWM and EHS-CCP sites.

PANDEMIC RECOVERY AND RESPONSE

- **Collaborated to promote health and safety.** During the pandemic, UWM health specialists worked closely with EHS-CCP sites to collaborate with the local health department — improving data collection and reporting to the health department and helping mitigate the spread of coronavirus. UWM also coordinated a health advisory team that assessed data weekly and made service providers available for parents to meet their health-related needs. Additionally, providing a flexible schedule and offering hybrid work options for staff lowered exposure while still meeting the needs of children, families, and the overall program.
- **Created care packages for families.** To address family needs during the pandemic, UWM created care packages that were distributed over the course of the past two years. In total, UWM organized ten series of care packages for families which included food, infant formula and baby food, masks and personal protective equipment (PPE), disinfectant, shoes, and clothing. In times during which sites were closed for quarantine, UWM also coordinated the disbursement of diapers to families in need. This initiative ensured the ongoing health and care needs of families were met.
- **Minimized service disruptions for children and families.** The EHS-CCP funding provided child care partners with the resources needed to stay open during the pandemic. Unfortunately, two of the UWM family child care partners ended up closing due to the difficult choice to limit outside people coming into homes during the pandemic to protect their families. These slots were transferred to a center-based partner so that children and families continued to receive services. At another EHS-CCP site, the landlord doubled monthly rent, making the cost of operating unaffordable. UWM worked quickly with the partner to move to a more affordable location, and families and children had no disruption to their services.

SUPPORTING THE WORKFORCE

- **Compensated staff for professional development time and addressed participation barriers.** UWM established a policy of paying staff for their professional development time, recognizing that any time teachers are brought together to learn, there needs to be compensation as a wage support. Moreover, UWM leveraged resources to address barriers to participation such as covering expenses like child care, travel, and gas for staff to be able to participate in ongoing training. This allowed educators to focus on their professional growth by minimizing additional stressors. In 2020-2021, UWM provided 229.5 total hours of professional development to EHS-CCP teachers, directors, and staff. 120 hours were specific to the national CDA requirements, and, as a result, 33 early childhood educators achieved their CDA while 18 staff are currently pursuing their CDA credential.
- **Increased mental health support.** UWM supported EHS-CCP staff through mental health consultation. In collaboration with the Devereux Center for Resilient Children, UWM facilitated professional development on staff well-being, supporting educators to complete stress self-assessments then participate in targeted intervention and technical assistance with mental health professionals. Coaches provided support not only to address the needs of the staff but also to identify resources and tools to develop the classroom environment and teacher-child interactions to address children's social-emotional development.
- **Improved workforce compensation, benefits, and professional pathways.** In a national survey, 71% of Florida respondents indicated that the main challenge to recruiting qualified educators was low wages.²⁴ To address the recruitment and retention challenges, UW embedded higher salary expectations in contract with partners, increased bonuses and starting wages, and improved pathways for professional advancement by creating new positions. For example, UWM embedded requirements for a more than 16% increase to base wages in partner contracts, along with provisions for annual COLA, to help EHS-CCP sites meet the state's gradual minimum wage increase law. The funding enabled partners to start to build their salary rates towards at least \$15 per hour to meet the state law by 2026 and to attract and retain staff. Throughout the pandemic, UWM invested in hiring and retention bonuses and increased base salaries to improve recruitment and retention efforts. Additionally, UWM created a pipeline for leadership advancement and access to increased salary by creating new EHS-CCP positions.

HIGHLIGHTS

- ✓ Reached 520 children and their families each year directly and nearly 2,000 children indirectly through 18 community partners
- ✓ Supported 33 early childhood educators to attain their CDA, 3 an associate degree, and 1 a bachelor degree while 18 are currently pursuing their CDA credential
- ✓ Offered modified work schedules, bus passes, gas stipends, and child care scholarships to increase access for partnership staff to go to college
- ✓ Coordinated a total of 10 series of care packages for families including food, infant formula and baby food, PPE, disinfectant, shoes, and clothing
- ✓ Embedded increased wages for staff into EHS-CCP agreements and ensured staff received cost of living adjustments annually

NEXT STEPS

Consistent with their pre-pandemic successes, one of the most important takeaways for UWM was that EHS-CCP enabled them to enhance the quality of services and invest funding into small community-based programs that otherwise would not have had access to those resources. This funding was key to keeping the majority of partners operating during the past two years. As a result, 520 children and their families received access to quality early learning and additional comprehensive services throughout the pandemic with minimal disruption.

Like many providers across the state, UWM noted that its partners are facing a staffing crisis. Hiring and retaining qualified staff has been difficult throughout the pandemic. To address this challenge, UWM collaborates with child care partners to increase awareness in the community about the benefits of working in the early care and education profession and organizing recruitment efforts. UWM works to exchange resources and information with everyone involved to maximize service options for children and families in the community.

With an additional infusion of funding for EHS-CCP, UWM would be able to serve more children and families in under-resourced communities. UWM also acknowledged that additional funding would pay early childhood educators a competitive wage commensurate with their critical work supporting children's learning and development. UWM recommends priority be given to increasing educator salaries in order to retain a qualified, quality child care workforce and recruit strong candidates into the field.

UWM continues to address barriers to participating in credentialing and degree programs and professional growth by providing early childhood educators with access to the resources they need to succeed such as transportation and gas stipends, child care resources, and paid professional development time. Looking towards the future, UWM hopes that the Center for Excellence in Early Education will keep serving as a model for quality programming within the community and highlight the importance of collaboration between partners to strengthen comprehensive services for young children, their families, and early childhood educators in local communities and across the state of Florida.

EARLY HEAD START CHILD CARE PARTNERSHIPS RESOURCES

[A Path to High Quality Child Care Through Partnerships](#) and [Webinar](#): An 8-Part EHS-CCP Series by the Educare Learning Network

- [Partnerships Rising Amid COVID-19 in Miami-Dade](#)
- [Where Are We Now? An Update on EHS-CCP at Educare](#)

“For the past five years, I have been working for the EHS-CCP. As I look back, I have come to realize that I have a much deeper understanding of my responsibility to support children in the early years of their education. Intentional planning paired with meaningful experiences are at the core of my work now. I attribute a lot of my learning to the support that I received from the Resource Specialist. I now see children’s learning in a new perspective with new opportunities every day. I greatly appreciate the professional development opportunities provided and the continued support and guidance in helping understand the value of education in young children.”

— CHARLENE JONES, EHS-CCP PRACTITIONER



GEORGIA

Fulton County

FAST FACTS

- Children Directly Benefiting:** 184
- Children Indirectly Benefiting:** 56
- Child Care Partners:** 12
- Local Communities Affected:** 13
- Funding:** \$3.5 million

The Georgia Department of Early Care and Learning (DECAL) is one of six state recipients of the EHS-CCP grant, receiving \$3.5 million per year to support 184 slots across five child care centers and seven family child care homes in the Metro-Atlanta area. As a state government agency, DECAL oversees Georgia’s Pre-K Program, licenses child care centers and home-based child care, administers parent services and federal nutrition programs, and manages Quality Rated, Georgia’s quality improvement and rating system. The Department also houses the Head Start State Collaboration Office, distributes federal funding to enhance the quality and availability of child care, and works collaboratively with Georgia child care resource and referral agencies and organizations throughout the state to enhance early education.

DECAL serves as the fiscal agent and provides management and oversight to local education hubs which then provide instructional support to partners. Each EHS-CCP site is responsible for delivering quality child care services in alignment with EHS requirements and receives comprehensive support, training, and monitoring and feedback. Quality Care for Children, oversees the family child care network of EHS-CCP sites, including providing comprehensive services and direct monitoring. All of the family child care programs are designed to be dual language and currently serve Spanish-speaking families and providers.

Georgia’s EHS-CCP model, informed by a cost modeling project to better understand how to maximize the amount of funding going into direct services for families, is implemented by DECAL in partnership with Quality Care for Children, an external agency that serves as a local education hub. DECAL provides six specialists — in the areas of education, mental health, disability, family services, Head Start eligibility, and health — to work on-site with center-based partners and ensure Head Start Program Performance Standards are met.

PANDEMIC RECOVERY AND RESPONSE

- **Streamlined health and cleaning processes.** DECAL rolled out a number of initiatives to support the health and safety of child care workers and children during the pandemic, from which EHS-CCP sites benefited. Partners worked with families to develop better health prevention measures and recommendations. DECAL organized and offered resources for deep cleaning and sanitization procedures across all partners. These procedures continued as the pandemic situation evolved.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Covered the cost of subsidy copayments for families in need.** The annual cost of infant care in Georgia is \$8,901 — 9.5% of median income for married parents and 32.3% median income for a single parent.²⁵ Research shows families with low incomes disproportionately spend more income on child care services compared to higher income families. The U.S. Department of Health and Human Services established a benchmark that parents pay no more than 7% of income on required copayments for child care subsidies.²⁶ Full-time, year-round parent copayments for Georgia’s subsidy program can range between a \$2,808 and \$8,580 for infant and toddler care annually, depending on region, provider type, family size, and income level.²⁷ To address this financial barrier, DECAL used federal relief funding to cover the full cost of care through a subsidy program so that eligible families did not have to pay a fee or co-payment to attend a quality child care program. This helped increase parents’ access to quality early learning through the pandemic. It also helped give partner sites a consistent funding source through subsidy reimbursements that, when braided with EHS-CCP funds and other funding sources, allowed them to keep their doors open and continue serving families in need.

HIGHLIGHTS

- ✔ Supported 184 infants and toddlers and their families each year directly and 56 indirectly through 12 community partners
- ✔ Supported 4 educators to work towards a CDA, associate or bachelor degree in early childhood education
- ✔ Provided on-site education and family services to EHS-CCP sites through 6 specialists focused on comprehensive Head Start resources
- ✔ Restructured organizational services to maximize costs and reduce administrative burden on EHS-CCP sites

NEXT STEPS

As a state grantee, Georgia brings a unique perspective to the operations of an EHS-CCP grant. DECAL notes that they appreciated the chance to build stronger direct relationships with the communities they serve through the EHS-CCP.

Recruitment and retention of a qualified workforce remains a constant challenge. During the pandemic, providers across Georgia saw large drops in enrollment and frequent classroom closures due to staff illness. The EHS-CCP funding along with federal relief funding enabled programs to stay open and continue serving families. However, frequent classroom closures and concerns around illness meant that programs quickly began to become understaffed. As the situation has evolved, many families want to return to their providers and DECAL has seen the number of applications increase significantly. Unfortunately, however, due to workforce turnover and staffing issues during COVID, some classrooms remain closed, and families and children are being held on waitlists.

DECAL noted that a streamlined, coordinated set of eligibility requirements would greatly benefit local child care providers. **Partners often discussed difficulty managing the varying eligibility requirements between Head Start, state, and other child care subsidies. Better alignment in eligibility will maximize public funds to directly target most in-need populations and foster important “ripple effects” for the rest of the state.** Organizing collaborative partnerships between multiple grantees can serve to improve shared services among communities. With state grantees — where a state department is in charge of direct services and has ongoing relationships with providers — EHS-CCP grants have the potential to improve quality and services for all young children regardless of which funding source their family utilizes for early care and education. In classrooms where EHS children were mixed with private pay families, DECAL noted that gains in quality benefited all children.

Moving forward, DECAL hopes to start bringing new staff into the EHS-CCP program and provide them with professional development opportunities to ensure a well-supported pipeline. DECAL will continue to collaborate with partners to innovatively solve the workforce qualifications gap and provide ongoing professional growth.

“The mental health needs of families and children have been much more significant than we thought they would be, and the dynamic and scope of child care has changed. In our program, families have places they can bring their children where they know they are taken care of, where they are going to get warm meals, and where they have a family services specialist who will connect them with a mental health resource or send them home with diapers and formula if they don’t have any. That’s what we do in Early Head Start, and that’s the difference our programs make.”

— MEGAN FICKES, EARLY HEAD START PARTNERSHIP DIRECTOR, GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

SPOTLIGHT ON

MENTAL HEALTH & WELL-BEING

How EHS-CCP Grantees Expanded Comprehensive Services and Promoted Mental Health during the Pandemic

Child development and learning is shaped by an array of factors, including adult-child relationships, nutrition, housing, healthcare, the safety of communities, and more. It is much more difficult to learn when basic needs — like food and shelter — are not met, when mental health challenges are unaddressed, when experiencing high levels of stress, and when families are struggling to make ends meet. Access to comprehensive services like economic supports, healthcare, dental and vision care, and mental health supports are essential to the optimal development and overall well-being of young children and their families. For example, in states where families with low-incomes have greater access to Medicaid health coverage, data suggests that there is higher participation in check-ups and preventative care, better health outcomes including fewer premature deaths among adults, improved financial security and economic mobility, and reduced care costs.²⁸ These facts are at the center of the Head Start model and shape its comprehensive approach. Child development and learning is central to the model, held up and enabled by many holistic supports for children and their families.

The COVID-19 pandemic highlighted the need for increased support in the areas of health, safety, and mental health and well-being for children and families. Research consistently shows that adults who are Black or Latine and families earning low-incomes are disproportionately affected by COVID-19, facing systemic inequities in employment, wage-earning, and geographical and financial access which make them more likely to experience negative health outcomes as well as barriers to accessing care services.²⁹ Further, recent data suggests that the stresses and challenges of the pandemic have resulted in high rates of anxiety and depression among adults and behavioral issues among young children. One in five mothers of infants and toddlers report less than optimal mental health, and that number rises to 26.9% for mothers in families with low income.³⁰ Child care providers reported observing a rise in children's trauma-related stress and challenging behaviors due to increased anxiety and grief.³¹ Many preventive health measures for young children were compromised during the COVID-19 pandemic and were particularly pronounced for people who are Black or Latine and families in low income households.³² For example, during the last two years as families grappled with keeping safe from exposure, more children missed their well-baby visits — an important preventative health measure — and fewer children were on track for their vaccination schedules.³³

During this same time, the child care workforce has been heavily overburdened, experiencing many of the same physical and mental health concerns.³⁴ Prior to the pandemic, research showed concerning rates of depression and stress among child care providers.³⁵ These rates have spiked considerably after the pandemic.³⁶ For instance, in a sample of child care providers in Louisiana, 38% of early childhood teachers reported clinically significant levels of depression compared to 22% of child



WHAT ARE COMPREHENSIVE SERVICES?

“Comprehensive services” is a term used to describe the holistic array of services and supports that set the conditions for children and families to thrive. In the context of Head Start, they may include services that support economic well-being, housing and food security, transportation, physical, dental, and mental health, and quality education — including special education where needed for children with disabilities and adult continuing education for parents. Under the Head Start model, they also include family engagement and family advocacy activities that are central to Head Start's functioning. Families create individualized plans that include goals and supports needed to achieve goals, such as obtaining a high school equivalency diploma (GED) or accessing higher education, securing housing assistance, finding stable employment, and saving for the future. All Head Start programs are required to provide a continuum of “comprehensive services” related to early learning, health, mental health, inclusion and disability resources, nutrition, family engagement, and other support services that ensure families have what they need to meet their goal and support their child's health, well-being, and education.

care providers before the pandemic. Furthermore, laid-off providers were more likely to report symptoms of depression compared to non-laid off providers.³⁷ In another study, 46% of child care workers in Indiana reported moderate personal stress, and 17.5% reported severe levels of personal stress compared to 32.8% and 4% respectively before the pandemic started.³⁸ Furthermore, a recent study based on a national sample of child care providers during the pandemic showed that a significant percentage of providers suffer from chronic diseases, such as obesity (19.8%), moderate to severe asthma (14.3%), diabetes (6.5%), and heart disease (4.9%).³⁹ These findings highlight the mental and physical health status of the child care workforce and elevate the need to provide systems of support for child care providers' well-being.

The EHS model integrates “comprehensive services” to infants and toddlers, their families, and early childhood educators, including mental health resources, through a holistic approach that promotes child and family health and well-being. Several of the grantees highlighted in this report prioritized mental health resources during the pandemic.

- In California, EHS-CCP grantee California Department of Education (CDE) structured a system that gave all partner site staff access to a CDE mental health professional as well as a local mental health consultant for individualized support sessions, technical assistance, and parent and staff training. CDE developed a menu of mental wellness resources for staff and parents which included infant and family mental health, trauma-responsive care, and healthy communication and regulation skills for children and adults. Access to these services was provided for all their child care partners, resulting in 100% of the EHS-CCP staff receiving reflective sessions with their local mental health consultant to address pandemic-related stressors and improve their mental health.
- In Florida, United Way of Miami supported EHS-CCP staff through mental health consultation by facilitating professional development on staff well-being. EHS-CCP staff participated in coaching and technical assistance that was individualized to their needs — which gave them the tools and skills to identify mental health resources, develop strategies for improved classroom environments and teacher-child interactions that promote mental wellness, and appropriately support children’s social-emotional development.
- In Montana, AWARE, Inc. offered mental health services on a weekly basis to families during which time families could join group video calls to connect as a community during the early crisis response of the pandemic, access resources, and get referrals to individual or family therapy. These services were also available to families at the EHS-CCP sites even if they weren’t funded through the grant, contributing to a “ripple effect.”

An expansion of the EHS-CCP model can help increase the number of families in local communities with access to comprehensive resources and support that ensure their health, nutritional, educational, and mental well-being.

EARLY CHILDHOOD MENTAL HEALTH RESOURCES

- [Using ARPA to Grow Infant and Early Childhood Mental Health Consultation Systems](#) (The Children’s Equity Project, 2022)
- The [Center of Excellence for Infant & Early Childhood Mental Health Consultation](#) is a national center providing technical assistance to programs, communities, states, territories, and tribal communities, and professional development to individual mental health consultants to increase access to high quality mental health consultation throughout the country.
- [Caring for the Caregivers: Supporting the Mental Health and Well-Being of the Early Childhood Workforce During a Global Pandemic](#) (Educare Learning Network, 2020)



MONTANA

Gallatin, Lewis and Clark, Silver Bow, Jefferson, and Yellowstone Counties

FAST FACTS

Children Directly Benefiting: 72
Children Indirectly Benefiting: 40
Child Care Partners: 3
Local Communities Affected: 5
Funding: \$1.8 million

AWARE, Inc. is a Montana-based non-profit that offers quality, community-based services for both adults and children with mental, physical, or developmental disabilities across the state. For their adult clients, AWARE provides health, transportation, employment and residential services in-house and through a strong network of community providers. For families of children with disabilities, AWARE offers health, therapeutic, and educational services and interventions, as well as support identifying delays or disabilities.

AWARE administers the federal EHS-CCP grant to extend specialized services to local private child care providers. Their funding for 80 slots in five counties supports both family child care and center-based providers. AWARE contracts with local child care programs to offer Early Head Start services and benefits in their centers, including evidence-based early learning, behavioral health services, healthy meals and snacks daily, and essentials like diapers, wipes and formula. Participation in the partnership ensures children funded by the grant have consistency in care regardless of changes to a family's financial situation. Additionally, families receive comprehensive health and educational resources such as free diapers and formula during care hours, two annual home visits and two annual parent-teacher conferences, behavioral health consultation, and other services. Because many of these services are implemented on-site at partner locations, children who are not directly served in an EHS-CCP slot still benefit from the "ripple effect."

Before being awarded an EHS-CCP grant, AWARE had already operated Early Head Start centers in seven counties across Montana that specialized in providing mixed delivery settings. Of the 212 available slots across all these centers, 10% were reserved for children with disabilities. Of this 10% of enrolled children, 8.5% received early intervention services through Part C of the federal Individuals with Disabilities Education Act (IDEA) and have an Individualized Family Service Plan (IFSP).

PANDEMIC RECOVERY AND RESPONSE

- **Distributed relief funds quickly to address partner challenges.** AWARE noted that it was positioned to weather the challenges of the pandemic and provide timely services to families and children experiencing the stressors of COVID-19. Still like many other providers across the nation, they experienced center closures, child absences, and workforce burnout. To address these challenges, AWARE was able to distribute funds towards program adaptations, extra staff, and direct relief to parents and teachers.
- **Prioritized facility improvements to meet health guidelines.** AWARE worked to improve and purchase new outdoor equipment to support increased outdoor play due to COVID restrictions. AWARE hired an additional maintenance employee to help EHS-CCP sites meet evolving health and safety guidelines.
- **Expanded access to services through virtual formats.** Using relief funds, AWARE hired an information and technology specialist to support virtual learning and improve communication between providers and families. Virtual or outdoor home visits provided families with a way to maintain contact with the child care provider. Teachers dropped off diapers, food, and other resources that families needed throughout the pandemic. When centers and meeting spaces were closed, sites continued to offer virtual parenting classes, cooking activities, and parent committee meetings.
- **Paid providers based on enrollment instead of attendance.** Across many states, child care providers participating in state subsidy programs are reimbursed for these services based on child attendance, meaning a provider typically only receives payment when a child receiving a subsidy attends. Recent analyses related to federal child care relief funding indicate the need to reimburse child care providers based on enrollment rather than attendance.⁴⁰ To combat loss of revenue due to child absences and center closures, AWARE used relief funding to continue to pay partners based on their center enrollment rather than attendance. This approach ensures a stable, reliable funding source for EHS-CCP sites, which bolsters their ability to provide quality care in their community⁴¹ even with the inconsistencies of child absences due to illness.

SUPPORTING THE WORKFORCE

- **Provided targeted professional development and technical assistance.** Regardless of the number of children funded through EHS-CCP in the partnering centers and homes, AWARE guarantees providers have access to consistent training and coaching in effective teaching practices and social-emotional development. Additionally, AWARE support staff assist all partner providers with emerging issues related to health, early intervention, challenging behaviors, and nutrition.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Increased health and mental health resources and support.** All children at participating child care partners received a social-emotional screening upon enrollment. Mental health services were offered virtually on a weekly basis to families. Families joined group video calls to connect as a community during the early crisis response of the pandemic, access resources, and get referrals to individual or family therapy. AWARE staff referred to as family advocates remained in constant contact with families throughout center closures and virtual services to ensure their mental health needs were being met. These services were also available to families at the EHS-CCP sites even if they weren't funded through the grant.

HIGHLIGHTS

- ✓ Served 80 infants and toddlers and their families directly and 40 children indirectly in 5 communities
- ✓ Supported 15 teachers to attain their CDA credential
- ✓ Offered mental health services virtually to families on a weekly basis
- ✓ Hired an information and technology specialist to support virtual learning and improve communication between providers and families
- ✓ Hired an additional maintenance employee to meet new COVID health and safety standards
- ✓ Conducted social-emotional screenings upon enrollment for all children at the EHS-CCP sites

NEXT STEPS

Prior to and throughout the pandemic, AWARE had their own in-house CDA observer to support educators to work towards an early childhood credential. This built-in infrastructure allowed staff to continue working towards a CDA even during times of inconsistent work schedules and closures. Before the EHS-CCP funding, child care providers may have viewed other centers or homes as competitors. Now, providers report a stronger sense of comradery with others and collaborate closely to tackle emerging challenges.

The COVID-19 pandemic highlighted the importance of relationships and especially mental health services for young children, families, and child care providers. Maintaining relationships with families was a priority for AWARE. To meet their goals, AWARE shifted their parent engagement and mental health services to virtual formats over the past few years. This allowed AWARE to sustain strong connections among parents and providers during periods of physical distancing and to create forums that promoted support, healthiness, and mental well-being.

Moving forward, AWARE wants to focus efforts on emphasizing the importance of fair workforce compensation for improving the quality of early learning and care and providing business training for child care owners to support better program management and future retirement planning.

“Before my son and I had Early Head Start services in our lives, we were lost. Now we have a super support system that I wouldn’t trade for the world. AWARE has put happiness back into parenting.”

— PARENT OF A CHILD IN EARLY HEAD START



FAST FACTS

Children Directly Benefiting: 263
Children Indirectly Benefiting: 349
Child Care Partners: 20
Local Communities Affected: 1
Funding: \$4.6 million

The Schoenbaum Family Center at Ohio State University (OSU) College of Education and Human Ecology provides early learning programming and access to a network of community services to families in the Columbus area. OSU was awarded an EHS-CCP grant in 2015, originally for 160 child slots in both center-based and family child care homes. In 2021, they received an expansion grant and thus added 103 more slots to their original 160 for a total of 263 slots. New slots from the expansion grant included 38 for center-based programs, 10 in family child care homes, 30 for families educating at home, and 25 pregnant mothers. OSU contracts with local child care partners, including 12 licensed child care centers and 8 licensed family child care homes.

OSU offers extensive services to their participating providers and children through many partners and affiliates. During the cycle of their two grant awards, OSU has worked with partners, including those that had pre-existing roots in the community serving families. To maximize the comprehensive EHS services, OHS partners with community agencies which support EHS families through medical expertise, nutrition education, early intervention and disability services, safe and affordable housing, adult education, adult job training, and behavioral support. These collaborations help make sure that the EHS-CCP sites and services are aligned with and part of the broader early childhood system in Ohio.

In Ohio, a special license was required for child care providers to remain open after the onset of the pandemic in 2020. All providers participating in the partnership applied for waivers and were able to stay open. OSU dispersed nearly \$400,000 in federal relief funding to the EHS-CCP sites and other child care providers to help them purchase emergency supplies. Additionally, emergency funding was used to purchase diapers and food for families, and OSU made home deliveries while physical contact between families and providers was restricted during program closures because of COVID outbreaks.

PANDEMIC RECOVERY AND RESPONSE

- **Improved facilities to meet health guidelines.** To maintain physical distance between children in larger centers, some providers put up wall barriers to divide and limit shared spaces. Funds were also used to update or provide appropriate playgrounds that enhanced outdoor play. OSU also purchased and distributed air filtration systems to improve air flow and quality and sanitizing machines to disinfect classroom materials and toys.
- **Centralized and coordinated health resources for partner sites.** Students and practitioners from OSU College of Nursing traveled to partner sites to provide training on new health and safety protocols including taking child temperatures and performing daily health questionnaires with parents.

SUPPORTING THE WORKFORCE

- **Provided video-based coaching with staff.** In order to maintain coaching services for EHS-CCP sites, OSU purchased swivel cameras to substitute in-person coaching. Teachers wore necklace tokens to which cameras tracked their movement around the classroom. Coaches then watched video footage and provided feedback to teachers to improve the quality of interactions with young children.
- **Facilitated professional development on anti-bias education.** In 2020-2021, 308 educators at EHS-CCP sites participated in 31 hours of professional development around topics such as early literacy, trauma and resilience, and leadership. During the pandemic, the program's education specialists also provided resources and support for EHS-CCP staff to participate in a book study which provided teachers and administrators the opportunity to reflect on their perceptions, identify racial biases, and work to minimize biases in the classroom, school, and community. The professional development experience equipped EHS-CCP staff with tools to address bias and racism and implement teacher practices that create more inclusive early learning settings.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Addressed the safety concerns of families.** Due to safety concerns, some parents made the difficult choice to discontinue sending their children in-person. To address these family concerns, OSU shifted to offering virtual sessions to supplement support for families choosing to educate at home. In the first year of the pandemic, 1,400 personal or virtual contacts were made with families, and 283 family needs assessments were completed with EHS-CCP staff. These touch-points provided opportunities for greater parent engagement in their child’s learning and connected families with comprehensive services and resources to address their educational, health, nutritional, and wellness needs.
- **Increased vision, dental, and mental health resources.** The Nisonger Center at OSU Wexner Medical Center provided mental health services and referrals for staff throughout the pandemic to meet their professional and personal needs. Additionally, OSU College of Speech and Hearing provided hearing exams, and OSU College of Optometry provided full eye exams to all children at participating EHS-CCP sites. Nationwide Children’s Hospital dental clinic offered free exams and teeth cleanings to all children through a traveling dental van.

HIGHLIGHTS

- ✔ Served 263 infants and toddlers and their families through 20 child care partners
- ✔ Supported 14 teachers to attain their CDA credential
- ✔ Provided 308 EHS-CCP staff with 31 hours of professional development in anti-racist and anti-bias education, child development, and leadership
- ✔ Streamlined purchasing and distribution of COVID-related supplies for EHS-CCP sites including air filtration systems, sanitizing machines, and other health-related materials
- ✔ Centralized and coordinated continued health resources for EHS-CCP sites including hearing screenings and dental exams and cleanings
- ✔ Leveraged OSU resources to provide training on new health and safety protocols including temperature checks and daily health questionnaires

NEXT STEPS

Throughout the pandemic, the Schoenbaum Family Center leveraged partnerships with various health-centered colleges within the University system and local health partners to offer physical and mental health services to children, families, and providers. Before the pandemic, many of these services were already regularly offered. However, when the pandemic hit the Columbus area, these partnerships were leveraged to actively respond to emerging physical and mental health needs.

Supporting child care providers is central to improving the quality of care. With funding from the grant, OSU supported provider professional development and the attainment of higher degrees, including 14 teachers achieving a CDA credential. While the pandemic slowed these efforts, **the EHS-CCP partnership strengthened the connection among community child care providers, offering new learning opportunities. Providers became resources for one other, offering support and suggestions for issues related to teaching, management, and health response initiatives.** This change has been long lasting; participating family child care providers coined themselves the “Power Group” and continue to meet monthly.

OSU estimates that the child care partnerships positively impacted at least three times the number of children originally funded through the grant. This “ripple effect” makes a systemic difference in the early childhood system and in the lives of the children and families OSU serves across communities because many of the partner sites support more children than just those funded through the EHS-CCP.

“It’s not just a Head Start program. It is an early childhood program that is doing what it was meant to do, which is to raise the quality of child care programs that have been left out in the past.”

— DONALD FUZER, PROGRAM DIRECTOR OF EARLY HEAD START-CHILD CARE PARTNERSHIPS, OHIO STATE UNIVERSITY



FAST FACTS

Children Directly Benefiting: 232 • 80 • 208

Child Care Partners: 16 • 6 • 8

Local Communities Affected: 1 • 1 • 1

Funding: \$1.5 million • \$1.2 million • \$2.9 million

Cincinnati-Hamilton County Community Action Agency (CHCAA) received their first EHS-CCP grant in March 2015 which now serves 232 children across 16 center-based child care sites, contracting directly with these local programs. By creating strong partnerships with their 11 community partners, they continue to strengthen local early childhood systems and services for infants and toddlers, families, and teachers. Their mission is to build a cohesive community, increase income eligible families' access to coordinated services and partners, and improve their partners' capacity to serve these families.

Ironton-Lawrence County Community Action Organization (ILCCAO) serves 80 children across five child care sites and one family child care provider. Their mission is centered around improving communities and positively impacting the lives of children and families they serve. They provide opportunities for affordable housing, health care services, Head Start programs, and job training and support services to families in need. Their Early Head Start programs primarily focus on providing family-centered services.

The YWCA of Canton (YWCAC) provides comprehensive services to families that are unhoused or that live below the poverty line. Their mission is to eliminate racism and empower women which they strive to embody in their EHS-CCP program. The YWCAC received their first EHS-CCP grant in March 2015 and currently operates EHS-CCP in its own early learning center to provide year-round child care for children ages 6 weeks to 3 years. Additionally, YWCAC contracts with two in-home providers and six child care centers to serve a total of 208 children in year-round early care and education. YWCAC provides these partner sites with comprehensive child development and family support services, including developmental screenings, professional development on developmentally appropriate practices, and child nutrition services.

For Ironton-Lawrence and Cincinnati-Hamilton Counties' grantees, none of the partner centers closed during the pandemic. Remaining open throughout the pandemic allowed

these centers to maintain contact with children and families, even when services were offered virtually. Each grantee used their relief funding in unique ways to respond to the emerging needs of children and families and to reduce the pandemic's strain on teachers and staff. Through measures to support the workforce financially and through ongoing professional development, these grantees noted they were successful in reducing turnover.

These grantees expanded on the comprehensive health services they typically offer which helped the child care partners to stay up-to-date with and responsive to the physical and mental health needs of children, families, staff, and their communities during the pandemic.

PANDEMIC RECOVERY AND RESPONSE

- **Improved facilities to meet health guidelines.** Ensuring that children had safe and clean spaces to play and grow became even harder for many child care providers during the pandemic. These Ohio agencies used their relief funds to help with health and safety related expenses like sanitation machines and even undertook larger scale improvements such as improving outdoor play spaces and adjusting or adding classrooms to improve physical distancing where possible.

SUPPORTING THE WORKFORCE

- **Increased compensation for EHS-CCP staff.** Each of these grantees undertook measures to support the workforce throughout the pandemic. CHCAA increased compensation for staff and teachers by nearly 7% and hired more staff to reduce staff-to-child ratios. ILCCAO raised base pay for classroom aides, bus drivers, and child care workers as well as distributed \$1,200 bonuses to teachers and staff. YWCAC provided relief funding to increase teacher and staff salary to at least \$18 per hour and gave additional monetary incentives to reduce teacher and staff turnover.
- **Facilitated ongoing professional development and coaching.** ILCCAO offered EHS-CCP teachers CDA and child development training to enhance their knowledge and to help them work towards a credential or degree in early childhood education. CHCAA provided professional development to teachers to meet quality standards and partnered with community organizations to facilitate coaching for participating providers.

EXPANDING ACCESS TO COMPREHENSIVE SERVICES

- **Provided no-cost health screenings and resources to all enrolled children.** CHCCAA contracted out health services to provide families and children with medical screenings, dental exams, immunizations, and have provided families with referrals to receive health insurance. The YWCAC provided child health screenings, oral health education and resources, and child nutrition services.

HIGHLIGHTS

- ✓ Served a combined 520 infants and toddlers and their families directly through a combined 30 child care partner sites
- ✓ Increased staff compensation and provided bonuses to reduce staff-to-child ratio and improve retention
- ✓ Sponsored no-cost health screenings, dental and vision exams, and referred families to needed health-related services

NEXT STEPS

Programs across Ohio and the nation are struggling with balancing the rising cost of care and public under-investments. The funding many providers currently receive does help greatly, but it does not fully cover the cost of quality care. Further, sustained investments in EHS-CCP can help local providers pay teachers a livable wage that is competitive with other businesses and the fast-food industry so that teachers are incentivized to remain in the early care and education field rather than leaving for higher paying jobs elsewhere.

The three Ohio grantees noted that it is unfair that wages are as low as they are across the child care field. To address this issue, the grantees prioritized staff-focused investments to improve retention and recruitment of qualified staff. The grantees plan to continue to pursue improved minimum per hour rates, ongoing monetary benefits like bonuses, and cost of living increases in their EHS-CCP work to address the current workforce challenges and build a strong foundation for a well-supported and well-compensated child care workforce.

Looking towards the future, these Ohio grantees suggest prioritized efforts to increase funding to expand the number of children served through EHS-CCP and improvements in teacher compensation. Better support for small providers in administrative and business planning through a shared services approach, as is facilitated by EHS-CCP, can strengthen program operations. **In other words, EHS-CCP grants are important not just for the children and families they serve, but also for the economies of the communities they serve.**

“Many child care providers we partner with are small businesses. They are minority businesses, and in our community they are hiring people. These are viable businesses, and the majority that we partner with are minority, female-owned. The EHS-CCP grant is helping their bottom line as businesses.”

— RENEE DANIEL, VICE PRESIDENT OF EARLY CHILDHOOD EDUCATION, CINCINNATI-HAMILTON COMMUNITY ACTION AGENCY

CONCLUSION

The Early Head Start-Child Care Partnerships (EHS-CCP) are making a significant difference across the United States, from small rural towns to large metropolitan cities. The EHS-CCP program helps infuse federal resources into local communities, sparking innovation to ensure that children and families across the country have access to quality early care and education so children can thrive and their families can work to get ahead.

As the ten EHS-CCP profiles featured in this report demonstrate, EHS-CCP is about more than funding slots at existing early childhood providers. It is about reimagining and reforming the early childhood system. By investing in teacher wages, facility renovations and updates to early learning environments, shared services and knowledge building, and comprehensive health and well-being services for staff, children, and families, EHS-CCP is expanding access and boosting the quality of local child care programs and, as a result, the quality of life for families.

Benefits for children and families. The EHS-CCP resources help contribute to children's growth and development and ensure access to quality early learning environments, especially for populations most-in-need like children with disabilities, unhoused families, and families living below the federal poverty level. Through EHS-CCP, infants, toddlers, and their families benefit from comprehensive services to meet their health, nutrition, and educational needs and improve their well-being.

Benefits for teachers. Prioritizing compensation efforts have helped EHS-CCP sites retain qualified teachers in their programs. When teachers have access to comprehensive workforce benefits — including coaching and ongoing professional development, health and mental health resources, and competitive salaries — they are more likely to stay working in their program and can better support child development and create responsive early learning environments. Additionally, EHS-CCP funding helps provide a path to higher education and credentials, like the Child Development Associate (CDA), for early childhood educators, consequently increasing compensation commensurate with those qualifications and experiences.

Benefits for communities. Many grantees indicated that the shared services approach not only maximizes resources but it also creates spaces for knowledge to be shared, leveraging the skills and expertise of local communities to build capacity and care for young learners. EHS-CCP sites do more than just support children enrolled in the Early Head Start program. They also have a “ripple effect”, indirectly benefiting all children and families at the partner site. By lifting up the quality of early childhood services across local child care programs in communities, more children benefit. Parents have consistent, safe, quality care they can rely on so that they can get to work or school and contribute to the economy.

These promising results suggest that the EHS-CCP model is worthy of replication and could be especially powerful in addressing three of the most significant challenges of the ECE field today: pandemic recovery and response, supporting the early childhood workforce, and expanding access to comprehensive services for infants and toddlers and their families.

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