



## Findings from the Early Head Start-Child Care (EHS-CC) Partnerships Sustainability Study

**September 23, 2023** 

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#### Overview

#### Introduction

Partnerships between Early Head Start (EHS) programs and child care providers strive to increase access to high-quality, comprehensive services that meet the needs of infants and toddlers from families with low incomes. The Early Head Start—Child Care Partnerships (EHS-CC Partnerships) grants provided a dedicated funding stream to support some of these partnerships. In 2015, the Administration for Children and Families (ACF) awarded 250 such grants to support partnerships between EHS programs and regulated child care providers, including centers and family child care providers.

The National Descriptive Study (NDS) of EHS-CC Partnerships of 2016, which was the first national study of the partnering EHS programs and child care providers, reported information on the EHS programs, child care centers, and family child care providers participating in the Partnerships that were funded through the 2015 round of grants. This study, the EHS-CC Partnership Sustainability Study of 2022, is a follow-up to the NDS of 2016 to understand whether the Partnerships in the 2015 round of grants lasted, how they changed, and the factors related to their sustainability.

#### **Purpose**

This report documents findings from the EHS-CC Partnerships Sustainability Study of 2022. The study was designed to follow up on the NDS of 2016, which provided a rich knowledge base on Partnerships funded through the first round of EHS-CC Partnership grants. This report describes how those partnerships were faring as of 2022 and the factors that supported or impeded their sustainability. The information and the lessons learned may inform ongoing and future activities of partnerships in early care and education programs as well as training and technical assistance efforts.

#### Methods

The Sustainability Study gathered data from three sources:

- 1. A web-based survey of the 250 EHS program directors that received a 2015 EHS-CC Partnership grant, regardless of whether they participated in the NDS of 2016.
- 2. A web-based or telephone survey of all child care providers (n = 469) selected to participate in the NDS (regardless of whether they participated in the NDS of 2016). The child care provider survey included some items that were just for providers in sustained Partnerships and some that were just for providers whose Partnerships had dissolved.
- 3. Semi-structured telephone interviews with a subsample of child care providers (data from semi-structured interviews is not presented in the data tables in this report).

Response rates for the Sustainability Study of 2022 were lower than anticipated, particularly for providers. Given our response rates of 64.4 percent for the EHS program director surveys and 35.4 percent for child care providers, we assessed the potential for nonresponse bias in each survey. This analysis indicated that, at the EHS program director level, weighted estimates are sufficiently unbiased and are representative of the EHS program director population from the 2015 round of grants. At the child care provider level, we do not recommend assuming that weighted estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnership grants.

#### **Key Findings and Highlights:**

Section I describes how and why EHS-CC Partnerships changed over time, according to EHS program directors, including:

- How many EHS-CC Partnerships with child care providers were sustained or dissolved between 2016 and 2022
- How many new partnerships with child care providers formed between 2016 and 2022, and why
- Factors that EHS program directors say led to the dissolution of partnerships between 2016 and 2022
- When Partnerships with child care providers dissolved

Section II describes the factors that supported or impeded the partnerships' sustainability, including:

- Factors supported and factors that served as a barrier to the sustainability of partnerships, according to child care providers and EHS program directors
- Funding of partnership slots
- Plans after EHS-CC Partnership grants end

Section III describes the characteristics of the child care providers and the services they offered, including:

- Enrollment capacity, recruitment, and prioritization
- Nontraditional hours of care
- Funding sources
- Staff credentials, salaries and benefits, turnover, and vacant positions
- Professional development and educational opportunities offered to staff
- Support services offered to children and families, and who delivered these services
- Quality improvement activities

Section IV describes the features of sustained Partnerships, including:

- Percentage of total annual funding from the EHS program
- Child and family support services offered to children in Partnership and non-Partnership slots
- Home visiting services
- Monitoring and use of information from child care providers' quality improvement
- Partnership agreement characteristics
- Greatest strengths of collaboration, relationship quality supports, and partnership champions

Section V describes how partnerships were affected by the COVID-19 pandemic, including:

- How the COVID-19 pandemic affected the dissolution of partnerships and partnership slots
- Child care provider closures due to the COVID-19 pandemic
- Supports child care providers received in response to the COVID-19 pandemic
- How child care providers used COVID-related funding

The following are key findings of the study:

- Most (77 percent) EHS programs from the first round of EHS-CC Partnership grants had at least one Partnership with a child care provider sustained between 2016 and 2022. About half (54 percent) of EHS programs formed more than two new partnerships between 2016 and 2022, most often because of a need to maintain total slots after partnership(s) with other child care providers terminated.
- EHS program directors reported varied factors for the dissolution of Partnerships with specific child care providers. The most frequently reported (42 percent) major factor was difficulty complying with Head Start Program and Performance Standards beyond ratios and credential requirements. The most frequently reported (26 percent) minor factor was misunderstanding about roles and responsibilities.
- EHS program directors and child care provider respondents reported a number of factors that supported the sustainability of partnerships. The three most frequently reported major supports cited by EHS program directors were: (1) mutual respect with child care providers (81 percent); (2) open communication with child care providers (81 percent); and (3) a commitment among EHS program leadership to partner with child care providers (80 percent). The three most frequently reported major supports cited by child care provider respondents were: (1) stability in leadership at the child care provider (78 percent); (2) a commitment among child care leadership to partner with EHS (72 percent); and (3) a person at the center or family child care provider who actively and enthusiastically promoted partnering with EHS (69 percent).
- EHS program directors and child care provider respondents reported varied, though largely aligned factors that impeded the sustainability of partnerships. The three most frequently reported major barriers cited by EHS program directors were: (1) challenges recruiting qualified staff (67 percent); (2) insufficient funding (64 percent); and (3) challenges maintaining enrollment in partnership slots (64 percent). The three most frequently reported major barriers cited by child care provider respondents were: (1) challenges recruiting qualified staff (24 percent); (2) insufficient funding (24 percent); and challenges meeting child adult ratio and group size requirements (23 percent).
- Most child care provider respondents reported offering support services to children (81 percent), most frequently providing developmental screenings, and over half reported providing support services to families (66 percent), most frequently providing direct provision of goods such as diapers or formula.
   Over two-fifths (43 percent) offered care outside normal business hours.
- EHS programs were highly involved in quality monitoring activities with child care providers in sustained Partnerships, with nearly all programs (at least 95 percent) engaging in each one of a wide variety of activities. Seventy percent of EHS programs reported that they worked in partnership with child care providers to develop processes, tools, and action steps regarding how to monitor quality improvement. Child care provider respondents in sustained Partnerships frequently reported using information from quality improvement activities to inform staff training and professional development (91 percent) and to identify new strategies for continuous improvement (90 percent).
- Child care provider respondents in sustained Partnerships considered the greatest strengths of collaboration with EHS programs to be the provider's ability to pick up the phone and call the EHS program when needed (75 percent) and the level of respect that the EHS program had for the provider (69 percent).
- EHS programs reported that the COVID-19 pandemic impacted enrollment in partnership slots, and child care provider respondents indicated that EHS programs provided a variety of pandemic-related supports. More than two-fifths (44 percent) of EHS programs saw a decrease in the number of filled

partnership slots between March 2020 and 2022 due to the COVID-19 pandemic. Child care provider respondents received a variety of supports from EHS partners in response to the pandemic, including continued or additional funding (71 percent) and supports for the increased costs of securing and using protective equipment (60 percent). Of those who received continued or additional funding, 79 percent used the funding for the increased costs of securing and using protective equipment and 71 percent used it to continue to pay staff.

#### I. Introduction

This report documents findings from the Early Head Start—Child Care Partnerships (EHS-CC Partnerships) Sustainability Study of 2022. The study was designed to follow the National Descriptive Study of EHS-CC Partnerships (NDS) of 2016, which provided a rich knowledge base on Partnerships funded through the first round of EHS-CC Partnership grants. This report describes how those Partnerships were faring as of 2022 and the factors that supported or impeded their sustainability. The information and the lessons learned may inform ongoing and future activities of partnerships in early care and education programs as well as training and technical assistance efforts.

#### A. Background

Affordable, high-quality child care for infants and toddlers is often not accessible, particularly for families with low incomes. Although many families struggle to find affordable child care close to their homes, those with low incomes have especially limited access to care, particularly high-quality care (National Survey of Early Care and Education Project Team 2016). This can hurt both children, who benefit developmentally from high-quality child care, and parents, who often rely on child care to work (Iruka 2020; Hardy et al. 2021; Herbst 2017).

Partnerships between EHS programs and child care providers strive to increase access to high-quality, comprehensive services that meet the needs of infants and toddlers from families with low incomes. The EHS-CC Partnership grants provided a dedicated funding stream to support some of these Partnerships. In 2015, the Administration for Children and Families (ACF) awarded 250 such grants to support partnerships between EHS programs and regulated child care providers, including centers and family child care providers.

The NDS of 2016, which was the first national study of the partnering EHS programs and child care providers, reported information on the EHS programs, child care centers, and family child care providers participating in the partnerships that were funded through the 2015 round of grants (Del Grosso et al. 2019). In 2018, work began on the EHS-CC Partnership Sustainability Study of 2022, a follow-up study to understand whether the partnerships in the 2015 round of grants lasted, how they changed, and the factors related to their sustainability.

#### Glossary

Throughout this report, we use the following terms to describe the entities involved in the EHS-CC Partnerships:

- Child care provider. Child care center or family child care home that partners with an EHS
  program to provide services to enrolled infants and toddlers.
- Dissolved Partnership. Partnership from the NDS that was no longer in place at the time of the Sustainability Study.
- EHS program. A grant recipient or delegate agency that receives a federal grant to support
  families with low incomes that have children, from the prenatal period to age 3, by providing a
  wide range of services both directly and in partnership with community providers. EHS programs
  are run by entities such as nonprofit organizations, community action agencies, or school
  districts.

- EHS program director. An individual who manages the operations of an EHS program and any
  partnerships with community providers. This role may also be called EHS-CC Partnerships
  Manager or the title may be subsumed under other managerial roles in the program. Nonpartnership slots. Child care provider enrollment spaces that are not funded under the EHS-CC
  Partnership grants or other Early Head Start grants.
- **Partnership program.** The formal relationship between an EHS program and a child care center or family child care home to provide program services to enrolled infants and toddlers.
- Partnership slots. Enrollment spaces in community-based child care providers for which the EHS program has a formal contractual agreement to provide services meeting the Head Start Program Performance Standards. Partnership (HSPPS) slots include but are not limited to those funded through EHS-CC Partnership grants.
- Sustained Partnership. Partnership from the NDS that was still in place at the time of the Sustainability Study. ▲

#### B. National Descriptive Study of EHS-CC Partnerships

Conducted in 2016, the NDS was designed to better understand the characteristics and activities of the Partnerships that were funded through the first round of EHS-CC Partnership grants. The study collected information about how EHS programs and child care providers worked together on a range of activities to set high standards for quality, assess their quality improvement needs, and support high-quality caregiving and learning environments for infants and toddlers.

We collected data through surveys<sup>1</sup> with the 250 EHS-CC Partnership grant recipients (referred to as EHS programs<sup>2</sup>) that received funding in the first year of the grants. EHS program directors completed the surveys.<sup>3</sup> We also selected a random sample of 20 percent of each type of partner within a program, with a minimum of one per program, to survey. This resulted in a random sample of 470 child care providers (302 child care center partners and 168 family child care partners) that were working in partnership with the EHS programs. Data collection took place from February to November 2016.

Of the 470 Partnership providers, 386 completed the NDS of 2016 survey (255 child care center partners and 131 family child care partners), for an overall response rate of 82 percent (84 percent for child care center partners and 78 percent for family child care partners).

#### 1. Findings on partnership sustainability from the NDS

Measurement in the Sustainability Study was informed by the theory of change for the NDS of 2016 (see Appendix A). This theory of change highlighted sustained, mutually respectful, and collaborative partnerships as a key long-term outcome of the EHS-CC Partnership grants (Del Grosso et al. 2014).

<sup>&</sup>lt;sup>1</sup> The study also included in-depth case studies of 10 partnership programs. More information about the case studies can be found in the NDS report (Del Grosso et al. 2019).

<sup>&</sup>lt;sup>2</sup> Both NDS and Sustainability Study analyses were conducted at the grant level, with information about partnerships between providers and any delegate agencies rolled up to the level of the EHS-CC Partnership grant. We used the term program in the Sustainability Study. Previously, in the NDS, we used the term grantee to refer to the same level of analysis.

<sup>&</sup>lt;sup>3</sup> In some cases, a respondent from a delegate agency (an organization to which a recipient has delegated part or all of its responsibility for operation of the EHS-CC Partnership grant) completed the roster of child care providers on behalf of the EHS program director.

Although sustainability was not a primary focus of the NDS of 2016, the NDS EHS program director surveys provided information about whether the Partnerships were sustained early on. By the time of the NDS of 2016, about a year after the EHS-CC Partnership grants were awarded, 32 percent of EHS programs reported that at least one Partnership with a child care provider had ended. Specifically, 22 percent of EHS programs had terminated a Partnership with a child care center, and 14 percent had terminated a Partnership with a family child care provider within a year of receiving the initial grant (Del Grosso et al. 2019). The most common reasons for Partnership termination in the NDS of 2016 included difficulty complying with the Head Start Program Performance Standards (HSPPS) (44 percent of terminations), differences in program philosophy and mission (36 percent), difficulty meeting staff-child ratios and group size requirements (34 percent), the administrative burden of reporting requirements (28 percent), and misunderstanding roles and responsibilities (27 percent) (Del Grosso et al. 2019).

In qualitative interviews, EHS programs and child care providers discussed the challenges of and strategies for maintaining the partnerships:

- They noted challenges in effectively communicating with child care providers, such as finding it
  difficult to strike a balance between sharing sufficient information and too much oversight or
  micromanagement.
- EHS programs that successfully maintained their partnerships found that regularly scheduled meetings; communication protocols; and frequent, informal communication helped overcome these challenges.
- In addition, child care providers noted that the partnerships tended to be more successful when program decisions were made collaboratively, rather than solely by the EHS program.
- Finally, to facilitate positive relationships between programs and child care providers, EHS programs stated the importance of setting clear and realistic expectations about partnership program requirements and benefits.

#### C. Sustainability Study

The present Sustainability Study of 2022, which was informed by both the theory of change and the NDS of 2016, followed up with the EHS programs and the sampled child care providers from the NDS of 2016 to understand whether and how their Partnerships lasted as well as the partnership features that supported sustainability. The study also examined features of current partnerships—including those that were new since the NDS of 2016, regardless of whether they were funded through an EHS-CC Partnership grant. EHS-CC Partnership grants were awarded again in 2017, 2019, and 2021.

Providers who kept their business open faced unprecedented and difficult circumstances due to the COVID-19 pandemic that began in early 2020. Although most child care settings, including EHS programs, reopened their physical buildings by early 2021, they faced increased health and safety protocols and staffing challenges compared to before the pandemic (Grose 2021). Simultaneously, child care workers faced pronounced challenges during the pandemic, and many left the field. Many child care staff reported feeling more stressed, burned out, or anxious than before the pandemic because of staffing shortages at work and financial insecurity (RAPID EC 2021; Bassok et al. 2023).

<sup>&</sup>lt;sup>4</sup> Due to changes in how EHS-CC Partnership grants were administered, we asked EHS program directors about any new partnerships since the NDS that met the definition of partnerships in the Program Information Report.

Although planning for this study began before the COVID-19 pandemic, it added a further challenge to child care business sustainability. The pandemic worsened the already high cost to provide care, forcing many providers out of business and making tight profit margins even smaller. Estimates indicate that over 15,000 child care providers nationwide closed permanently after the start of the pandemic, or about 9 percent of all providers (Leonhardt 2022).

Although the Sustainability Study of 2022 incorporated specific questions about the pandemic,<sup>5</sup> readers should keep in mind the timing of the data collection even when reviewing items not specifically mentioning the pandemic. For example, providers whose Partnerships dissolved before the pandemic and those whose Partnerships dissolved after the start of the pandemic might have both faced staffing challenges but for different reasons.

The Sustainability Study of 2022 was designed to address five research questions. However, due to challenges with data collection that impacted response rates (see Section II), we were limited in our ability to answer the original research questions. Namely, we were unable to examine results separately for providers whose Partnerships had dissolved. For this reason, some tables, based on survey questions asked of all providers, report results for all providers (both those with sustained Partnerships and those whose Partnerships dissolved). Other tables report results only for providers with sustained Partnerships. These tables are based either on (1) questions asked of all providers, with providers in sustained Partnerships reported separately in the tables to provide context separate from estimates for all providers, or (2) on questions asked only of providers in sustained Partnerships.

The data tables in each section of this report address a different research question:<sup>6</sup>

- **Section I:** How and why did partnerships change over time?
- Section II: What factors supported or impeded the partnerships' sustainability?
- Section III: What were the characteristics of the child care providers and the services they offered?
- Section IV: For partnerships that were sustained, what were the features of the partnerships?
- Section V: How were partnerships affected by the COVID-19 pandemic?

<sup>&</sup>lt;sup>5</sup> Tables in Section V of this report contain statistics on the specific questions about the pandemic.

<sup>&</sup>lt;sup>6</sup> Due to challenges with data collection that impacted response rates, we were unable to answer our original research questions related to child care providers in dissolved partnerships ("After partnerships end, what are the characteristics of the child care providers and services they offer?"). In addition, we added the Section V research question in response to the COVID-19 pandemic.

#### II. Methods

#### A. Study sample and recruitment

The EHS programs and child care providers selected for the Sustainability Study of 2022 are the same as in the NDS of 2016 sample, regardless of whether they completed their NDS survey. Response rates—particularly among child care providers—in this study were lower than anticipated, and they were lower than response rates in the NDS of 2016 (see Section II.C).

We asked directors of all 250 EHS programs that received a 2015 grant to complete a survey, regardless of whether they participated in the NDS of 2016. In 15 cases where programs no longer provided EHS services or no longer had a Partnership grant, we sent surveys to the best contact information available, according to the Office of Head Start. We asked all providers selected to participate in the NDS (n = 469) to complete a survey. We did not survey child care providers that established partnerships with EHS programs after the NDS of 2016.

Some providers had closed since the NDS of 2016. We confirmed provider closures as part of the EHS program director survey and surveys with child care providers in dissolved Partnerships. Before releasing the provider survey, we conducted locating searches for all sampled providers (see Box II.1). For a small number of providers, we documented confirmed closures as a result of these locating searches. For other providers, we categorized them as presumed to have closed after a second, more intensive round of locating. In total, we documented 52 provider closures: 30 that were confirmed and 22 that were assumed based on the results of the locating searches.

**Box II.1.** Because we had not contacted providers since the NDS of 2016, we conducted locating searches for all sampled providers (1) to update their contact information in case it was not provided via the EHS program director survey and (2) to identify whether they had closed. These locating activities included Google searches, which would find a business page if one existed. For providers with a completed program director survey, we also confirmed provider closures and obtained updated contact information as part of the EHS program director survey. Because not all EHS program directors completed their surveys, we also conducted more in-depth searches to determine whether to categorize a provider as presumed closed.

Providers who closed were eligible to complete the child care provider survey for providers from dissolved Partnerships, but they were only asked questions that would be relevant to them. For example, we did not ask for the number of currently enrolled infants and toddlers if a provider had closed.

#### B. Data collection and data sources

The Sustainability Study of 2022 consisted of surveys of EHS program directors and of child care providers, as well as semi-structured telephone interviews with a subsample of child care providers (data from semi-structured interviews is not presented in the data tables in this report). Program directors completed a web-based survey, while child care providers had the option of completing the survey on the

<sup>&</sup>lt;sup>7</sup> The NDS of 2016 sample size of 470 child care providers included one case that was determined to be ineligible. As a result, the number of providers included in the Sustainability Study of 2022 was 469 child care providers.

web or via phone. Exhibit II.1 shows data sources, respondents, and topics covered in the Sustainability Study of 2022.

Exhibit II.1. Sustainability Study of 2022: data sources, respondents, and topics covered

Data source	Respondents	Topics covered
Web-based survey	EHS program directors	Update on child care partners from 2016
		Facilitators and barriers to sustainability
		Funding and resource allocation
		<ul> <li>Enrollment, hours of operation, and delivery of select comprehensive services</li> </ul>
		Staff characteristics and staff supports
		Quality monitoring
		Partnership agreements/plans and development processes
		Relationship quality and communication between partners
		EHS-CC Partnership leaders
		Facilitators and barriers to sustainability
Web-based or	Child care providers	Facilitators and barriers to sustainability
telephone survey		Funding and resource allocation
		<ul> <li>Enrollment, hours of operation, and delivery of select comprehensive services</li> </ul>
		Staff characteristics and staff supports
		Quality monitoring <sup>a</sup>
		Partnership agreements/plans and development processes <sup>a</sup>
		Relationship quality and communication between partner <sup>a</sup>
		EHS-CC Partnership leaders <sup>a</sup>
Semi-structured	Child care providers	Facilitators and barriers to sustainability
telephone		Funding and resource allocation
interviews		<ul> <li>Enrollment,<sup>a</sup> hours of operation,<sup>a</sup> and delivery of select comprehensive services</li> </ul>
		Staff characteristics and staff supports
		Quality monitoring <sup>a</sup>
		Partnership agreements/plans and development processes <sup>a</sup>
		Relationship quality and communication between partner <sup>a</sup>
		EHS-CC Partnership leaders <sup>a</sup>

<sup>&</sup>lt;sup>a</sup> Topic only covered with providers in sustained Partnerships

EHS = Early Head Start; EHS-CC Partnership = Early Head Start-Child Care Partnership.

The child care provider survey included some items that were just for providers in sustained Partnerships and some that were just for providers whose partnerships had dissolved. As part of their survey, EHS program directors reviewed a roster of the partners they reported having in 2016 and indicated whether their program still partnered with each provider. We used this information to categorize providers as sustained or dissolved. This categorization determined the version of the survey that the child care providers received. The provider survey included a screener to confirm that we correctly categorized the Partnership as sustained or dissolved (and to correctly route providers that did not have a completed EHS program director survey).

The EHS program director and child care provider surveys included items from the NDS of 2016 as well as newly developed items. Because of the longitudinal nature of the research questions and design, the survey instruments used the same items fielded in the NDS of 2016 to the extent possible, with some items reworded or reframed if necessary. When there were no existing items from the NDS of 2016 to measure a construct, we either used publicly available items (for example, from the National Survey of Early Care and Education) or developed new items. In the EHS program director survey, respondents were asked to report information on partnerships and partnership slots. Most often, program directors were asked to report on all partnerships and partnership slots, including those that were not funded through an EHS-CC Partnership grant. For a small number of questions, program directors were asked to report only on Partnerships and Partnership slots that were funded through an EHS-CC Partnership grant at the time of the NDS of 2016. Notes on the data tables in this report indicate whether program directors were reporting on all partnerships or only on EHS-CC Partnerships for data presented in a given table.

#### C. Response rates and representativeness

For the Sustainability Study of 2022, the response rate was 64.4 percent for the EHS program director survey (161 of 250 eligible) and 35.4 percent<sup>8</sup> for the child care provider survey (166 of 469 eligible). All but one of the 161 EHS program directors and all but 10 of the 166 providers who responded to the Sustainability Study survey also responded to the NDS survey. Exhibit II.2 shows sample sizes and response rates by respondent type for both the NDS and the Sustainability Study.

Exhibit II.2. NDS of 2016 and Sustainability Study of 2022: sample sizes and response rates by respondent type

Respondent	NDS of 2016 sample size (response rate)	Sustainability Study of 2022 sample size (response rate)
Cohort of EHS program directors that received EHS-CC Partnership grants in 2015	220/250 (88%)	161/250 (64%)
Child care providers sampled in 2016 survey: All providers	386/470 (82%)	166/469ª (35%)
Child care providers sampled in 2016 survey: Sustained partnerships	n.a.	124/235 (53%)
Child care providers sampled in 2016 survey: Dissolved partnerships	n.a.	42/167 (25%) <sup>b</sup>
Child care providers sampled in 2016 survey: Partnership status unknown	n.a.	0/67 (0%)

<sup>&</sup>lt;sup>a</sup> The NDS of 2016 sample size of 470 child care providers included one case that was later determined to be ineligible. As a result, the number of providers eligible for the Sustainability Study of 2022 was 469 child care providers.

Response rates for the Sustainability Study of 2022 were lower than anticipated, particularly for providers. This may be partly attributable to continuing difficulties from the pandemic, such as staffing shortages (see Section I.C for a discussion of the impact of the COVID-19 pandemic on the child care industry). In addition, about five to six years elapsed between the NDS of 2016 and the Sustainability Study of 2022. During this time, there was no tracking or contact with respondents, making follow-up

<sup>&</sup>lt;sup>b</sup> Response rate calculations for providers whose partnerships had dissolved included providers who closed, because they were eligible to complete the provider survey.

n.a. = not applicable; NDS = National Descriptive Study.

<sup>&</sup>lt;sup>8</sup> This was an unweighted response rate.

contact with program directors and providers more challenging. Finally, although the NDS of 2016 sampled only those with active Partnerships, this study sampled child care providers with Partnerships that were both sustained and dissolved. For providers from dissolved Partnerships, a lack of current connection to the EHS-CC Partnership grant may have diminished their interest in study participation.

#### D. Estimates and weighting

In this section, we describe a key concern raised by low participation and response rates: nonresponse bias. We discuss how we assessed nonresponse bias, the results of this assessment, and whom the estimates in the data tables represent when weighted.

Nonresponse bias can occur when people who did not participate in data collection (nonrespondents) would have responded differently enough from those who did participate (respondents) to change the overall results—that is, to bias them by not participating in data collection. This is of particular concern when response rates are low. A lower response rate does not necessarily indicate the presence of nonresponse bias, but a higher response rate lowers the risk of it.

Given our response rates of 64.4 percent for the EHS program director surveys and 35.4 percent for child care providers, we assessed the potential for nonresponse bias in each survey. We did this by examining certain characteristics (covariates) that were available for both respondents and nonrespondents and by comparing (1) the sample-weighted distributions of those covariates between respondents and nonrespondents and (2) the fully weighted distributions of those covariates among the responding programs and/or providers with those of all EHS-CC Partnerships (or their sampled child care providers) from the first round of grants. We examined the covariates available to see whether the nonresponse-adjusted weights lessened the risk for bias. We did so by conducting a nonresponse bias analysis. Detailed information on nonresponse and the nonresponse bias analyses can be found in the Early Head Start—Child Care Partnerships Sustainability Study Data Documentation (Skidmore et al. 2023).

For the EHS program director survey, we examined program-level characteristics from the Head Start Program Information Report for the 2015–2016 program year (the 2016 PIR)—when the NDS of 2016 was fielded—and for the 2020–2021 program year (the 2021 PIR)—the latest available when the weighting process for the Sustainability Study of 2022 began. If an EHS grant had more than one program (that is, a grant recipient agency and one or more delegate agencies), we combined the PIR program-level records into a single grant-level record. Similarly, if an EHS program received funding from more than one grant, we combined all associated PIR program-level records from those grants into a single grant-level record. We selected the characteristics considered in the nonresponse bias analysis based on those thought to be potentially associated with outcomes of interest. For example, we included (1) EHS program region, (2) number of funded partnership slots in 2016 and in 2021, (3) number of formal agreements with child care partners in 2016 and 2021, and (4) number of classroom staff who left in 2016 and 2021.

For the child care provider survey, we compared respondents and nonrespondents on (1) program-level characteristics, as described for the EHS program director survey above, and (2) provider-level characteristics collected in the NDS of 2016 grantee<sup>9</sup> survey on all sampled providers. These provider-level characteristics included (1) whether the provider was based in a center or family child care; (2) total enrollment capacity for children from birth to 3 years old; (3) prior experience collaborating with a

<sup>&</sup>lt;sup>9</sup> We use the term "grantee" to align with the terminology used in the NDS of 2016. In 2021, Office of Head Start updated this language from "grantee" to "grant recipient."

partner; (4) how the provider was recruited for the Partnership (for example, via a prior partnership with the provider, a competitive request for proposal process, or a community planning process); and (5) the method of developing the Partnership agreement (by the agency with input from the partner, jointly by the agency and partner, jointly by the agency and a committee of partners, or by the agency with no input from partners).

Overall, results from the nonresponse bias analysis for the Sustainability Study showed the following:

- At the EHS program director level, there did not appear to be remaining indicators of meaningful nonresponse bias after weighting. Thus, based on the available covariates we examined, the weighted results were sufficiently unbiased and could be considered representative of the EHS program director population from the 2015 round of grants.
- At the child care provider level, there may have been two remaining indicators of nonresponse bias after weighting, both for all providers and those in sustained Partnerships only. <sup>10</sup> The interpretation of results was largely the same for both groups: the covariates with the largest remaining differences after weighting in both sets of analyses described (1) staff turnover and (2) whether the provider's grant recipient partnered with centers.

We used weights to account for nonresponse for all analysis of survey data presented in the tables in this report. These tables present point-in-time descriptive statistics (means and/or medians<sup>11</sup> and percentages) of key characteristics of EHS-CC Partnership programs and providers. Based on the results of the nonresponse bias analyses, we recommend the following interpretation of weighted estimates:

- At the EHS program level, weighted estimates from the Sustainability Study of 2022 represent the first cohort of programs receiving EHS-CC Partnership grants. Similarly, child care provider-level statistics from the program director Sustainability Study survey represent providers from the first round of EHS-CC Partnership grants. It is appropriate to compare estimates at the program level from the Sustainability Study of 2022 with those from the NDS of 2016 to examine change over time, including program director-reported provider-level change.
- At the child care provider level, we do not recommend assuming that weighted estimates of provider survey data are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnership grants. Weighted statistics at this level should be compared to statistics from the NDS with caution, particularly as evidence of trends in EHS-CC Partnerships more broadly, because the weights do not appear to have fully mitigated the risk for nonresponse bias.
  - The weights that accounted for sampling and provider survey response mitigated many but not all differences in the covariates we examined in the nonresponse bias analysis. In particular, some groups were either overrepresented or underrepresented in the weighted results:
  - Providers with between 3 and 14 staff that left in 2021 were overrepresented in the estimates (providers with between 3 and 14 staff that left were 41 percent of the full sample and 46 percent of respondents, when weighted).
  - Providers sampled from programs that partnered with centers were overrepresented in the estimates (82 percent of responding providers in 2016 compared to 76 percent of all providers in

<sup>&</sup>lt;sup>10</sup> We ran provider-level nonresponse bias analyses twice: once with all child care providers and once with only child care providers in sustained partnerships.

<sup>&</sup>lt;sup>11</sup> When presenting statistics also found in the NDS, we presented the same type of statistics (mean or median) as in the NDS. Otherwise, we presented means.

2016; 68 percent of responding providers in 2021 compared to 62 percent of all providers in 2021).

For full details of the nonresponse bias analysis for each weight, see Skidmore and colleagues (2023).

We report some estimates for subgroups (providers in sustained Partnerships; family child care providers and center-based providers). Due to small sample sizes, we did not test for differences between the groups.

To ensure precision of the estimates and protect the confidentiality of study respondents, we do not report estimates based on fewer than 10 responses for a construct/item or fewer than 5 responses for a response cell/category. We collapsed response categories with fewer than 5 responses with other categories whenever possible to limit estimates that could not be reported. Some of the remaining estimates are still unstable because the standard error represents more than 30 percent of the estimate. We add a note in the tables for such estimates.

#### III. Overview of Constructed Variables

Below we present an overview of the constructed variables presented in the data tables.

Across Sections II, III, IV, and V, we show child care provider-reported data by all providers (those in sustained Partnerships and those in dissolved Partnerships) and by child care providers in sustained Partnerships only. We identified the Partnership status to indicate whether a Partnership between an EHS program and a child care provider was either sustained or dissolved. To do this, we first used an item from the EHS program director survey that asked whether the Partnership with each child care provider from the NDS of 2016 was sustained or dissolved at the time of survey completion in 2022. If this information was missing from the EHS program director survey, we used an item from the provider survey that asked respondents whether their Partnership with the EHS program from the NDS of 2016 was dissolved or sustained. If both of those data sources were missing, we then attempted to determine Partnership status through locating efforts (for example, if we determined a provider had gone out of business through an internet search, we categorized that partnership as dissolved).

#### 1. How and why partnerships changed over time (Section I)

We constructed the *number of new partnerships since 2016* in two ways: one for EHS program directors who did not participate in the NDS of 2016 and one for program directors who did. For program directors who did not participate in the NDS of 2016, we compared data from two questions in the program director survey. The first question asked program directors how many partnerships they had with child care providers in February 2016; the second question asked program directors how many partnerships they had with child care providers at the time of the survey (surveys were fielded February through July 2022). We subtracted the number of child care providers in the first question from the number in the second question to determine how many new partnerships were established since 2016. For program directors who participated in the NDS, we asked whether they were currently partnering with any additional child care providers that they were not partnering with at the time of the NDS. If they answered yes, we asked how many additional child care providers they were partnering with.

The constructed variables describing the reasons that new partnerships formed identify the number of partnerships that formed for four possible reasons (as well as an open-ended "other reason" option), as provided in the EHS program directory survey. For each partnership with a child care provider, respondents checked all applicable reasons for why the partnership formed. Reasons included (1) to maintain total slots after a partnership or partnerships with other child care providers were terminated, (2) to respond to family preferences or needs, (3) to increase enrollment slots as additional EHS-CC Partnership grant money was provided, (4) to respond to changing community needs or findings from community assessments, and (5) another reason not listed. These constructed variables (one per reason) sum to the number of child care partnerships per program formed for each reason.

Year Partnership ended and month Partnership ended were constructed using a question in the EHS program director survey that asked for the month and year that each Partnership ended. If these data were unavailable from the program director survey, we used data from a question in the child care provider survey that asked for the month and year that the Partnership ended.

#### 2. Factors that supported or impeded partnership sustainability (Section II)

We created a series of three constructed variables that represented the *years that grants supporting EHS-CC Partnership slots end*. We used a question from the EHS program director survey that asked for the

month and year that each EHS-CC Partnership grant ends. We then extracted the year information from these data to create constructed variables showing the number of grants that end in 2022 or 2023, in 2024, and in 2025 or 2026.

#### 3. Characteristics of child care providers and the services they offer (Section III)

We created two constructed variables showing actual enrollment for child care providers. The first variable, actual enrollment for children of all ages, was created using two questions from the provider survey. We first used a question that asked providers about actual enrollment across all ages in the past month. We then cross-checked this response with another question that asked providers for their total licensed enrollment capacity across all ages. If providers reported a greater actual enrollment than licensed enrollment, then we set this variable to missing. We used a similar process for the second variable, actual enrollment for children birth to three, using questions that asked providers about actual enrollment and licensed capacity for children from birth to 3 years old.

To measure *child-staff ratio for children birth to three years*, we used two questions from the provider survey: one question asked about actual enrollment for children from birth to 3 years old; a second question asked about the number of child development staff (for centers) or adults older than age 18 (for family child care) who regularly cared for children from birth to 3. We divided the number of children by the number of staff to obtain the ratio.

We used a series of questions from the provider survey to construct several variables related to when providers were open to provide care. These questions first asked providers which days of the week they were open in the week prior to completing the survey. Next, for each day the provider was open, we asked for their opening and closing times.

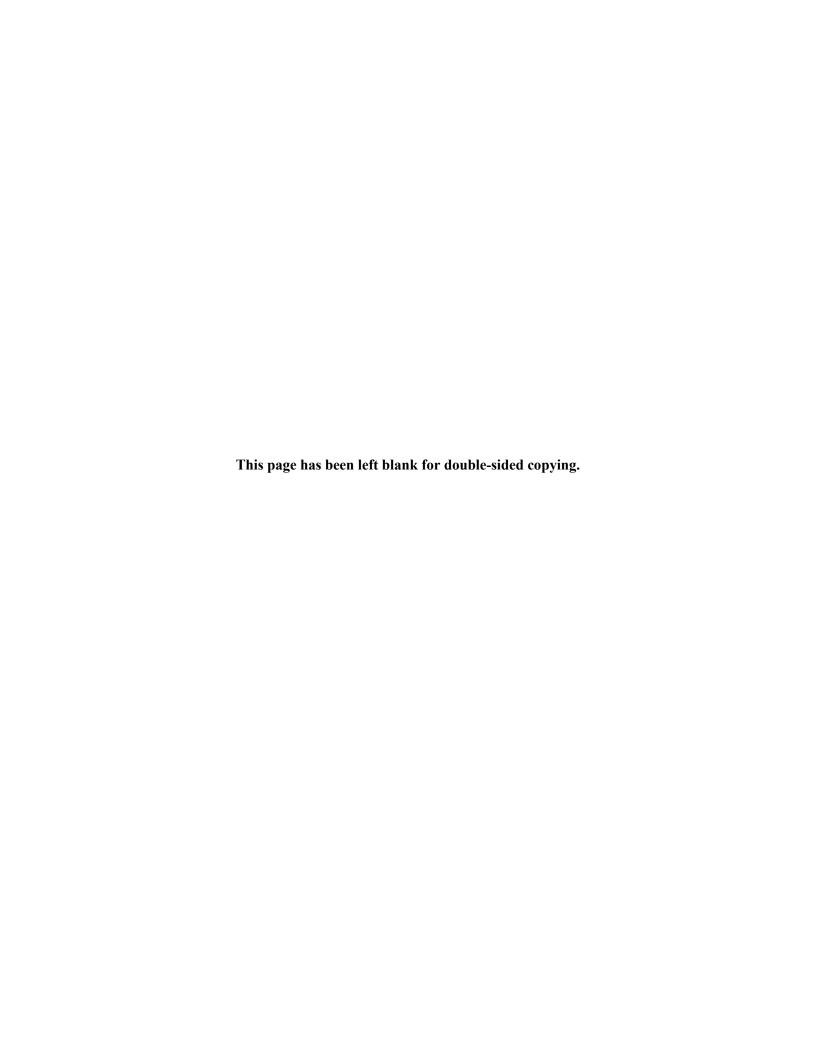
- We constructed *days per week in operation* by calculating the total number of days that the provider was open for any amount of time in the week before completing the survey.
- We constructed *nonstandard hours of operation* by using both days of the week and opening and closing times. This constructed variable indicated whether providers were providing care on weekends (at any time), before 7:00 a.m. during the week, or after 6:00 p.m. during the week.
- Finally, we constructed a variable indicating whether a provider offers full-day, full-year care. We first summed the number of hours that providers reported being open in a week. We then used the response to a question that asked providers how many weeks per year they were open and multiplied this value by the sum of hours that providers were open in a week. Providers who were open at least 1,380 hours per year were considered to provide full-day, full-year care (Head Start Program Performance Standards 2016).

We identified *staff turnover percentage* by dividing the number of child development staff (for centers) or adults older than age 18 (for family child care) who left in the past 12 months by the total number of staff currently employed by the child care provider. Percentages higher than 100 indicated that some providers had to replace staff more than once during the 12-month period.

#### 4. Features of sustained Partnerships (Section IV)

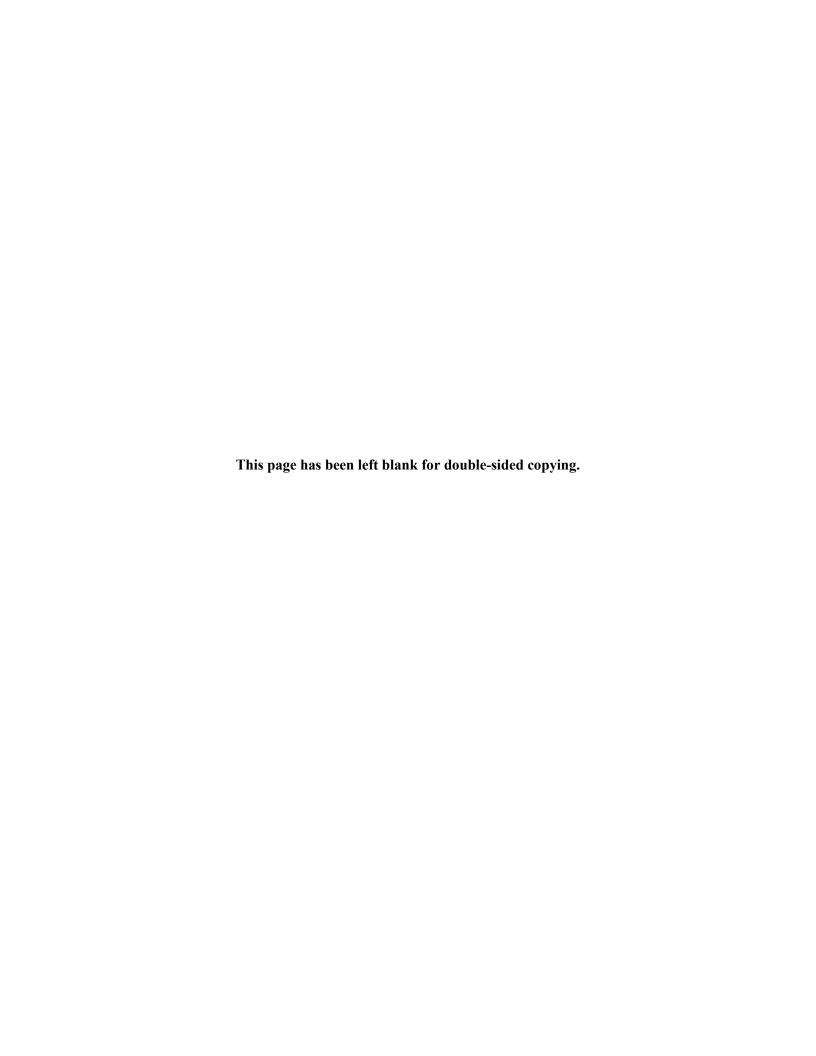
We created a series of constructed variables to indicate the *greatest three strengths of collaboration* according to providers. Respondents were asked what they considered to be the three greatest strengths of their collaboration with the EHS program. For each strength, we calculated whether providers indicated that a strength was in their top three. Possible strengths of collaboration included (1) the extent to which

the provider felt like a full partner with the EHS program, (2) the extent to which the provider had a voice in the Partnership, (3) the provider's ability to pick up the phone and call the EHS program, (4) the close alignment of the goals between the provider and the EHS program, (5) the level of respect that the EHS program had for the provider, and (6) another strength.



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## SECTION I.

### **HOW AND WHY DID PARTNERSHIPS CHANGE OVER TIME?**

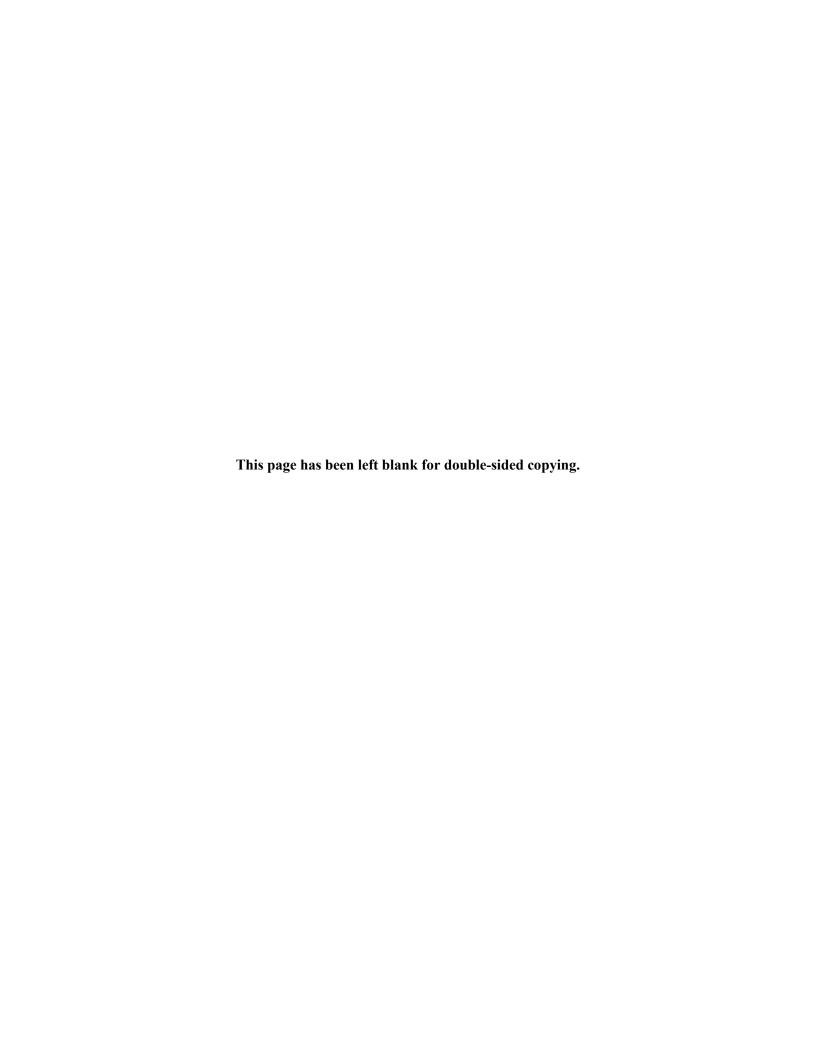


Table I.1. How many EHS-CC Partnerships with child care providers were sustained or dissolved between 2016 and 2022?

		Percentage (SE) or mean (SE) or	
EHS-CC Partnership Status	Sample size	median (SE)	Range
How many Partnerships per program were sustained since 2016?	147		
0		23.00 (3.57)	
1 – 2		66.08 (4.01)	
3 or more		10.92 (2.58)	
Across programs, what is the average percentage of Partnerships that were sustained since 2016? <sup>a</sup>	149	62.37 (3.47)	(0.00-100.00)
Across programs, what is the median number of Partnerships that were sustained since 2016? <sup>a</sup>	147	1.00 (0.11)	(0.00-8.00)
How many Partnerships per program were dissolved since 2016?	147		
0		46.03 (4.27)	
1 – 2		47.71 (4.25)	
3 or more		2.91 (1.31)!	
Across programs, what is the average percentage of Partnerships that were dissolved since 2016? <sup>b</sup>	149	37.37 (3.47)	(0.00-100.00)
Across programs, what is the median number of Partnerships that were dissolved since 2016? <sup>a</sup>	147	1.00 (0.09)	(0.00-6.00)

Source

Early Head Start-Child Care Partnership Sustainability Study Program Director Survey, Early Head Start-Child Care Partnership Sustainability Study Provider (Sustained and Dissolved Partnerships) Survey, and location attempts.

Note:

This table reports on constructed variables that combine information reported by child care providers with information reported by EHS program directors, as well as location attempts by the research team. EHS program directors reported on partnerships that were funded through an EHS-CC Partnership grant at the time of the NDS Study.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey. It also incorporates information from 16 responses to provider surveys, in instances where program director surveys did not provide complete information on partnerships.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022. EHS program director survey data were collected from February 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; NDS = The 2016 National Descriptive Study of Early Head Start-Child Care Partnerships; SE = standard error.

<sup>&</sup>lt;sup>a</sup>This statistic is derived by computing the number of partnerships at the program level and then taking the median across programs.

<sup>&</sup>lt;sup>b</sup>This statistic is derived by computing the program-level percentages and then an averaging those percentage across programs. The denominator in the percentage calculations includes providers whose partnership status is unknown (67 across all programs).

Table I.2. According to EHS program directors, how many new partnerships with child care providers were formed between 2016 and 2022, and what were the reasons for these new partnerships?

	Percentage (SE) or mean (SE) or				
New partnerships	Sample size	median (SE)	Range		
How many partnerships per program were new since 2016?	109				
0 – 2		45.61 (4.96)			
3 – 5		26.83 (4.35)			
6 – 15		27.56 (4.45)			
Across programs, what is the median number of partnerships that were new since 2016? <sup>a</sup>	109	3.00 (0.37)	(0.00-15.00)		
What were the reasons new partnerships formed?bc					
To maintain total slots after partnership(s) with other child care providers terminated	101	76.56 (4.67)			
To respond to changing community needs or findings from community assessments	101	53.85 (5.13)			
To respond to family preferences or needs	101	43.71 (5.14)			
To increase enrollment slots as additional EHS-CC Partnership grant money was provided	101	32.60 (4.92)			
Other <sup>c</sup>	101	26.36 (4.46)			
Across programs, what is the average number of new partnerships that were formed for each reason? <sup>a</sup>					
To maintain total slots after partnership(s) with other child care providers terminated	101	2.35 (0.27)	(0.00-12.00)		
To respond to changing community needs or findings from community assessments	101	1.66 (0.26)	(0.00-15.00)		
To increase enrollment slots as additional EHS-CC Partnership grant money was provided	101	1.82 (0.34)	(0.00-15.00)		
To respond to family preferences or needs	101	1.60 (0.27)	(0.00-15.00)		
Other <sup>d</sup>	101	0.61 (0.13)	(0.00-6.00)		

Note:

EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey, reporting on 109 providers in new partnerships.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>&</sup>lt;sup>a</sup>This statistic is derived by computing the number of partnerships at the program level and then taking the average or median across programs. These partnerships were not necessarily funded through an EHS-CCP grant.

<sup>&</sup>lt;sup>b</sup>This statistic is derived by computing the share of program directors who listed each reason at least once across their providers. <sup>c</sup>Percentages may not sum to 100 because respondents selected all reasons that applied. Respondents who indicated they did not know the answer to this question are included in the sample size and the denominator.

<sup>&</sup>lt;sup>d</sup>Other reasons include being awarded new EHS-CCP grants and to help serve additional communities.

Table I.3. What factors did EHS program directors say led to the dissolution of each Partnership with child care providers between 2016 and 2022?

Factors in Partnership dissolution	Sample size	Percentage (SE)
What was a major factor in the dissolution of Partnerships? <sup>a</sup>		
Difficulty complying with other HSPPS, beyond ratios and credential requirements	102	42.64 (5.70)
Difficulty meeting child-adult ratio and group size requirements	103	36.13 (5.64)
Provider went out of business <sup>b</sup>	102	28.08 (4.93)
Differences in program philosophy and mission	102	27.24 (4.90)
Difficulty meeting teacher/provider credential requirements	102	23.76 (5.05)
Administrative burden of reporting requirements	102	21.69 (5.11)
Burden of programming monitoring/site visits	102	18.68 (5.05)
Too many vacant slots	102	15.55 (4.23)
Misunderstanding about roles and responsibilities	102	13.53 (3.71)
Perceived inadequacy of funding	102	10.49 (3.22)!
Perceived lack of respect among partners	102	10.12 (3.22)!
Provider remained in business but stopped providing care for infants and toddlers	102	4.91 (2.39)!
Other <sup>c</sup>	95	37.28 (5.67)
What was a minor factor in the dissolution of Partnerships? <sup>a</sup>		
Misunderstanding about roles and responsibilities	102	26.45 (5.16)
Administrative burden of reporting requirements	102	21.74 (4.66)
Difficulty meeting teacher/provider credential requirements	102	20.20 (4.36)
Differences in program philosophy and mission	102	19.20 (4.73)
Burden of programming monitoring/site visits	102	18.56 (3.97)
Difficulty HSPPS, beyond ratios and credential requirements	102	18.50 (4.20)
Perceived lack of respect among partners	102	15.61 (4.70)!
Too many vacant slots	102	14.15 (4.58)!
Difficulty meeting child-adult ratio and group size requirements	103	13.52 (3.60)
Provider remained in business but stopped providing care for infants and toddlers	102	12.61 (4.58)!
Perceived inadequacy of funding	102	8.25 (3.03)!
Provider went out of business	102	3.19 (2.22)!
Other	95	0.00 (0.00)
I have not been in this position long enough to answer questions about this provider	102	0.00 (0.00)

Note:

EHS program directors reported on partnerships that were funded through an EHS-CC Partnership grant at the time of the NDS Study.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey, reporting on 127 providers in dissolved Partnerships.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; HSPPS = Head Start Program Performance Standards; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages may not sum to 100 because respondents selected all factors that applied.

<sup>&</sup>lt;sup>b</sup>Based on the two EHS-CC Partnership Sustainability Study surveys (the Program Director survey and the Provider survey) as well as a location attempt, the team estimated that a total of 48 providers went out of business between 2016 and 2022 out of the 469 eligible sampled providers from the 2016 NDS.

<sup>&</sup>lt;sup>c</sup>Other major factors included lack of funding and difficulties serving their target population.

Table I.4. When did Partnerships with child care providers dissolve?

Partnership dissolution	Sample size	Percentage (SE) or mean (SE)	Range
When did Partnerships that were still in place as of the 2016 NDS dissolve?	38		
2016-2017		24.29 (7.66)!	
2018-2019		46.99 (9.58)	
2020-2021		28.72 (9.55)!	
What was the average length (in years) of Partnerships that were dissolved since 2016?		2.52 (0.35)	(0.00-5.00)

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey and Early Head Start-Child Care Partnership Sustainability Study Provider (Dissolved Partnerships) Survey.

Note: This table reports on a construct that combines information reported by child care providers with information reported by EHS program directors. EHS program directors reported on partnerships that were funded through an EHS-CC Partnership grant at the time of the NDS Study.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey, reporting on 127 providers in dissolved Partnerships. It also incorporates information from 16 responses to provider surveys, in instances where program director surveys did not provide complete information on Partnerships.

Provider (dissolved Partnerships) survey data were collected from March 2022 to July 2022. EHS program director survey data were collected from February 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate. EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

## SECTION II.

# WHAT FACTORS SUPPORTED OR IMPEDED THE PARTNERSHIPS' SUSTAINABILITY?

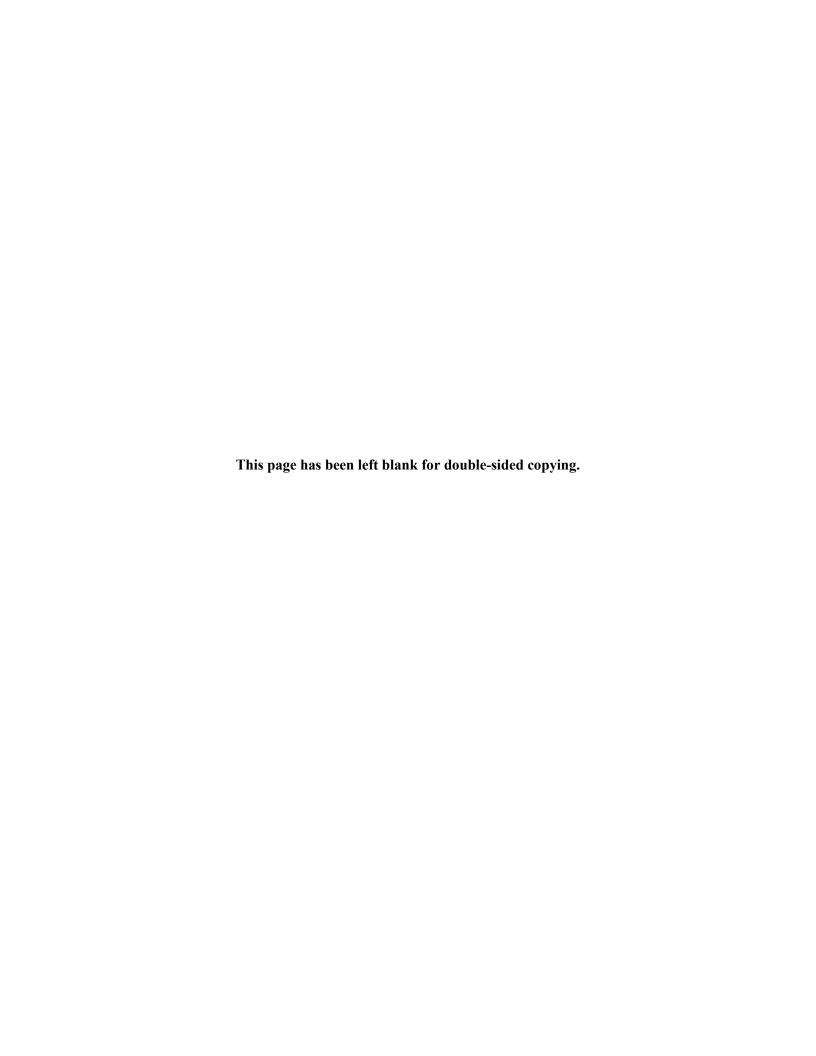


Table II.1. According to child care providers, what factors supported the sustainability of Partnerships with EHS programs?

		All pr	oviders			Providers in sustair	ed Partnerships	only
		Major support	Somewhat of a support	Not a support		Major support	Somewhat of a support	Not a support
Factors promoting Partnership sustainability	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
To what degree did factors support Partnerships' sustainability?								
Stability in leadership at center or FCC	165	78.02 (4.03)	16.82 (3.58)	5.15 (2.25)!	124	82.10 (3.88)	16.65 (3.82)	С
A commitment among center or FCC leadership to partner with EHS	165	71.84 (4.43)	16.20 (3.41)	11.97 (3.43)	124	78.65 (4.44)	17.22 (4.14)	4.12 (2.07)!
A person at center or FCC who actively and enthusiastically promoted partnering with EHS (such as EHS-CC Partnership grant "champion" or "advocate")	164	69.29 (4.54)	19.42 (3.88)	11.29 (3.08)	123	73.53 (4.66)	20.19 (4.30)	6.28 (2.46)!
Mutual respect with EHS program	165	63.15 (4.81)	22.17 (4.19)	14.68 (3.51)	124	77.14 (4.44)	17.22 (4.10)	5.65 (2.21)!
Alignment in program philosophy and mission	165	59.23 (4.90)	29.68 (4.54)	11.09 (3.27)	124	73.69 (4.56)	24.80 (4.44)	С
A commitment among EHS program leadership to partner with child care providers	164	59.04 (4.92)	21.51 (3.90)	19.45 (4.22)	124	73.05 (4.64)	20.67 (4.26)	6.28 (2.49)!
Satisfaction with funding arrangement (other than funding amount)	165	58.41 (4.80)	26.91 (4.09)	14.68 (3.52)	124	61.04 (5.04)	31.15 (4.80)	7.81 (2.66)!
A person at the EHS program who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC Partnership grant "champion" or "advocate")	164	56.44 (5.09)	24.44 (4.39)	19.13 (4.68)	123	74.52 (4.59)	17.64 (4.01)	7.84 (2.87)!
Open communication with EHS program	164	54.45 (5.05)	26.85 (4.82)	18.70 (3.95)	123	70.69 (4.65)	19.92 (3.97)	9.39 (3.09)!
Satisfaction with funding amount	165	50.95 (4.95)	30.92 (4.32)	18.13 (3.90)	124	53.88 (5.17)	34.20 (4.97)	11.92 (3.20)
Stability in leadership at EHS program	164	47.44 (4.99)	30.63 (4.37)	21.93 (4.31)	124	59.32 (5.02)	30.12 (4.58)	10.55 (3.24)!
Clarity about policies related to funding, standards, and oversight	164	47.34 (4.92)	39.78 (5.12)	12.88 (3.22)	124	62.85 (5.05)	28.20 (4.70)	8.95 (3.09)!
Clarity about roles and responsibilities	165	46.93 (4.90)	38.92 (5.03)	14.15 (3.47)	124	60.69 (5.02)	31.12 (4.69)	8.19 (2.97)!
Shared decision making	165	40.39 (4.72)	33.59 (4.60)	26.02 (4.88)	124	54.30 (5.15)	35.08 (4.92)	10.62 (3.05)
Other <sup>a,b</sup>	139	31.49 (4.84)	13.00 (3.82)	55.51 (5.44)	103	38.48 (5.59)	11.27 (3.83)!	50.25 (5.76)
I have not been in this position long enough to answer this question	166	С			124	С		

Note: Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

### Table II.1 (continued)

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any factors with different levels of perceived importance for providers in ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 166 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for providers in sustained Partnerships only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>Other factors that were a major support included support and advocation from families.

<sup>b</sup>Other factors that were somewhat of a support included ongoing support and training.

<sup>c</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; FCC = family child care; SE = standard error.

Table II.1a. According to center-based and family child care providers, what factors supported the sustainability of Partnerships with EHS programs?

	Center-based providers				Family child care providers			
		Major support	Somewhat of a support	Not a support		Major support	Somewhat of a support	Not a support
Factors promoting Partnership sustainability	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
To what degree did factors support Partnerships' sustainability?								
A commitment among center or FCC leadership to partner with EHS	114	74.07 (5.37)	15.29 (4.18)	10.64 (3.97)!	51	68.89 (7.39)	17.39 (5.68)!	13.72 (5.97)!
Stability in leadership at center or FCC	114	73.82 (5.34)	22.89 (5.17)	3.29 (1.72)!	51	83.57 (6.19)	С	С
Mutual respect with EHS program	114	71.41 (5.52)	20.00 (5.15)	8.59 (2.63)!	51	52.25 (7.94)	25.03 (6.94)	22.72 (6.99)!
A commitment among EHS program leadership to partner with child care providers	114	67.15 (5.74)	23.46 (5.22)	9.39 (3.19)!	50	47.92 (7.94)	18.84 (5.86)!	33.24 (8.06)
A person at center or FCC who actively and enthusiastically promoted partnering with EHS (such as EHS-CC Partnership grant "champion" or "advocate")	114	66.11 (5.93)	22.21 (5.23)	11.68 (3.85)!	50	73.57 (7.06)	15.66 (5.75)!	10.77 (5.06)!
Alignment in program philosophy and mission	114	59.97 (6.16)	33.65 (5.91)	6.38 (2.99)!	51	58.25 (7.96)	24.44 (7.10)	17.31 (6.31)!
Satisfaction with funding arrangement (other than funding amount)	114	59.67 (5.98)	29.10 (5.35)	11.22 (3.51)!	51	56.74 (7.82)	24.01 (6.38)	19.25 (6.58)!
A person at the EHS program who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC Partnership grant "champion" or "advocate")	113	56.05 (6.63)	27.30 (5.74)	16.65 (6.57)!	51	56.95 (7.95)	20.67 (6.83)!	22.39 (6.74)!
Open communication with EHS program	114	53.92 (6.49)	29.96 (6.71)	16.12 (4.42)	50	55.16 (8.00)	22.66 (6.54)	22.18 (7.02)!
Satisfaction with funding amount	114	51.18 (6.32)	32.72 (5.55)	16.11 (4.22)	51	50.66 (7.92)	28.54 (6.89)	20.80 (7.06)!
Stability in leadership at EHS program	113	49.19 (6.42)	36.41 (5.92)	14.40 (4.13)	51	45.18 (7.82)	23.17 (6.38)	31.66 (7.80)
Clarity about roles and responsibilities	114	42.98 (6.04)	41.78 (6.57)	15.24 (4.55)	51	52.15 (7.94)	35.15 (7.71)	12.70 (5.37)!
Clarity about policies related to funding, standards, and oversight	114	42.85 (5.98)	43.07 (6.64)	14.08 (4.02)	50	53.38 (8.04)	35.36 (7.84)	11.26 (5.29)!
Shared decision making	114	35.08 (5.55)	40.77 (6.15)	24.15 (6.61)	51	47.39 (7.88)	24.11 (6.81)	28.50 (7.33)
Other <sup>a,b</sup>	99	26.65 (5.32)	11.15 (4.60)!	62.21 (6.44)	40	38.43 (8.69)	15.65 (6.58)!	45.92 (9.07)
I have not been in this position long enough to answer this question	115	С			51	С		

#### Table II.1a (continued)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

This table reports on providers in sustained Partnerships and providers in dissolved Partnerships.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care providers surveys with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider surveys with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>Other factors that were a major support included support and advocation from families.

<sup>b</sup>Other factors that were somewhat of a support included ongoing support and training.

<sup>c</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; FCC = family child care; SE = standard error.

Table II.2. According to EHS program directors, what factors supported the sustainability of partnerships with child care providers?

		Major support	Somewhat of a support	Not a support
Factors promoting partnership sustainability	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
To what degree did factors support partnerships' sustainability?				
Mutual respect with child care providers	151	81.44 (3.29)	15.25 (3.04)	3.31 (1.53)!
Open communication with child care providers	151	80.47 (3.33)	14.88 (2.98)	4.65 (1.78)!
A commitment among EHS program leadership to partner with child care providers	151	80.35 (3.33)	14.50 (2.95)	5.16 (1.85)!
Stability in leadership at EHS program	151	79.62 (3.33)	16.24 (3.07)	4.14 (1.56)!
A commitment among center or FCC leadership to partner with EHS	150	75.48 (3.59)	18.67 (3.24)	5.85 (1.96)!
A person at the EHS program who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC Partnership grant "champion" or "advocate")	151	72.63 (3.70)	18.86 (3.19)	8.51 (2.36)
Stability in leadership at center or FCC	151	69.92 (3.82)	21.80 (3.43)	8.28 (2.27)
Clarity about policies related to funding, standards, and oversight	151	68.66 (3.89)	22.72 (3.50)	8.62 (2.37)
Satisfaction with funding arrangement (other than funding amount)	151	63.96 (4.02)	26.54 (3.65)	9.50 (2.50)
Clarity about roles and responsibilities	151	60.35 (4.12)	33.84 (3.99)	5.81 (1.95)!
Sufficient EHS staff to oversee partnership activities	150	59.79 (4.12)	31.44 (3.90)	8.77 (2.31)
Alignment in program philosophy and mission	151	58.12 (4.16)	34.11 (4.00)	7.77 (2.22)
Satisfaction with funding amount	150	57.96 (4.16)	31.00 (3.90)	11.04 (2.54)
A person at center or FCC who actively and enthusiastically promoted partnering with EHS (such as EHS-CC Partnership grant "champion" or "advocate")	151	56.42 (4.18)	30.16 (3.85)	13.41 (2.90)
Shared decision making	151	51.87 (4.21)	42.19 (4.14)	5.94 (2.03)!
Other <sup>a,b</sup>	144	27.78 (3.87)	7.50 (2.25)	64.71 (4.13)
I have not been in this position long enough to answer this question	159	4.31 (1.66)!		

Note:

EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; FCC = family child care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Other factors that were a major support included strong relationship building and adequate funding.

<sup>&</sup>lt;sup>b</sup>Other factors that were somewhat of a support included having experienced staff.

Table II.3. According to child care providers, what factors impeded the sustainability of Partnerships with EHS programs?

	All providers			Providers in sustained Partnerships only				
		Major barrier	Somewhat of a barrier	Not a barrier		Major barrier	Somewhat of a barrier	Not a barrier
Barriers to Partnership sustainability	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
To what degree did factors serve as a barrier partnerships' sustainability?								
Challenges recruiting qualified staff	162	23.82 (3.85)	24.90 (4.00)	51.28 (4.99)	122	28.90 (4.58)	33.83 (4.99)	37.26 (5.11)
Insufficient funding	162	23.76 (4.22)	23.23 (3.93)	53.02 (4.98)	122	18.40 (4.10)	26.70 (4.68)	54.90 (5.22)
Challenges meeting child adult ratio and group size requirements	162	22.50 (4.74)	16.30 (3.56)	61.19 (5.06)	122	18.41 (4.11)	14.71 (3.35)	66.87 (4.82)
Lack of shared decision making	163	22.07 (4.26)	30.74 (4.92)	47.18 (4.93)	123	11.33 (3.24)	27.41 (4.70)	61.26 (5.08)
Lack of stability in leadership at EHS program	162	16.59 (4.03)	19.54 (3.68)	63.87 (4.81)	122	6.29 (2.68)!	21.66 (4.29)	72.05 (4.72)
Lack of clarity about policies related to funding, standards, and oversight	161	16.22 (3.76)	29.80 (4.57)	53.97 (5.03)	121	10.50 (3.51)!	27.65 (4.69)	61.85 (5.15)
Challenges maintaining enrollment in partnership slots	163	14.54 (3.77)	27.49 (4.71)	57.98 (5.05)	123	7.76 (2.56)!	31.80 (4.88)	60.44 (5.07)
Lack of mutual respect with EHS program	160	13.94 (3.52)	20.29 (4.01)	65.77 (4.78)	120	8.65 (3.10)!	15.96 (4.03)	75.39 (4.70)
Lack of clarity about roles and responsibilities	162	13.85 (3.51)	31.46 (5.07)	54.68 (5.10)	122	5.96 (2.49)!	24.57 (4.53)	69.47 (4.84)
Challenges meeting administrative reporting requirements	160	13.83 (3.67)	27.06 (5.02)	59.11 (5.20)	120	9.17 (3.28)!	19.02 (4.13)	71.82 (4.82)
Lack of communication with EHS program	162	12.52 (3.40)	28.05 (4.41)	59.43 (4.90)	122	6.70 (2.57)!	25.69 (4.66)	67.61 (4.94)
Challenges meeting teacher/provider credential requirements	163	11.26 (2.67)	22.53 (3.88)	66.21 (4.44)	123	15.12 (3.58)	27.21 (4.59)	57.67 (5.11)
Lack of alignment in program philosophy and mission	163	8.37 (2.57)!	20.17 (3.89)	71.46 (4.38)	123	5.88 (2.80)!	19.17 (4.07)	74.95 (4.60)
Lack of stability in leadership at center/family child care	163	5.05 (2.22)!	8.68 (2.80)!	86.27 (3.44)	123	4.72 (2.30)!	7.49 (2.73)!	87.80 (3.45)
Challenges complying with the HSPPS, beyond ratios and credential requirements	162	5.02 (1.78)!	23.27 (4.01)	71.71 (4.26)	122	6.28 (2.35)!	26.94 (4.58)	66.79 (4.85)
Other <sup>a,b</sup>	146	27.33 (5.33)	10.75 (3.17)	61.93 (5.44)	107	15.13 (4.00)	16.34 (4.55)	68.54 (5.38)
I have not been in this position long enough to answer this question	166	С			124	0.00 (0.00)		

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any factors with different levels of perceived importance for providers in ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

### Table II.3 (continued)

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 166 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>a</sup>Other factors that were a major barrier included inadequate and layered funding.

<sup>b</sup>Other factors that were somewhat of a barrier included trouble finding staff and the difficult labor market.

<sup>c</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; HSPPS = Head Start Program Performance Standards; SE = standard error.

Table II.3a. According to center-based and family child care providers, what factors impeded the sustainability of Partnerships with EHS programs?

	Center-based providers				Family child care providers			
		Majaylannia	Somewhat of a	Not a hawier		Major bornior	Somewhat of a	Not a hawie
	Camarda	Major barrier	barrier	Not a barrier	Commis	Major barrier	barrier	Not a barrier
Barriers to Partnership sustainability	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
To what degree did factors serve as a barrier Partnerships' sustainability?								
Challenges recruiting qualified staff	111	34.24 (5.78)	25.80 (5.10)	39.96 (6.74)	51	10.57 (4.26)!	23.76 (6.42)	65.67 (7.20)
Other <sup>a,b</sup>	101	30.76 (7.30)	12.40 (4.55)!	56.84 (7.13)	45	22.84 (7.54)!	С	68.57 (8.01)
Challenges meeting child adult ratio and group size requirements	112	29.70 (6.84)	20.55 (4.87)	49.75 (6.42)	50	13.06 (5.33)!	10.73 (5.21)!	76.20 (6.91)
Insufficient funding	111	18.76 (4.58)	22.65 (5.04)	58.59 (6.18)	51	30.12 (7.41)	23.96 (6.24)	45.93 (7.93)
Challenges meeting teacher/provider credential requirements	112	17.62 (4.31)	30.36 (5.58)	52.03 (6.36)	51	С	12.46 (5.02)!	84.45 (5.40)
Lack of clarity about roles and responsibilities	112	15.12 (4.55)!	28.81 (6.66)	56.07 (6.60)	50	12.21 (5.51)!	34.93 (7.90)	52.87 (8.05)
Challenges maintaining enrollment in partnership slots	112	14.61 (4.59)!	34.47 (6.63)	50.91 (6.45)	51	14.44 (6.32)!	18.50 (5.87)!	67.06 (7.61)
Lack of shared decision making	112	14.25 (3.99)	34.63 (6.80)	51.12 (6.46)	51	32.13 (7.75)	25.75 (6.73)	42.12 (7.72)
Lack of clarity about policies related to funding, standards, and oversight	112	13.87 (4.28)!	31.36 (5.76)	54.77 (6.33)	49	19.38 (6.65)!	27.72 (7.47)	52.90 (8.14)
Lack of communication with EHS program	112	10.07 (3.52)!	30.97 (5.86)	58.96 (6.24)	50	15.74 (6.27)!	24.23 (6.67)	60.03 (7.88)
Lack of mutual respect with EHS program	111	9.71 (3.20)!	18.66 (5.02)	71.63 (5.61)	49	19.53 (6.81)!	22.46 (6.55)	58.01 (8.04)
Lack of stability in leadership at EHS program	112	9.57 (3.78)!	24.53 (5.21)	65.90 (5.91)	50	25.80 (7.49)	13.00 (4.96)!	61.20 (7.93)
Challenges meeting administrative reporting requirements	110	9.48 (4.02)!	28.69 (6.96)	61.83 (6.94)	50	19.43 (6.53)!	24.97 (7.08)	55.60 (8.02)
Lack of alignment in program philosophy and mission	113	8.99 (3.43)!	15.96 (4.06)	75.05 (5.07)	50	С	25.71 (7.09)	66.74 (7.54)
Lack of stability in leadership at center/family child care	112	7.44 (3.58)!	8.23 (3.15)!	84.33 (4.57)	51	С	С	88.77 (5.25)
Challenges complying with the HSPSS, beyond ratios and credential requirements	112	6.44 (2.60)!	27.63 (5.33)	65.92 (5.71)	50	С	17.55 (6.16)!	79.30 (6.42)
I have not been in this position long enough to answer this question	115	С			51	С		

### Table II.3a (continued)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

This table includes providers in sustained Partnerships and providers in dissolved Partnerships.

The center-based providers sample size column presents unweighted sample sizes reflecting the number of center-based child care providers surveys with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The family child care provider sample size column presents unweighted sample sizes reflecting the number of family child care providers surveys with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>Other factors that were a major barrier included inadequate and layered funding.

<sup>b</sup>Other factors that were somewhat of a barrier included difficult labor conditions caused by COVID-19.

<sup>c</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; HSPPS = Head Start Program Performance Standards; SE = standard error.

Table II.4. According to child care providers, what were the primary factors that impeded the sustainability of Partnerships with EHS programs?

	All providers			in sustained hips only
Barriers to Partnership sustainability	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Of the factors that were a barrier to partnerships' sustainability, which three were the biggest barriers?				
Challenges recruiting qualified staff	92	67.13 (6.02)	80	72.74 (5.93)
Insufficient funding	76	63.91 (6.63)	52	67.32 (7.16)
Challenges maintaining enrollment in partnership slots	64	57.44 (8.02)	50	53.64 (8.14)
Lack of shared decision making	73	45.66 (7.35)	45	44.01 (8.42)
Lack of mutual respect with EHS program	48	43.45 (8.71)	26	33.38 (10.64)!
Challenges meeting teacher/provider credential requirements	66	43.31 (7.26)	57	53.16 (7.84)
Challenges meeting child adult ratio and group size requirements	59	41.46 (9.15)	44	38.66 (8.14)
Lack of stability in leadership at EHS program	55	33.82 (7.89)	34	30.50 (8.75)
Lack of clarity about policies related to funding, standards, and oversight	63	32.52 (7.05)	41	24.64 (7.77)!
Lack of communication with EHS program	59	25.02 (6.53)	37	32.95 (8.90)
Lack of clarity about roles and responsibilities	62	19.74 (6.17)!	37	23.65 (8.56)!
Lack of alignment in program philosophy and mission	45	18.00 (6.75)!	29	16.19 (7.28)!
Challenges complying with the HSPSS, beyond ratios and credential requirements	51	16.03 (5.58)!	42	16.35 (5.95)!
Challenges meeting administrative reporting requirements	52	12.55 (4.84)!	32	22.64 (7.73)!
Lack of stability in leadership at center/family child care	20	b	14	b
Other	46	34.85 (10.22)	31	33.73 (10.27)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any factors with different levels of perceived importance for providers in ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care providers surveys with valid data on each item out of a total sample of 166 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>For respondents who identified more than three factors as impeding partnerships' sustainability presented in Table II.3, they were asked to identify the three factors that were the biggest barriers to partnerships' sustainability.

<sup>&</sup>lt;sup>b</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; HSPPS = Head Start Program Performance Standards; SE = standard error.

Table II.5. According to EHS program directors, what factors impeded the sustainability of partnerships with child care providers?

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		Major barrier	Somewhat of a barrier	Not a barrier
Barriers to partnership sustainability	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
To what degree did factors serve as a barrier to partnerships' sustainability?				
Challenges recruiting qualified staff	153	51.74 (4.19)	30.93 (3.86)	17.33 (3.13)
Challenges meeting teacher/provider credential requirements	154	33.52 (3.91)	43.53 (4.16)	22.95 (3.52)
Challenges meeting child adult ratio and group size requirements	154	30.45 (3.80)	40.18 (4.11)	29.37 (3.81)
Challenges complying with the HSPPS, beyond ratios and credential requirements	154	29.90 (3.86)	38.62 (4.07)	31.48 (3.85)
Challenges maintaining enrollment in partnership slots	154	27.80 (3.71)	39.40 (4.11)	32.80 (3.90)
Insufficient funding	154	18.99 (3.24)	24.05 (3.60)	56.96 (4.14)
Lack of alignment in program philosophy and mission	154	17.58 (3.26)	32.24 (3.89)	50.18 (4.18)
Lack of clarity about policies related to funding, standards, and oversight	154	14.57 (2.99)	38.18 (4.08)	47.25 (4.17)
Lack of stability in leadership at center/family child care	154	13.62 (2.94)	21.01 (3.43)	65.36 (4.01)
Lack of clarity about roles and responsibilities	154	12.53 (2.79)	35.51 (3.99)	51.96 (4.18)
Lack of sufficient EHS staff to oversee partnership activities	154	12.15 (2.77)	28.28 (3.82)	59.57 (4.13)
Challenges meeting administrative reporting requirements	154	10.62 (2.62)	31.83 (3.92)	57.56 (4.14)
Lack of shared decision making	154	9.62 (2.46)	28.61 (3.81)	61.77 (4.08)
Lack of mutual respect with child care providers	154	9.08 (2.40)	20.83 (3.44)	70.10 (3.86)
Lack of communication with child care providers	153	7.85 (2.27)	26.84 (3.72)	65.31 (4.00)
Lack of stability in leadership at EHS program	154	5.35 (1.90)!	12.52 (2.93)	82.13 (3.33)
Other <sup>a,b</sup>	145	15.03 (3.14)	7.65 (2.54)!	77.31 (3.75)

Note: EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; HSPPS = Head Start Program Performance Standards; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Other factors that were a major barrier included continuing the program through the COVID-19 pandemic.

<sup>&</sup>lt;sup>b</sup>Other factors that were somewhat of a barrier included lack of subsidies to help lower costs.

Table II.6. According to EHS program directors, how did programs fund partnership slots? How many partnership slots were in center-based settings and family child care settings at the time of the Sustainability Study?

Partnership slots	Sample size	Median (SE) or percentage (SE)	Range
How many EHS programs operate any partnership <sup>a</sup> slots?	161	96.84 (1.61)	_
How did EHS programs fund partnership slots?b			
Operates Partnership slots through one or more EHS-CC Partnership grants	161	92.21 (2.45)	
Number of EHS-CC Partnership slots in partnership with child care center(s)	148	72.00 (8.59)	(0.00-626.00)
Number of EHS-CC Partnership slots in partnership with family child cares	148	0.00 (3.50)	(0.00-222.00)
Operates partnership slots through one or more EHS grants that are not EHS-CC Partnership grants	161	19.69 (3.19)	
Number of other partnership slots in partnership with child care center(s)	28	48.00 (15.68)	(0.00-362.00)
Number of other partnership slots in partnership with family child cares	28	0.00 (8.65)!	(0.00-210.00)

Note: Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all partnership slot funding that applied.

Table II.7. When do EHS-CC Partnership grants end? Will programs continue to offer services in child care provider settings after grants end, according to EHS program directors?

End of EHS-CC Partnership grants	Sample size	Percentage (SE)
When do EHS programs have at least one grant that supports EHS-CC Partnership slots ending?		
2022 or 2023	133	24.18 (3.84)
2024	133	61.31 (4.36)
2025 or 2026	133	21.31 (3.59)
After grants end, do EHS programs plan to continue to offer services to infants, toddlers, and their families in child care provider settings?	124	
Yes		73.86 (3.60)
No		6.55 (2.06)!
Don't know		19.59 (3.23)
Among EHS programs who plan to continue offering services in child care provider settings <sup>a</sup> , how will the program support partnerships with child care providers? <sup>b</sup>		
Use EHS-CC Partnership grant funds to pay for slots in child care provider		
settings	114	75.81 (4.13)
Other <sup>c</sup>	114	37.96 (4.75)

Note: Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 151 directors of programs that operated through EHS-CC Partnership grants, unless otherwise indicated.

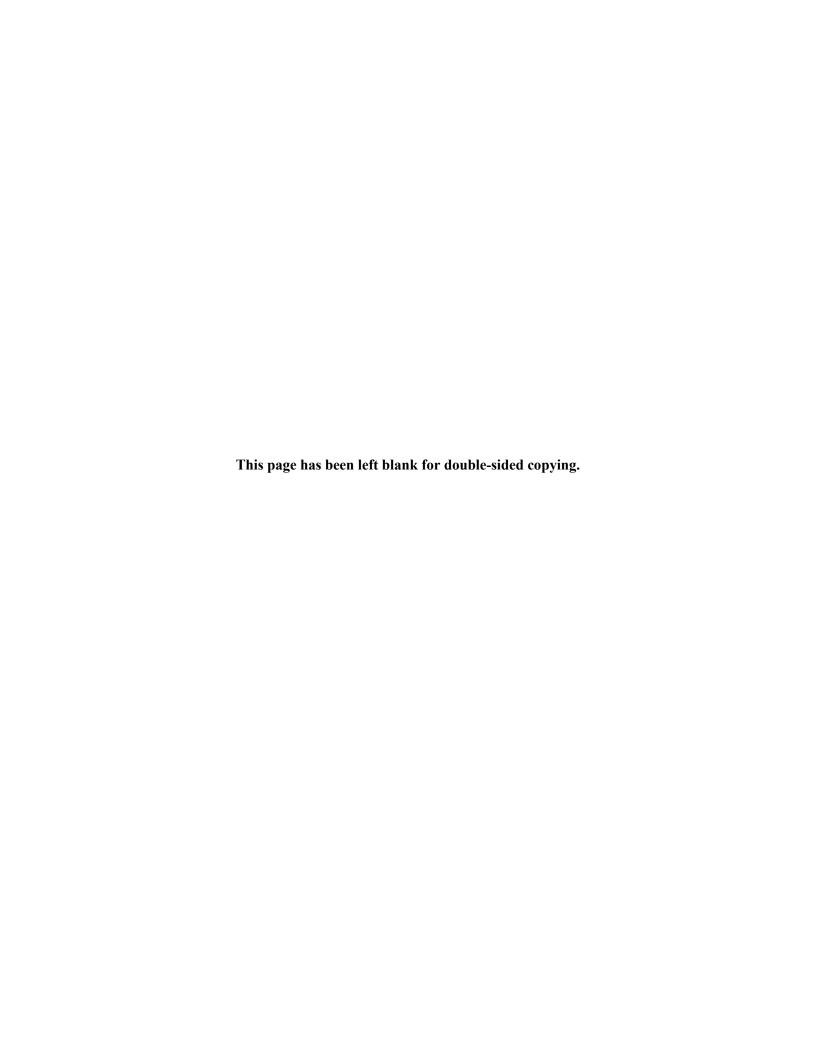
EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>&</sup>lt;sup>a</sup>114 EHS programs plan to continue offering services in child care provider settings.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all support strategies that applied.

<sup>&</sup>lt;sup>c</sup>Other plans to support partnerships with child care providers after EHS-CC Partnership grants end included using partnerships to continue the program and applying for continued or renewed funding.



## **SECTION III.**

# WHAT WERE THE CHARACTERISTICS OF THE CHILD CARE PROVIDERS AND THE SERVICES THEY OFFERED?

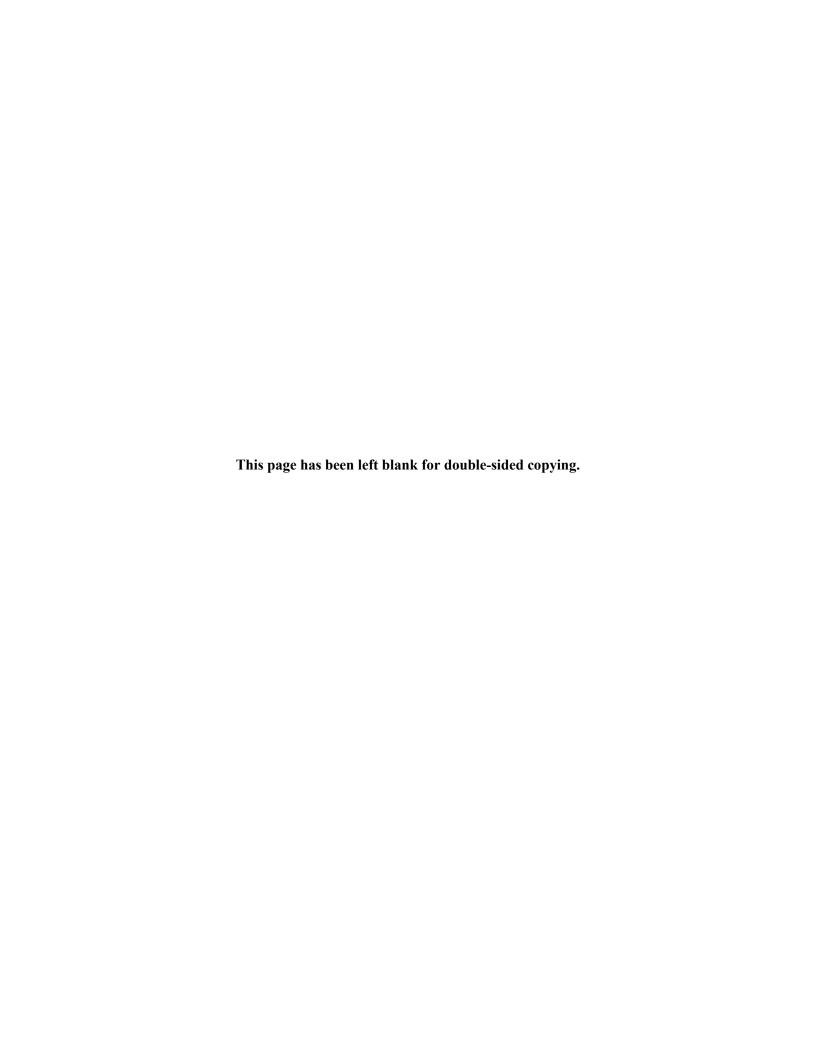


Table III.1. According to child care providers, what was their enrollment capacity?

		All providers		Provi	ders in sustained Par	rtnerships only
Enrollment capacity	Sample size	Median (SE)	Range	Sample size	Median (SE)	Range
What was the total enrollment capacity of providers, egardless of the source of funding?						
Licensed enrollment capacity across all ages	159	45.00 (6.37)	(0.00-895.00)	121	49.00 (6.79)	(0.00-382.00)
Licensed enrollment capacity for children birth to age 3	159	22.00 (2.99)	(0.00-250.00)	121	24.00 (2.87)	(2.00-250.00)
Vhat was the actual enrollment of providers?a						
Enrollment across all ages in the past month	148	23.00 (4.75)	(0.00-245.00)	114	27.00 (5.25)	(0.00-245.00)
Enrollment for children birth through age 3 in the past month	153	12.00 (2.12)	(0.00-101.00)	118	14.00 (2.02)	(0.00-101.00)
Enrollment for children age 3 through age 5 in the past month	160	12.00 (3.33)	(0.00-643.00)	122	12.00 (2.44)	(0.00-146.00)
Enrollment for children age 5 through age 13 in the past month	161	0.00 (1.07)	(0.00-158.00)	123	0.00 (1.40)	(0.00-74.00)
low many enrollment slots were funded by EHS programs?						
Number of enrollment slots for children birth to age 3 that are EHS-CC Partnership slots	n.a.	n.a.	n.a.	119	12.00 (1.28)	(1.00-80.00)
Number of enrollment slots for children birth to age 3 funded in partnership with any other EHS program <sup>b</sup>	n.a.	n.a.	n.a.	38	5.00 (1.30)	(0.00-72.00)
What was the child-to-adult ratio for infants and toddlers?						
Child-to-adult ratio	158	2.57 (0.14)	(0.00-13.50)	121	2.83 (0.16)	(0.00-13.50)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

n.a. = not applicable.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Respondents who indicated they did not know the answer to this question are included in the sample size.

<sup>&</sup>lt;sup>b</sup>Only providers who operate partnership slots in partnership with any Early Head Start program other than the EHS-CC Partnership were routed to this question (38 providers in sustained Partnerships).

Table III.1a. According to center-based and family child care providers, what was their enrollment capacity?

		Center-based prov	iders		Family child care p	roviders
	Sample			Sample		
Enrollment capacity	size	Median (SE)	Range	size	Median (SE)	Range
What was the enrollment capacity of providers?						
Licensed enrollment capacity across all ages	110	87.00 (7.91)	(8.00-895.00)	49	12.00 (0.73)	(0.00-16.00)
Licensed enrollment capacity for children birth to age 3	110	39.00 (3.96)	(8.00-250.00)	49	6.00 (0.79)	(0.00-23.00)
What was the actual enrollment of providers? <sup>a</sup>						
Enrollment across all ages in the past month	103	61.00 (6.47)	(4.00-245.00)	45	9.00 (0.71)	(0.00-16.00)
Enrollment for children birth through age 3 in the past month	107	24.00 (2.84)	(0.00-101.00)	46	4.00 (0.50)	(0.00-11.00)
Enrollment for children age 3 through age 5 in the past month	112	22.00 (5.17)	(0.00-643.00)	48	3.00 (0.48)	(0.00-12.00)
Enrollment for children age 5 through age 13 in the past month	112	0.00 (1.79)	(0.00-158.00)	49	0.00 (0.32)	(0.00-8.00)
How many enrollment slots were funded by EHS programs?						
Number of enrollment slots for children birth to age 3 that are EHS-CC Partnership slots	89	16.00 (1.61)	(3.00-80.00)	30	5.00 (0.59)	(1.00-12.00)
Number of enrollment slots for children birth to age 3 funded in partnership with any other EHS program <sup>b</sup>	27	0.00 (2.28)!	(0.00-72.00)	11	6.00 (0.85)	(0.00-12.00)
What was the child-to-adult ratio for infants and toddlers?						
Child-to-adult ratio	112	2.80 (0.15)	(0.00-13.50)	46	2.00 (0.24)	(0.00-6.00)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for Family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Respondents who indicated they did not know the answer to this question are included in the sample size.

<sup>&</sup>lt;sup>b</sup>Only providers who operate partnership slots in partnership with any Early Head Start program other than the EHS-CC Partnership were routed to this question (29 providers offering center-based care and 14 providers offering family child care).

Table III.2. According to child care providers, how did they fill and prioritize enrollment?

Table IIII 21 / teeer alling to office of providere, from	All pro		Providers in	n sustained hips only
Enrollment strategies	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of providers had a waiting list for infant and toddler slots?	157	69.60 (5.09)	120	71.14 (4.96)
What percentage of providers had a formal system to prioritize enrollment based on family risks or needs?	162	59.98 (4.91)	124	74.02 (4.49)
Of those that had a system to prioritize enrollment <sup>a</sup> how did providers prioritize enrollment? <sup>b</sup>				
Child has been diagnosed with any special needs	107	59.64 (6.79)	93	68.15 (5.80)
Mother had child as a teenager	107	56.73 (6.35)	93	61.23 (5.92)
Child is homeless	107	54.34 (6.67)	93	60.85 (6.13)
Parent or guardian's employment status	107	52.54 (6.55)	93	56.00 (6.08)
Single parent household	107	49.62 (6.48)	93	56.59 (6.05)
Parent or guardian has a history of family violence	107	42.95 (6.20)	93	46.67 (6.08)
Parent or guardian receives welfare or TANF	107	38.64 (5.89)	93	43.89 (6.00)
Child is eligible for or receives a child care subsidy (CCDF eligibility or CCDF receipt)	107	36.41 (5.84)	93	44.86 (6.07)
Parent or guardian has mental health needs	107	35.29 (5.79)	93	39.31 (5.97)
Number of children in the family	107	35.24 (5.89)	93	36.87 (5.87)
Child is a dual-language learner	107	34.59 (5.76)	93	39.07 (5.99)
Parent or guardian has a history of substance use disorder	107	32.35 (5.70)	93	33.64 (5.66)
Other <sup>c</sup>	107	11.13 (3.55)!	93	10.52 (3.49)!
How easy or difficult was it to fill infant and toddler slots during the previous program year?d	158		121	
Very easy		40.69 (4.95)		34.21 (4.96)
Somewhat easy		24.10 (4.12)		28.42 (4.73)
Somewhat difficult or very difficult		35.21 (5.06)		37.37 (5.09)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>108 providers (94 in sustained Partnerships) had a system to prioritize enrollment.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all factors considered in prioritizing enrollment that applied.

Other factors included referrals from Child Protective Services and those experiencing hardships from the COVID-19 pandemic.

<sup>&</sup>lt;sup>d</sup>Providers were asked about filling infant and toddler slots between September 2021 and the time of the survey, from March 2022 to July 2022. This time frame was intended to capture a typical Early Head Start program year.

CCDF = Child Care Development Fund; SE = standard error; TANF = Temporary Assistance for Needy Families.

Table III.2a. According to center-based and family child care providers, did they fill and prioritize enrollment?

	Center-based providers		Family child	care providers	
		Percentage		Percentage	
Enrollment strategies	Sample size	(SE)	Sample size	(SE)	
What percentage of providers had a waiting list for infant and toddler slots?	112	74.55 (6.70)	45	62.00 (8.10)	
What percentage of providers had a formal system to prioritize enrollment based on family risks or needs?	113	69.91 (5.78)	49	45.86 (8.01)	
Of those that had a system to prioritize enrollment, how did providers prioritize enrollment? <sup>ab</sup>					
Child has been diagnosed with any special needs	85	60.28 (8.40)	22	58.26 (11.72)	
Child is homeless	85	62.93 (8.45)	22	35.94 (10.65)	
Mother had child as a teenager	85	62.31 (7.08)	22	44.77 (11.43)	
Parent or guardian's employment status	85	49.92 (7.82)	22	58.15 (11.54)	
Single parent household	85	45.25 (7.54)	22	58.99 (11.76)	
Parent or guardian has a history of family violence	85	48.12 (7.73)	22	31.85 (10.39)!	
Parent or guardian receives welfare or TANF	85	44.62 (7.48)	22	25.83 (9.45)!	
Parent or guardian has mental health needs	85	37.08 (7.04)	22	31.46 (10.30)!	
Parent or guardian has a history of substance use disorder	85	33.04 (6.71)	22	30.87 (10.89)!	
Number of children in the family	85	33.74 (6.80)	22	38.46 (11.35)	
Child is a dual-language learner	85	33.95 (6.79)	22	35.97 (10.82)!	
Child is eligible for or receives a child care subsidy (CCDF eligibility or CCDF receipt)	85	30.75 (6.17)	22	48.54 (11.73)	
Other <sup>c</sup>	85	10.74 (4.13)!	22	е	
How easy or difficult was it to fill infant and toddler slots during the previous program year? d	111		47		
Very easy		36.54 (6.11)		46.51 (8.15)	
Somewhat easy		23.40 (4.89)		25.08 (7.14)	
Somewhat difficult or very difficult		40.06 (6.65)		28.42 (7.50)	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>86 providers offering center-based care and 22 providers offering family child care had a system to prioritize enrollment.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all factors considered in prioritizing enrollment that applied.

Other factors included referrals from Child Protective Services and those experiencing hardships from the COVID-19 pandemic.

<sup>&</sup>lt;sup>d</sup>Providers were asked about filling infant and toddler slots between September 2021 and the time of the survey, from March 2022 to July 2022. This time frame was intended to capture a typical Early Head Start program year.

eThis estimate is suppressed because fewer than 5 respondents selected this response option.

CCDF = Child Care Development Fund; SE = standard error; TANF = Temporary Assistance for Needy Families.

Table III.3. According to child care providers, did they offer evening and/or weekend care?

		All providers		Providers in sustained Partnerships only			
Operating hours	Sample size	Median (SE) or percentage (SE)	Range	Sample size	Median (SE) or percentage (SE)	Range	
How many hours, days, and weeks did providers offer care?							
Median hours per day in operation	146	10.50 (0.31)	(6.00-23.98)	109	10.50 (0.30)	(6.00-23.98)	
Median number of days per week in operation	146	5.00 (0.09)	(1.00-7.00)	109	5.00 (0.05)	(1.00-6.00)	
Median number of weeks per year in operation	154	51.00 (1.02)	(0.00-52.00)	120	52.00 (0.64)	(1.00-52.00)	
When did providers offer care?							
Percent offering care during the five weekdays <sup>a</sup>	162	94.45 (2.23)		124	97.64 (1.28)		
Percent offering care outside normal business hours <sup>b</sup>	62	42.70 (4.99)		46	44.18 (5.21)		
What percentage of providers offered full-day, full-year care?c	139	95.67 (2.10)		105	97.12 (1.49)		
What percentage of providers allowed parents to use varying hours of care each week?	158	77.97 (3.91)		122	76.68 (4.36)		

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>Percentages may not sum to 100 because respondents selected all days per week that they offered care that applied.

b"Care outside normal business hours" is defined as Monday through Friday before 7:00 a.m. or after 6:00 p.m., or any time on weekends (Saturday or Sunday).

<sup>°</sup>Full-day, full-year care is defined as 1,380 annual hours of service.

SF = standard error

Table III.3a. According to center-based and family child care providers, did they offer evening and/or weekend care?

	C	enter-based provider	s	Family child care providers			
Operating hours	Sample size	Median (SE) or percentage (SE)	Range	Sample size	Median (SE) or percentage (SE)	Range	
How many hours, days, and weeks did providers offer care?							
Median hours per day in operation	101	10.50 (0.17)	(6.00-17.00)	45	10.50 (0.68)	(6.50-23.98)	
Median number of days per week in operation	101	5.00 (0.02)	(4.00-6.00)	45	5.00 (0.21)	(1.00-7.00)	
Median number of weeks per year in operation	113	51.00 (0.85)	(1.00-52.00)	41	51.00 (2.42)	(0.00-52.00)	
When did providers offer care?							
Percent offering care during the five weekdays <sup>a</sup>	113	97.12 (1.66)		49	90.65 (4.77)		
Percent offering care outside normal business hours <sup>b</sup>	38	40.82 (6.52)		24	45.24 (7.87)		
What percentage of providers offered full-day, full- year care? <sup>c</sup>	101	98.25 (1.06)		38	91.03 (5.42)		
What percentage of providers allowed parents to use varying hours of care each week?	112	78.07 (4.97)		46	77.83 (6.35)		

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

SE = standard error.

<sup>&</sup>lt;sup>a</sup>Percentages may not sum to 100 because respondents selected all days per week that they offered care that applied.

b"Care outside normal business hours" is defined as Monday through Friday before 7:00 a.m. or after 6:00 p.m., or any time on weekends (Saturday or Sunday).

<sup>°</sup>Full-day, full-year care is defined as 1,380 annual hours of service.

Table III.4. How did child care providers say were they funded?

	All providers		Providers in sustaine Partnerships only	
Funding sources	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percent of providers relied on the following sources of funding? <sup>a</sup>				
Child care subsidy programs that support care of children from families with low incomes (through vouchers/certificates or state contracts for specific number of children)	142	82.58 (4.18)	109	83.55 (4.63)
Tuition and fees paid by parents <sup>b</sup>	147	72.46 (4.64)	111	69.72 (5.27)
Federal government other than EHS Partnership funding (for example, Title I, CACFP, or WIC)	146	67.73 (4.96)	110	69.41 (5.37)
Other funding from state government (for example, transportation or grants from state agencies) or local government (for example, grants from county government or tribal government)	139	48.79 (5.51)	105	51.44 (5.64)
State or local pre-kindergarten funds from the state or local government	139	35.32 (5.00)	106	40.31 (5.58)
Revenues from fund raising activities, cash contributions, gifts, bequests, special events or non-government community organizations or other grants (for example, United Way, local charities, or other service organizations)	141	30.92 (4.61)	107	35.50 (5.15)
Other <sup>d</sup>	82	7.58 (3.20)!	55	14.39 (6.02)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>Percentages may not sum to 100 because respondents selected all sources of funding that applied. Both the sample sizes and the percentage denominators include "don't know" responses, which ranged from 2.70% to 11.6% of answers for all providers (22.8% for Other) and 3.03% to 13.5% of answers for providers in sustained Partnerships (30.2% for Other).

<sup>b</sup>Tuition and fees paid by parents includes fees and co-pays paid by parents, such as registration fees, transportation fees from parents, late pick up fees, or late payment fees.

<sup>c</sup>Only providers who operate partnership slots in partnership with any Early Head Start program other than the EHS-CC Partnership were routed to this question (43 providers overall and 38 providers in sustained Partnerships).

<sup>d</sup>Other funding sources included funding from an Early Head Start program other than the EHS-CC Partnership program.

CACFP = Child and Adult Care Food Program; SE = standard error; WIC = Supplemental Nutrition Program for Women, Infants, and Children.

Table III.4a. How did center-based and family child care providers say they were funded?

	•	, ,		
	Center-ba	ased providers	Family child care providers	
Funding sources	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percent of providers relied on the following sources of funding? <sup>a</sup>				
Child care subsidy programs that support care of children from families with low incomes (through vouchers/certificates or state contracts for specific number of children)	102	91.96 (3.49)	40	68.07 (8.48)
Tuition and fees paid by parents <sup>b</sup>	107	81.65 (4.54)	40	57.29 (8.96)
Federal government other than EHS Partnership funding (for example, Title I, CACFP, or WIC)	104	76.39 (5.46)	42	55.12 (8.74)
Other funding from state government (for example, transportation or grants from state agencies) or local government (for example, grants from county government or tribal government)	99	63.46 (6.17)	40	26.96 (7.68)
Revenues from fund raising activities, cash contributions, gifts, bequests, special events or non-government community organizations or other grants (for example, United Way, local charities, or other service organizations)		48.74 (6.73)	39	е
State or local pre-kindergarten funds from the state or local government	101	43.91 (6.61)	38	21.24 (7.31)!
Other <sup>d</sup>	53	7.84 (4.11)!	29	е

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages may not sum to 100 because respondents selected all sources of funding that applied. Both the sample sizes and the percentage denominators include "don't know" responses, which ranged from 0% to 10.4% of answers for providers offering centerbased care (25.5% for Other) and 4.54% to 11.6% of answers for providers offering family child care (17.9% for Other).

<sup>&</sup>lt;sup>b</sup>Tuition and fees paid by parents includes fees and co-pays paid by parents, such as registration fees, transportation fees from parents, late pick up fees, or late payment fees.

<sup>&</sup>lt;sup>e</sup>Only providers who operate partnership slots in partnership with any Early Head Start program other than the EHS-CC Partnership were routed to this question (43 providers offering center-based care and 38 providers offering family child care).

<sup>&</sup>lt;sup>d</sup>Other funding sources included funding from an Early Head Start program other than the EHS-CC Partnership program.

<sup>&</sup>lt;sup>e</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; CACFP = Child and Adult Care Food Program; SE = standard error; WIC = Supplemental Nutrition Program for Women, Infants, and Children.

Table III.5. According to child care providers, what were their staffa credentials?

	All pr	oviders	Providers in sustained Partnerships only		
Staff credentials	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
What staff credentials did providers have?b					
High school diploma or equivalent	154	56.39 (5.01)	117	50.69 (5.35)	
In training for CDA®®	154	40.38 (4.87)	117	42.72 (5.19)	
CDA® or higher qualification	154	77.37 (4.28)	117	82.78 (4.18)	
Associate's degree	154	60.11 (4.96)	117	54.89 (5.33)	
Bachelor's degree or Graduate or professional degree	154	55.56 (5.21)	117	53.91 (5.36)	
Don't know	154	С	117	С	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>The rows below report the percentage of providers who had at least one staff member with the relevant credential.

<sup>&</sup>lt;sup>c</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

CDA® = Child Development Associate® Credential; SE = standard error.

Table III.5a. According to center-based and family child care providers, what were their staff<sup>a</sup> credentials?

	Center-bas	sed providers	Family child care providers		
Staff credentials	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
What staff credentials did providers have?					
High school diploma or equivalent	108	51.15 (6.55)	46	64.21 (8.04)	
In training for CDA®	108	49.61 (6.58)	46	26.61 (7.33)	
CDA® or higher qualification	108	86.11 (4.62)	46	64.32 (7.91)	
Associate's degree	108	70.48 (5.41)	46	44.65 (8.31)	
Bachelor's degree or Graduate or professional degree	108	65.18 (6.76)	46	41.22 (8.24)	
Don't know	108	b	46	b	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

CDA® = Child Development Associate® Credential; SE = standard error.

Table III.6. How much staff<sup>a</sup> turnover and how many vacant positions did child care providers say they had over the past year?

		All providers		Providers in sustained Partnerships only			
Vacancies and turnover	Sample size	Median (SE) or percentage (SE)	Range	Sample size	Median (SE) or percentage (SE)	Range	
What was the median staff turnover percentage?b	148	0.00 (3.44)	(0.00-266.67)	113	9.09 (2.85)	(0.00-266.67)	
Of staff who left, what were the reasons they left?c							
Personal reasons	81	66.06 (6.97)		65	74.21 (6.22)		
Higher compensation or better benefits package in the same field	84	59.88 (6.87)		67	60.09 (7.02)		
Change in career	82	56.01 (7.06)		65	59.49 (7.15)		
Reasons related to the COVID-19 pandemic	74	28.81 (6.30)		59	29.49 (6.62)		
Fired or laid off	74	18.42 (5.18)		58	17.66 (5.06)		
Parental leave	73	11.87 (4.70)!		58	12.94 (4.89)!		
Other <sup>d</sup>	52	14.50 (5.09)!		40	22.42 (7.57)!		
What was the median number of vacant positions?	160	0.00 (0.24)	(0.00-16.00)	123	0.00 (0.28)	(0.00-16.00)	
Of providers with vacancies what were the reasons positions remain unfilled							
Lack of qualified candidates	77	80.86 (5.52)		63	77.33 (6.56)		
Cannot offer competitive pay	77	41.31 (7.00)		63	42.19 (7.47)		
Cannot offer competitive benefits	77	28.48 (6.12)		63	31.28 (7.21)		
Cannot offer flexible hours or as many hours as candidates want	77	17.97 (5.47)!		63	18.74 (5.89)!		
Other <sup>g</sup>	77	12.21 (4.86)!		63	13.30 (5.49)!		

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

#### Table III.6 continued

<sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>b</sup>We calculated the percentage of turnover among staff by dividing the number of staff who left in the past 12 months by the total number of staff currently employed in the care setting. Percentages higher than 100 indicate that some care settings had to replace staff more than once over 12 months.

°Percentages may not sum to 100 because respondents selected all reasons for leaving that applied.

<sup>d</sup>Other reasons included staff moving out of area and high level of job stress.

e78 providers (64 in sustained Partnerships) had unfilled positions.

Percentages may not sum to 100 because respondents selected all reasons for vacancies that applied.

<sup>9</sup>Other reasons included a lack of applications and the position being eliminated.

SE = standard error.

Table III.7. According to child care providers, what professional development and educational opportunities were offered to provider staff<sup>a</sup> in the past year?

	All providers		Providers in sustained Partnerships only	
Staff development opportunities	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What professional development opportunities are offered to provider staff? <sup>b</sup>				
Workshops or trainings	161	94.40 (2.05)	124	92.51 (3.05)
Coaching or mentoring <sup>c</sup>	161	74.72 (4.37)	124	81.22 (3.83)
A community of learners <sup>d</sup>	161	40.07 (5.04)	124	44.34 (5.19)
Other <sup>e</sup>	161	21.04 (3.83)	124	21.62 (4.16)
Were educational opportunities offered to provider staff to obtain the following? <sup>f,g</sup>				
CDA	127	85.81 (3.81)	100	86.43 (4.24)
Associate's degree	127	45.01 (5.57)	100	51.80 (5.75)
State-awarded certification, credential, or licensure that meets or exceeds child development associate requirements	127	40.50 (5.44)	100	42.58 (5.65)
Bachelor's degree	127	36.19 (5.27)	100	38.39 (5.55)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all professional development activities offered to provider staff that applied.

<sup>°</sup>Coaching or mentoring refers to formal or peer-to-peer coaching or mentoring.

<sup>&</sup>lt;sup>d</sup>A community of learners refers to a professional learning community facilitated by an expert.

eRespondents did not provide additional examples of professional development opportunities.

Percentages may not sum to 100 because respondents selected all educational opportunities offered to provider staff that applied.

<sup>&</sup>lt;sup>9</sup>Opportunities could include grants or loans for tuition or books, or paid release time to attend classes.

CDA = Child Development Associate Credential; SE = standard error.

Table III.7a. According to center-based and family child care providers, what professional development and educational opportunities were offered to provider staff<sup>a</sup> in the past year?

	Center-based providers		Family child care providers	
Staff development opportunities	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What professional development opportunities are offered to provider staff? <sup>b</sup>				
Workshops or trainings	113	96.22 (1.98)	48	91.75 (4.11)
Coaching or mentoring <sup>c</sup>	113	86.41 (4.09)	48	57.62 (8.09)
A community of learners <sup>d</sup>	113	42.85 (6.55)	48	36.00 (7.68)
Other <sup>e</sup>	113	24.58 (4.82)	48	15.85 (6.43)!
Were educational opportunities offered to provider staff to obtain the following? <sup>gf</sup>				
CDA	92	92.61 (3.36)	35	73.43 (8.33)
Associate's degree	92	55.45 (7.33)	35	26.00 (8.19)!
State-awarded certification, credential, or licensure that meets or exceeds child development associate requirements	92	47.12 (7.06)	35	28.44 (8.37)
Bachelor's degree	92	40.01 (6.67)	35	29.25 (8.88)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all professional development activities offered to provider staff that applied.

<sup>°</sup>Coaching or mentoring refers to formal or peer-to-peer coaching or mentoring.

<sup>&</sup>lt;sup>d</sup>A community of learners refers to a professional learning community facilitated by an expert.

eRespondents did not provide additional examples of professional development opportunities.

Percentages may not sum to 100 because respondents selected all educational opportunities offered to provider staff that applied.

<sup>&</sup>lt;sup>9</sup>Opportunities could include grants or loans for tuition or books, or paid release time to attend classes.

CDA = Child Development Associate Credential; SE = standard error.

Table III.8. According to child care providers, who provided professional development opportunities to provider staff<sup>a</sup> in the past year?

	All pro	viders	Providers in sustained Partnerships only		
Staff development opportunities	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
Who provided professional development opportunities to provider staff?	151		116		
Staff from a third party organization (such as a CCR&R or QRIS) or consultant (such as a technical assistance provider) or Staff from a family child care network <sup>b</sup>		46.77 (5.27)		38.21 (5.23)	
Someone in center or FCC		22.33 (4.32)		17.55 (4.11)	
EHS program or delegate agency staff <sup>c</sup>		е		41.80 (5.36)	
Other <sup>d</sup>		3.85 (2.23)!		е	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

CCR&R = child care resource and referral agency; EHS = Early Head Start; FCC = family child care; QRIS = quality rating and improvement system; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>This response option was only displayed for FCC providers.

<sup>&</sup>lt;sup>c</sup>This response option was only displayed for providers in sustained Partnerships.

<sup>&</sup>lt;sup>d</sup>Other professional development providers included outside training organizations or partners.

eThis estimate is suppressed because fewer than 5 respondents selected this response option.

Table III.8a. According to center-based and family child care providers, who provided professional development opportunities to provider staff<sup>a</sup> in the past year?

	Center-base	d providers	Family child o	are providers
Staff development opportunities	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Who provided professional development opportunities to provider staff?	108		43	
Staff from a third party organization (such as a CCR&R or QRIS) or consultant (such as a technical assistance provider) or Staff from a family child care network <sup>b</sup>		51.46 (6.55)		39.46 (8.38)
EHS program or delegate agency staff <sup>c</sup>		24.02 (4.75)		31.78 (7.49)
Someone in center or FCC		22.70 (5.20)		21.77 (7.57)!
Other <sup>d</sup>		е		е

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

CCR&R = child care resource and referral agency; EHS = Early Head Start; FCC = family child care; n.a. = not applicable; QRIS = quality rating and improvement system; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>This response option was only displayed for FCC providers.

<sup>&</sup>lt;sup>c</sup>This response option was only displayed for providers in sustained Partnerships.

<sup>&</sup>lt;sup>d</sup>Other professional development providers included online training programs.

eThis estimate is suppressed because fewer than 5 respondents selected this response option.

Table III.9.a. According to center-based providers in sustained Partnerships, what type of provider staff<sup>a</sup> participated in professional development opportunities<sup>b</sup> in the past year?

		Center-based providers							
Development opportunity	Worksho	ops or trainings	Coachin	g or mentoring <sup>c</sup>	A community of learners <sup>d</sup>		Other <sup>e</sup>		
participation	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
What type of provider staff participated in professional development opportunities in centers?	1								
Teachers	109	100.00 (0.00)	97	91.48 (3.58)	43	97.89 (6.45)	30	93.35 (6.45)	
Administrators (directors)	109	93.76 (2.16)	97	66.25 (5.98)	43	79.88 (4.66)	30	90.79 (4.66)	
Assistant teachers	109	81.52 (6.56)	97	67.61 (7.26)	43	70.67 (9.74)	30	72.86 (9.74)	
Aides	109	52.08 (6.61)	97	41.05 (6.77)	43	35.76 (10.17)	30	42.27 (10.17)	
Other staff	109	50.23 (6.57)	97	32.41 (7.58)	43	30.55 (10.21)	30	40.20 (10.21)	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

Because this question was asked differently based on provider type (center-based providers or family child care provider), we only report on providers by type (there is no equivalent table comparing all partnerships to sustained Partnerships). Providers of center-based care were asked to assess participation for particular types of staff while providers of family child care were only asked about their own participation and the participation of any other staff. Results for the two provider types are reported separately to reflect these differences.

The sample size columns present unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

FCC = family child care; n.a. = not applicable; SE = standard error.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>From the professional development opportunities that respondents identified in Table III.7a.

<sup>°</sup>Coaching or mentoring refers to formal or peer-to-peer coaching or mentoring.

<sup>&</sup>lt;sup>d</sup>A community of learners refers to a professional learning community facilitated by an expert.

<sup>&</sup>lt;sup>e</sup>Other professional development opportunities included online training programs and partners.

Table III.9.b. According to family child care providers in sustained Partnerships, what type of provider staff<sup>a</sup> participated in professional development opportunities<sup>b</sup> in the past year?

	Family child care providers							
Development opportunity	Workshops or trainings		Coaching or mentoring <sup>c</sup>		A community of learners <sup>d</sup>		Other	
participation	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What type of provider staff participated in professional development opportunities in FCCs?								
FCC provider	44	88.34 (5.36)	27	95.26 (3.96)	19	92.41 (6.31)	6	100.00 (0.00)
Other staff	44	39.14 (8.15)	27	30.58 (9.51)!	19	31.34 (11.11)!	6	e

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

Because this question was asked differently based on provider type (center-based provider or family child care provider), we only report on providers by type (there is no equivalent table comparing all partnerships to sustained Partnerships). Providers of center-based care were asked to assess participation for particular types of staff while providers of family child care were only asked about their own participation and the participation of any other staff. Results for the two provider types are reported separately to reflect these differences. The sample size columns present unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

FCC = family child care; n.a. = not applicable; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>From the professional development opportunities that respondents identified in Table III.7a.

<sup>&</sup>lt;sup>c</sup>Coaching or mentoring refers to formal or peer-to-peer coaching or mentoring.

<sup>&</sup>lt;sup>d</sup>A community of learners refers to a professional learning community facilitated by an expert.

eThis estimate is suppressed because fewer than 5 respondents selected this response option.

Table III.10. What salaries and benefits did child care providers say they offered their staffa?

		All providers	Providers in sustained Partnerships only		
Staff salaries and benefits	Sample size	Percentile, percentage (SE) or mean (SE)	Sample size	Percentile, percentage (SE) or mean (SE)	
What salaries are offered to provider staff?	94		72		
Distribution of annual salary of child care development staff or family child care provider					
25th percentile		25,000		25,000	
50th percentile (median)		30,000		30,000	
75th percentile		35,000		35,000	
Mean		33,254.16 (2,201.32) <sup>d</sup>		32,738.18 (2,438.89) <sup>e</sup>	
Nhat percent of providers offer the following benefits to heir staff? <sup>b</sup>					
Paid holidays	158	71.23 (4.80)	120	81.40 (4.46)	
Vacation days	158	61.99 (5.32)	120	72.90 (4.98)	
Sick days	158	61.35 (5.01)	120	66.62 (5.19)	
Health benefits	158	41.39 (5.05)	120	45.78 (5.20)	
Retirement benefits	158	36.47 (4.96)	120	40.80 (5.11)	
Reduced tuition rates for continuing education	158	33.24 (4.89)	120	35.07 (4.83)	
Offers no benefits	158	25.98 (4.61)	120	21.25 (4.53)	
Other <sup>c</sup>	158	5.40 (1.54)	120	8.12 (2.42)	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all benefits offered to provider staff that applied.

<sup>&</sup>lt;sup>c</sup>Other benefits included childcare discounts and tuition assistance.

## Section III What were the characteristics of the child care providers and the services they offer?

## Table III.10 (continued)

<sup>d</sup>The range of salaries is 10,000.00 to 93,800.00 for all providers. <sup>e</sup>The range of salaries is 10,000.00 to 93,800.00 for providers in sustained Partnerships.

SE = standard error.

Table III.10a. What salaries and benefits did center-based and family child care providers say they offered their staffa?

	С	enter-based providers	Family child care providers		
Staff salaries and benefits	Sample size	Percentile, percentage (SE) or mean (SE)	Sample size	Percentile, percentage (SE) or mean (SE)	
Vhat salaries are offered to provider staff?	75		19		
Distribution of annual salary of child care development staff or family child care provider					
25th percentile		26,000		22,000	
50th percentile (median)		29,536		34,000	
75th percentile		32,000		65,000	
Mean		29,106.64 (898.90) <sup>e</sup>		42,040.86 (6,026.76) <sup>f</sup>	
What percent of providers offer the following benefits to neir staff?b					
Paid holidays	112	93.00 (3.42)	46	38.85 (7.88)	
Sick days	112	87.47 (3.84)	46	22.50 (6.32)	
Vacation days	112	83.09 (6.73)	46	30.60 (7.17)	
Health benefits	112	66.74 (5.65)	46	d	
Retirement benefits	112	59.69 (6.13)	46	d	
Reduced tuition rates for continuing education	112	51.25 (6.41)	46	d	
Offers no benefits	112	13.60 (4.03)	46	44.39 (8.40)	
Other <sup>c</sup>	112	6.13 (2.06)!	46	d	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>For center-based providers, child development staff includes teachers, assistant teachers, and aides. For family child care settings, staff includes adult(s) that regularly work with or provide care to children.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all benefits offered to provider staff that applied.

<sup>&</sup>lt;sup>c</sup>Other benefits included childcare discounts and tuition assistance.

<sup>&</sup>lt;sup>d</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

## Section III What were the characteristics of the child care providers and the services they offer?

## Table III.10a (continued)

 $^{\rm e}$  The range of salaries is 10,000.00 to 48,000.00 for center-based providers.  $^{\rm f}$  The range of salaries is 10,000.00 to 93,800.00 for family child care providers.

SE = standard error.

Table III.11. What health and developmental services did child care providers say they offered children?

	All providers		Providers in sustained Partnershi only		
Health and developmental services	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
What percentage of providers offered any service to children? <sup>a</sup>	162	81.13 (4.44)	124	97.12 (1.86)	
What percent of providers offered the following services to children? <sup>b</sup>					
Developmental screening	162	79.45 (4.48)	124	94.28 (2.37)	
Vision, hearing, or dental screening	162	60.42 (5.29)	124	89.45 (3.43)	
Speech screening	162	52.11 (5.06)	124	71.17 (4.69)	
Mental health observation or assessment	162	51.86 (5.06)	124	73.06 (4.77)	
Speech or physical therapy	162	48.80 (4.98)	124	60.26 (5.09)	
Nutritional screening	162	38.99 (4.63)	124	54.92 (5.16)	
Lead screening	162	33.76 (4.31)	124	51.60 (5.19)	
None of the above services offered	162	18.87 (4.44)	124	С	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>"Any service offered" indicates that providers offered at least one of the services listed to children.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all services offered to children that applied.

<sup>&</sup>lt;sup>o</sup> These estimates are suppressed because fewer than 5 respondents selected this response option. SE = standard error.

Table III.11a. What health and developmental services did center-based and family child care providers say they offered children?

	Center-ba	sed provider	Family child	care provider
Health and developmental services	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of providers offered any service to children? <sup>a</sup>	113	86.41 (4.92)	49	73.62 (7.91)
What percent of providers offered the following services to children? <sup>b</sup>				
Developmental screening	113	85.00 (4.99)	49	71.56 (7.91)
Vision, hearing, or dental screening	113	68.44 (7.06)	49	49.01 (8.01)
Mental health observation or assessment	113	66.39 (6.88)	49	31.18 (6.81)
Speech screening	113	58.02 (6.68)	49	43.70 (7.81)
Speech or physical therapy	113	59.58 (6.63)	49	33.46 (7.36)
Lead screening	113	44.33 (6.14)	49	18.73 (5.40)
Nutritional screening	113	43.42 (6.12)	49	32.70 (7.11)
None of the above services offered	113	13.59 (4.92)!	49	26.38 (7.91)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Any service offered" indicates that providers offered at least one of the services listed to children.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all services offered to children that applied.

SE = standard error.

Table III.12. What family support services did child care providers say they offered children?

	All pro	viders	Providers in sustained Partnerships only	
Family support services	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of providers delivered any family support service to families? <sup>a</sup>	157	66.12 (5.35)	120	83.31 (4.19)
What percent of providers delivered the following services to families? <sup>b</sup>				
Direct provision of goods such as diapers or formula	157	60.36 (5.29)	120	76.45 (4.54)
Education or job training or employment assistance	157	33.06 (4.33)	120	45.10 (5.21)
Mental health screenings or assessments	157	33.02 (4.33)	120	48.28 (5.27)
Services for dual-language learners	157	27.80 (4.06)	120	40.35 (5.11)
Housing or transportation assistance	157	27.40 (4.01)	120	39.19 (5.11)
Financial counseling	157	23.39 (3.64)	120	35.32 (4.91)
Health care (adult, dental, or prenatal)	157	22.26 (3.74)	120	31.32 (4.91)
Services for drug or alcohol abuse	157	17.63 (3.15)	120	26.89 (4.55)
None of the above services delivered	157	33.88 (5.35)	120	16.69 (4.19)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>&</sup>lt;sup>a</sup>"Any service delivered" indicates that providers delivered at least one of the services listed to families.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all services delivered to families that applied.

SE = standard error.

Table III.12a. What family support services did center-based and family child care providers in sustained Partnerships say they offered children?

	Center-base	Center-based providers		are providers
Family support services	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of providers delivered any family support service to families? <sup>a</sup>	111	76.96 (7.01)	46	49.77 (8.29)
What percent of providers delivered the following services to families? <sup>b</sup>	111			
Direct provision of goods such as diapers or formula	111	67.37 (6.96)	46	49.77 (8.29)
Education or job training or employment assistance	111	44.98 (6.23)	46	15.07 (5.05)!
Mental health screenings or assessments	111	42.02 (6.08)	46	19.45 (5.53)
Services for dual-language learners	111	39.25 (5.96)	46	10.51 (4.06)!
Housing or transportation assistance	111	35.37 (5.68)	46	15.37 (5.11)!
Financial counseling	111	33.95 (5.53)	46	7.44 (3.13)!
Health care (adult, dental, or prenatal)	111	30.24 (5.40)	46	10.22 (4.45)!
Services for drug or alcohol abuse	111	24.73 (4.75)	46	6.91 (3.14)!
None of the above services delivered	111	23.04 (7.01)!	46	50.23 (8.29)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

a"Any service delivered" indicates that providers delivered at least one of the services listed to families.

<sup>&</sup>lt;sup>b</sup>Percentages may not sum to 100 because respondents selected all services delivered to families that applied.

SE = standard error.

Table III.13. According to child care providers, who was responsible for delivering developmental services?

	All providers			in sustained ships only
Developmental comics delicem.	Sample	Percentage	Sample	Percentage
Developmental services delivery	size	(SE)	size	(SE)
Who delivered vision, hearing, or dental screenings? <sup>b</sup>	447	74.00 (5.00)	440	74.00 (5.00)
EHS program staff <sup>a</sup>	117	71.28 (5.22)	110	74.80 (5.00)
Child care provider	120	30.33 (5.09)	110	27.40 (4.95)
Referrals to a community partner or agency	121	44.86 (5.32)	111	44.17 (5.43)
Who delivered mental health observations or assessments?				
EHS program staff <sup>a</sup>	100	60.60 (5.88)	93	66.07 (5.65)
Child care provider	105	25.67 (4.91)	94	27.28 (5.22)
Referrals to a community partner or agency	105	56.63 (5.72)	94	51.50 (5.98)
Who delivered developmental screenings?d				
EHS program staff <sup>a</sup>	127	53.58 (5.83)	115	59.02 (5.34)
Child care provider	139	57.46 (5.29)	115	53.76 (5.40)
Referrals to a community partner or agency	139	35.95 (5.03)	115	37.27 (5.24)
Who delivered speech screenings?e				
EHS program staff <sup>a</sup>	94	44.51 (6.02)	85	47.08 (6.31)
Child care provider	98	26.49 (5.21)	86	27.41 (5.59)
Referrals to a community partner or agency	98	66.95 (5.62)	86	63.35 (6.15)
Who delivered nutritional screenings?f				
EHS program staff <sup>a</sup>	75	61.38 (7.00)	69	63.61 (7.02)
Child care provider	76	30.73 (6.61)	69	25.40 (6.21)
Referrals to a community partner or agency	75	36.37 (6.63)	68	36.47 (6.84)
Who delivered lead screenings?g				
EHS program staff <sup>a</sup>	69	54.07 (7.19)	64	58.92 (7.24)
Child care provider	70	13.56 (5.82)!	65	9.45 (4.18)!
Referrals to a community partner or agency	69	55.46 (7.19)	64	57.35 (7.23)
Who delivered speech or physical therapy?h				
EHS program staff <sup>a</sup>	81	30.04 (5.64)	73	34.14 (6.32)
Child care provider	89	15.57 (4.54)	75	13.90 (4.44)!
Referrals to a community partner or agency	89	83.86 (4.77)	75	85.45 (4.88)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation who said they offered health and development services, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>This response option was only displayed for providers in sustained Partnerships.

#### Table III.13 (continued)

<sup>b</sup>Only providers who said they delivered vision, hearing, or dental screenings were routed to this question (123 providers overall and 113 providers in sustained Partnerships).

<sup>c</sup>Only providers who said they delivered mental health observations or assessments were routed to this question (106 providers overall and 95 providers in sustained Partnerships).

<sup>d</sup>Only providers who said they delivered developmental screenings were routed to this question (141 providers overall and 117 providers in sustained Partnerships).

<sup>e</sup>Only providers who said they delivered speech screenings were routed to this question (101 providers overall and 89 providers in sustained Partnerships).

Only providers who said they delivered nutritional screenings were routed to this question (78 providers overall and 71 providers in sustained Partnerships).

<sup>9</sup>Only providers who said they delivered lead screenings were routed to this question (72 providers overall and 67 providers in sustained Partnerships).

<sup>h</sup>Only providers who said they delivered speech or physical therapy were routed to this question (92 providers overall and 78 providers in sustained Partnerships).

EHS = Early Head Start; FCC = family child care; SE = standard error.

Table III.13a. According to center-based and family child care providers, who was responsible for delivering developmental services?

	Center-based providers			child care oviders
Developmental services delivery	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Who delivered vision, hearing, or dental screenings? <sup>b</sup>	SIZE	(SE)	SIZE	(SE)
EHS program staff <sup>a</sup>	90	67.81 (6.36)	27	77.96 (8.95)
Child care provider	92	30.44 (5.96)	28	30.10 (9.63)!
Referrals to a community partner or agency	93	52.29 (6.29)	28	29.62 (9.42)!
Who delivered mental health observations or assessments?	00	02.20 (0.20)	20	20.02 (0.12).
EHS program staff <sup>a</sup>	82	59.00 (6.69)	18	65.24 (12.30)
Child care provider	85	30.05 (5.89)	20	i
Referrals to a community partner or agency	85	60.10 (6.40)	20	46.27 (12.01)
Who delivered developmental screenings?d		,		,
EHS program staff <sup>a</sup>	96	56.14 (7.41)	31	48.72 (9.64)
Child care provider	102	61.11 (6.37)	37	51.19 (9.06)
Referrals to a community partner or agency	102	39.04 (6.31)	37	30.62 (8.59)
Who delivered speech screenings?e				
EHS program staff <sup>a</sup>	72	41.29 (6.99)	22	51.36 (11.38)
Child care provider	74	26.67 (6.13)	24	26.12 (9.73)!
Referrals to a community partner or agency	74	74.40 (6.12)	24	52.52 (11.18)
Who delivered nutritional screenings?f				
EHS program staff <sup>a</sup>	58	55.99 (8.45)	17	72.83 (11.56)
Child care provider	58	36.54 (8.24)	18	i
Referrals to a community partner or agency	57	38.96 (7.87)	18	31.31 (12.48)!
Who delivered lead screenings?9				
EHS program staff <sup>h</sup>	58	44.48 (7.84)	11	86.81 (12.13)
Child care provider	59	17.20 (7.19)!	11	i
Referrals to a community partner or agency	58	59.75 (8.17)	11	i
Who delivered speech or physical therapy?				
EHS program staff	67	24.15 (5.50)	14	48.89 (14.12)
Child care provider	72	19.63 (5.85)	17	i
Referrals to a community partner or agency	72	85.12 (5.55)	17	80.51 (9.57)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>This response option was only displayed for providers in sustained Partnerships.

<sup>&</sup>lt;sup>b</sup>Only providers who said they delivered vision, hearing, or dental screenings were routed to this question (94 center-based care providers and 29 FCC providers).

<sup>&</sup>lt;sup>e</sup>Only providers who said they delivered mental health observations or assessments were routed to this question (86 center-based care providers and 20 FCC providers).

#### Section III What were the characteristics of the child care providers and the services they offer?

## Table III.13a (continued)

<sup>d</sup>Only providers who said they delivered developmental screenings were routed to this question (103 center-based care providers and 38 FCC providers).

<sup>e</sup>Only providers who said they delivered speech screenings were routed to this question (76 center-based care providers and 25 FCC providers).

<sup>f</sup>Only providers who said they delivered nutritional screenings were routed to this question (59 center-based care providers and 19 FCC providers).

<sup>9</sup>Only providers who said they delivered lead screenings were routed to this question (60 center-based care providers and 12 FCC providers).

<sup>h</sup>Only providers who said they delivered speech or physical therapy were routed to this question (74 center-based care providers and 18 FCC providers).

This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; FCC = family child care; SE = standard error.

Table III.14. According to child care providers, who was responsible for delivering family support services?

	All providers			in sustained ships only
Family support services delivery	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Who delivered health care (adult, dental, or prenatal)? <sup>b</sup>				
EHS program staff <sup>a</sup>	42	46.49 (9.19)	38	42.58 (9.50)
Child care provider	44	14.41 (5.93)!	39	15.49 (6.81)!
Referrals to a community partner or agency	44	74.44 (7.81)	39	75.95 (7.68)
Who delivered housing or transportation assistance?c				
EHS program staff <sup>a</sup>	54	37.94 (7.89)	51	41.23 (8.26)
Child care provider	59	39.87 (7.84)	53	37.43 (8.25)
Referrals to a community partner or agency	59	68.24 (7.64)	53	67.77 (7.98)
Who delivered education or job training or employment assistance? <sup>d</sup>				
EHS program staff <sup>a</sup>	67	38.65 (6.87)	61	39.35 (7.28)
Child care provider	72	45.53 (7.18)	63	40.71 (7.66)
Referrals to a community partner or agency	72	66.75 (6.95)	63	70.32 (7.18)
Who delivered services for drug or alcohol abuse?e				
EHS program staff <sup>a</sup>	41	29.91 (7.80)	37	30.71 (8.36)
Child care provider	41	i	37	i
Referrals to a community partner or agency	41	78.86 (7.76)	37	79.01 (8.32)
Who delivered financial counseling?f				
EHS program staff <sup>a</sup>	50	39.91 (7.85)	47	42.61 (8.28)
Child care provider	53	28.17 (7.93)	49	29.94 (8.53)
Referrals to a community partner or agency	53	74.82 (7.01)	49	71.77 (7.63)
Who delivered services for dual-language learners?g				
EHS program staff <sup>a</sup>	58	57.86 (7.96)	54	54.28 (8.13)
Child care provider	60	50.15 (7.84)	55	48.44 (7.95)
Referrals to a community partner or agency	60	59.29 (7.59)	55	55.61 (7.93)
Who delivered mental health screenings or assessments?h				
EHS program staff <sup>a</sup>	68	56.12 (7.19)	64	56.98 (7.45)
Child care provider	72	34.88 (6.84)	65	39.20 (7.41)
Referrals to a community partner or agency	72	68.23 (6.61)	65	64.58 (7.22)
Who delivered the direct provision of goods such as diapers or formula?				
EHS program staff <sup>a</sup>	99	56.28 (5.90)	92	57.93 (6.08)
Child care provider	110	65.62 (5.28)	94	61.80 (5.82)
Referrals to a community partner or agency	110	30.10 (5.01)	94	31.12 (5.42)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation who said they offered family support services, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only

#### Table III.14 (continued)

presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>This response option was only displayed for providers in sustained Partnerships.

<sup>b</sup>Only providers who said they delivered health care (adult, dental, or prenatal) were routed to this question (44 providers overall and 39 providers in sustained Partnerships).

<sup>e</sup>Only providers who said they delivered housing or transportation assistance were routed to this question (59 providers overall and 53 providers in sustained Partnerships).

<sup>c</sup>Only providers who said they delivered education or job training and employment assistance were routed to this question (72 providers overall and 63 providers in sustained Partnerships).

<sup>e</sup>Only providers who said they delivered services for drug or alcohol abuse were routed to this question (41 providers overall and 37 providers in sustained Partnerships).

Only providers who said they delivered financial counseling were routed to this question (53 providers overall and 49 providers in sustained Partnerships).

<sup>9</sup>Only providers who said they delivered services for dual-language learners were routed to this question (60 providers overall and 55 providers in sustained Partnerships).

<sup>h</sup>Only providers who said they delivered mental health screenings or assessments were routed to this question (72 providers overall and 65 providers in sustained Partnerships). Only providers who said they delivered direct provision of goods such as diapers or formula were routed to this question (110 providers overall and 94 providers in sustained Partnerships).

This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; FCC = family child care; SE = standard error

Table III.15. According to child care providers, who conducted quality improvement activities with providers?

	All providers		Providers in sustained Partnerships only	
Family support services delivery	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Who observed staff or providers to assess their practices? <sup>a</sup>	00	(02)	00	(32)
Conducted by someone in the provider's organization <sup>b</sup>	112	80.08 (5.15)	92	83.51 (4.64)
Conducted by someone from EHS program <sup>c</sup>			116	80.91 (4.16)
Conducted by someone from a different organization	153	38.55 (5.19)	117	35.55 (5.03)
Activity not conducted	152	11.44 (3.63)!	115	d
Who met with staff or providers to provide feedback regarding their teaching practices? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	111	79.59 (5.34)	92	83.33 (4.93)
Conducted by someone from EHS program <sup>c</sup>			117	72.51 (4.84)
Conducted by someone from a different organization	152	33.18 (4.80)	116	31.55 (5.10)
Activity not conducted	152	14.33 (4.07)	115	d
Who met with staff or providers to discuss how to link the curriculum to children's developmental needs? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	112	72.79 (5.75)	92	76.71 (5.51)
Conducted by someone from EHS program <sup>c</sup>		-	116	75.78 (4.46)
Conducted by someone from a different organization	152	32.41 (4.79)	116	28.69 (4.83)
Activity not conducted	152	10.96 (3.70)!	115	d
Who discussed strategies to ensure a rich curriculum with staff or providers? <sup>a</sup>	F			
Conducted by someone in the provider's organization <sup>b</sup>	112	75.58 (5.47)	92	78.31 (5.39)
Conducted by someone from EHS program <sup>c</sup>			115	76.54 (4.38)
Conducted by someone from a different organization	152	32.38 (4.79)	116	27.47 (4.74)
Activity not conducted	151	9.00 (3.26)!	115	d
Who discussed strategies to ensure developmentally appropriate emotional and behavioral support with staff or providers?a				
Conducted by someone in the provider's organization <sup>b</sup>	109	77.04 (5.61)	90	79.53 (5.52)
Conducted by someone from EHS program <sup>c</sup>		. ,	114	80.22 (4.20)
Conducted by someone from a different organization	151	34.25 (4.84)	115	30.73 (4.88)
Activity not conducted	152	10.06 (3.65)!	115	d
Who reviewed staff or providers' lesson plans?		` ,		
Conducted by someone in the provider's organization <sup>b</sup>	112	83.76 (4.84)	92	85.74 (4.65)
Conducted by someone from EHS program <sup>c</sup>			115	80.74 (3.97)
Conducted by someone from a different organization	151	22.38 (4.24)	115	19.32 (4.29)
Activity not conducted	152	11.70 (3.91)!	115	d
Who reviewed program data to see how center or FCC was doing with respect to specific goals or objectives?				
Conducted by someone in the provider's organization <sup>b</sup>	111	75.02 (5.48)	92	78.15 (5.19)
Conducted by someone from EHS program <sup>c</sup>			115	85.91 (3.35)
Conducted by someone from a different organization	151	23.82 (4.29)	115	21.80 (4.40)
Activity not conducted	151	10.81 (3.60)!	115	d
Who completed checklists to monitor compliance with the HSPPS? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	96	66.27 (6.16)	89	62.37 (6.02)
Conducted by someone from EHS program <sup>c</sup>			113	85.62 (3.46)
Conducted by someone from a different organization	131	5.37 (1.94)!	113	5.49 (2.38)!

#### Table III.15 (continued)

	All providers		Providers in sustained Partnerships only	
Family support services delivery	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Activity not conducted	131	16.44 (4.63)	113	6.24 (2.64)!

Source: Early Head Start-Child Care Partnership Sustainability Study Provider (Sustained and Dissolved Partnerships) Survey.

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; FCC = family child care; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Percentages may not sum to 100 because respondents selected all that applied.

<sup>&</sup>lt;sup>b</sup>This response option was only displayed for providers offering center-based care (113 providers overall and 93 in sustained Partnerships).

<sup>&</sup>lt;sup>c</sup>This response option was only displayed for the 124 providers in sustained Partnerships.

<sup>&</sup>lt;sup>d</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

Table III.15a. According to center-based and family child care providers, who conducted quality improvement activities with providers?

improvement activities with providers?	Center-based providers		Family child	d care providers
	Sample	Percentage	Sample	Percentage
Owners of quality improvement activities	size	(SE)	size	(SE)
Who observed staff or providers to assess their practices? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	112	80.08 (5.17)		n.a.
Conducted by someone from EHS program	97	69.25 (7.83)	35	63.79 (9.47)
Conducted by someone from a different organization	110	48.91 (6.55)	43	22.06 (7.07)!
Activity not conducted	109	С	43	22.09 (7.56)!
Who met with staff or providers to provide feedback regarding their teaching practices? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	111	79.59 (5.36)		n.a.
Conducted by someone from EHS program	97	58.54 (7.59)	36	59.13 (9.40)
Conducted by someone from a different organization	110	38.05 (6.21)	42	25.19 (7.44)
Activity not conducted	109	С	43	33.33 (8.57)
Who met with staff or providers to discuss how to link the curriculum to children's developmental needs? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	112	72.79 (5.77)		n.a.
Conducted by someone from EHS program	98	62.43 (7.61)	34	61.13 (9.64)
Conducted by someone from a different organization	110	34.39 (6.02)	42	29.17 (7.97)
Activity not conducted	109	С	43	24.81 (8.09)!
Who discussed strategies to ensure a rich curriculum with staff or providers? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	112	75.58 (5.49)		n.a.
Conducted by someone from EHS program	98	60.44 (7.54)	33	63.24 (9.81)
Conducted by someone from a different organization	109	34.12 (6.06)	43	29.59 (7.89)
Activity not conducted	109	С	42	18.84 (7.40)!
Who discussed strategies to ensure developmentally appropriate emotional and behavioral support with staff or providers?				
Conducted by someone in the provider's organization <sup>b</sup>	109	77.04 (5.63)		n.a.
Conducted by someone from EHS program	97	61.84 (7.71)	33	68.52 (9.82)
Conducted by someone from a different organization	109	38.71 (6.20)	42	27.07 (7.85)
Activity not conducted	109	С	43	22.54 (8.04)!
Who reviewed staff or providers' lesson plans?a				
Conducted by someone in the provider's organization <sup>b</sup>	112	83.76 (4.85)		n.a.
Conducted by someone from EHS program	98	61.23 (7.58)	33	66.22 (10.11)
Conducted by someone from a different organization	109	21.00 (5.15)	42	24.61 (7.36)
Activity not conducted	109	С	43	26.67 (8.44)!
Who reviewed program data to see how center or FCC was doing with respect to specific goals or objectives? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	111	75.02 (5.50)		n.a.
Conducted by someone from EHS program	98	69.95 (7.87)	33	67.94 (9.71)
Conducted by someone from a different organization	109	23.48 (5.27)	42	24.36 (7.33)!
Activity not conducted	109	С	42	22.68 (8.03)!
Who completed checklists to monitor compliance with the HSPPS? <sup>a</sup>				
Conducted by someone in the provider's organization <sup>b</sup>	96	66.27 (6.19)		n.a.
Conducted by someone from EHS program	96	73.57 (7.93)	33	69.28 (9.69)
Conducted by someone from a different organization	96	4.09 (1.89)!	35	С
Activity not conducted	96	7.89 (3.61)!	35	29.97 (9.49)!

#### Table III.15a (continued)

Source: Early Head Start-Child Care Partnership Sustainability Study Provider (Sustained and Dissolved Partnerships) Survey.

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; FCC = family child care; SE = standard error; n.a. = not applicable.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages may not sum to 100 because respondents selected all that applied.

<sup>&</sup>lt;sup>b</sup>This response option was only displayed for providers offering center-based care (113 providers overall and 93 in sustained Partnerships).

<sup>&</sup>lt;sup>c</sup> These estimates are suppressed because fewer than 5 respondents selected this response option.

## **SECTION IV.**

# FOR PARTNERSHIPS THAT WERE SUSTAINED, WHAT WERE THE FEATURES OF THE PARTNERSHIPS?



Table IV.1. According to child care providers in sustained Partnerships, what percentage of their total annual funding in the past year came from the Early Head Start program?

EHS funding	Sample size	Percentage (SE)
For providers in sustained Partnerships, what percentage of total annual funding in the past year came from the EHS program?	124	
Less than 25 percent		25.17 (4.53)
25 to 49 percent		24.39 (4.33)
50 to 74 percent		18.11 (3.93)
75 to 100 percent		10.87 (3.40)!
I have not been in this position long enough to answer this question, or I don't know		21.46 (4.34)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022

EHS = Early Head Start; SE = standard error.

Table IV.1a. According to center-based and family child care providers in sustained Partnerships, what percentage of their total annual funding in the past year came from the Early Head Start program, among different types of providers?

	Center-base	Center-based providers		care providers
EHS funding	Sample size	Percentage (SE)	Sample size	Percentage (SE)
For providers in sustained Partnerships, what percentage total annual funding in the past year came from the EHS program?	93		31	
Less than 25 percent		34.54 (5.98)	•	а
25 to 49 percent		24.67 (4.99)		23.91 (8.17)!
50 to 74 percent		12.25 (3.68)!		28.61 (8.48)
75 to 100 percent		7.08 (3.14)!		17.66 (7.48)!
I have not been in this position long enough to answer this question or I don't know		а		а

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup> These estimates are suppressed because fewer than 5 respondents selected this response option.

Table IV.2. What health and developmental services did child care providers in sustained Partnerships say they offered to children in Partnership and non-Partnership slots?<sup>a</sup>

Partnership and non-Partnership services	Sample size	Percentage (SE)
What percentage of providers offered any service to children in Partnership slots? <sup>b,c</sup>	119	96.00 (2.10)
What services were offered to children in Partnership slots? c,d	119	
Speech or physical therapy	73	98.48 (1.52)
Lead screening	64	97.79 (2.19)
Vision, hearing, or dental screening	111	96.85 (1.96)
Developmental screening	114	94.74 (2.67)
Nutritional screening	68	94.68 (2.65)
Mental health observation/assessment	92	94.39 (2.95)
Speech screening	85	92.99 (3.24)
What percentage of providers offered any service to children whose care is not funded by the Partnership grant? <sup>b,c</sup>	119	64.96 (5.11)
What services were offered to children whose care is not funded by the Partnership grant? <sup>c,d</sup>	119	
Speech or physical therapy	73	64.38 (6.65)
Developmental screening	113	62.03 (5.36)
Speech screening	84	59.65 (6.28)
Mental health observation/assessment	91	50.48 (6.09)
Nutritional screening	67	47.53 (7.25)
Vision, hearing, or dental screening	111	44.78 (5.43)
Lead screening	63	35.28 (7.12)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Table III.1 reports on whether these services were offered at all, regardless of whether children were in a partnership slot.

b"Any service offered" indicates that providers offered at least one of the services listed to children.

<sup>°</sup>Services could be provided by the center, by the EHS program, or by a community partner.

<sup>&</sup>lt;sup>d</sup>Percentages do not sum to 100 because respondents selected all services offered to children that applied.

Table IV.2a. What health and developmental services did center-based and family child care providers in sustained Partnerships say they offered to children in Partnership and non-Partnership slots?<sup>a</sup>

Partnership and non-	Center-ba	ased providers	Family ch	ild care providers
Partnership services	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of providers offered any service to children in Partnership slots? <sup>b,c</sup>	91	98.94 (1.06)	28	90.47 (5.60)
What services were offered to children in Partnership slots? <sup>c,d</sup>	91		28	
Developmental screening	88	98.91 (1.09)	26	86.80 (7.20)
Vision, hearing, or dental screening	87	98.89 (1.11)	24	92.63 (5.49)
Speech or physical therapy	61	97.98 (2.01)	12	100.00 (0.00)
Lead screening	54	97.09 (2.88)	10	е
Speech screening	66	96.77 (2.29)	19	84.68 (8.76)
Mental health observation/assessment	76	96.68 (2.39)	16	87.69 (8.97)
Nutritional screening	53	96.13 (2.73)	15	91.71 (5.91)
What percentage of providers offered any service to children whose care is not funded by the Partnership grant? <sup>b,c</sup>	91	75.32 (5.07)	28	45.53 (9.90)
What services were offered to children whose care is not funded by the Partnership grant? <sup>c,d</sup>	91		28	
Developmental screening	87	74.21 (5.27)	26	39.13 (9.88)
Speech or physical therapy	61	70.51 (6.95)	12	45.51 (14.88)!
Speech screening	65	70.09 (6.68)	19	37.12 (11.37)!
Vision, hearing, or dental screening	87	57.02 (6.24)	24	19.38 (8.44)!
Mental health observation/assessment	75	59.26 (6.68)	16	25.23 (10.68)!
Nutritional screening	52	53.13 (8.46)	15	36.27 (12.94)!
Lead screening	53	43.26 (8.26)	10	e f

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information. The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Table III.11a reports on whether these services were offered at all, regardless of whether children were in a partnership slot.

<sup>&</sup>lt;sup>b</sup>"Any service offered" indicates that providers offered at least one of the services listed to children.

<sup>°</sup>Services could be provided by the center, by the EHS program, or by a community partner.

<sup>&</sup>lt;sup>d</sup>Percentages do not sum to 100 because respondents selected all services offered to children that applied.

<sup>&</sup>lt;sup>e</sup>These estimates are suppressed because fewer than 10 respondents answered this question.

<sup>&</sup>lt;sup>f</sup>This estimate is suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; SE = standard error.

Table IV.3. What family support services did child care providers in sustained Partnerships say they offered to families with children in Partnership and non-Partnership slots?<sup>a</sup>

Partnership and non-Partnership services	Sample size	Percentage (SE)
What percentage of providers offered any service to families of children in Partnership slots? <sup>b</sup>	102	100.00 (0.00)
What services were offered to families of children in Partnership slots?c,d		
Services for dual-language learners	54	100.00 (0.00)
Direct provision of goods such as diapers or formula	91	100.00 (0.00)
Mental health screenings or assessments	64	97.41 (1.97)
Health care (adult, dental, or prenatal)	38	95.93 (3.09)
Services for drug or alcohol abuse	37	95.40 (3.47)
Education or job training/employment assistance	61	94.82 (2.79)
Housing or transportation assistance	51	93.53 (3.34)
Financial counseling	47	88.64 (4.69)
No services offered	54	0.00 (0.00)
What percentage of providers offered any service to families of children whose care is not funded by the Partnership grant? <sup>b</sup>	102	100.00
What services were offered to families of children whose care is not funded by the Partnership grant? <sup>c,d</sup>	102	
Financial counseling	47	62.98 (8.02)
Services for drug or alcohol abuse	37	59.25 (9.34)
Mental health screenings or assessments	64	58.11 (7.46)
Services for dual-language learners	54	57.31 (8.03)
Education or job training/employment assistance	61	56.99 (7.59)
Housing or transportation assistance	51	54.48 (8.38)
Health care (adult, dental, or prenatal)	38	49.73 (9.68)
Direct provision of goods such as diapers or formula	91	47.60 (6.09)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Table III.12 reports on whether these services were offered at all, regardless of whether children were in a partnership slot.

b"Any service offered" indicates that providers offered at least one of the services listed to families.

Percentages do not sum to 100 because respondents selected all services offered to families that applied.

<sup>&</sup>lt;sup>d</sup>Services could be provided by the center, by the EHS program, or by a community partner.

Table IV.4. According to child care providers, what were home visits like in sustained Partnerships?

Home visit characteristics	Sample size	Percentage (SE)
Did providers offer home visits to families? <sup>a</sup>	124	
Yes, home visits were offered to all families enrolled in care		68.59 (4.96)
Yes, home visits were offered to some families enrolled in care		0.00 (0.00)
No, home visits were not offered to enrolled families		31.41 (4.96)
Among providers that offered home visits to some families, <sup>b</sup> are families enrolled in Partnership slots more likely to be offered home visits than other families?	25	
Yes		94.90 (3.79)
No		94.90 (3.79)
Of families offered home visits, who was responsible for conducting home visits?	85	
Child care partner staff		48.92 (6.31)
EHS program staff		47.01 (6.31)
Other <sup>d</sup>		4.06 (2.07)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>This question was asked about all families, not just families enrolled in EHS-CC Partnership slots.

<sup>&</sup>lt;sup>b</sup>26 providers in sustained Partnerships offered home visits to only some families.

<sup>°</sup>Families were offered home visits, by 90 providers in sustained Partnerships.

<sup>&</sup>lt;sup>d</sup>Some respondents selected Other to indicate that child care center staff and EHS center staff were both responsible for conducting home visits.

Table IV.4a. According to center-based and family child care providers, what were home visits like in sustained Partnerships?

	Center-base	Center-based providers		Family child care providers	
Home visit characteristics	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
Did providers offer home visits to families? <sup>a</sup>	93		31		
Yes, home visits were offered to all or some families enrolled in care		73.91 (5.49)		59.04 (9.51)	
No, home visits were not offered to enrolled families		26.09 (5.49)		40.96 (9.51)	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey, unless otherwise indicated. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>This question was asked about all families, not just families enrolled in EHS-CC Partnership slots.

<sup>&</sup>lt;sup>d</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

<sup>&</sup>lt;sup>e</sup>These estimates are suppressed because fewer than 10 respondents answered this question.

Table IV.5. According to EHS program directors, how did EHS programs approach decision-making about monitoring child care providers' quality improvement?

	Sample	
Quality improvement monitoring	size	Percentage (SE)
How did the EHS program involve providers in decision making about how to monitor quality improvement?	153	
Developed processes, tools, and action steps in partnership with providers		69.93 (3.82)
Developed processes and tools without provider input but providers give feedback on results of monitoring		21.32 (3.42)
Gave provider directors/owners responsibility to identify quality improvements on their own, and partnered with staff to develop action steps		6.63 (1.97)
Did not engage providers in decision making		b
How many programs engaged in any activities with child care providers?	154	b
Which activities did programs engage in with child care providers? <sup>a</sup>		
Completed checklists to monitor compliance with the HSPPS	149	99.48 (0.52)
Met with teachers or family child care providers to provide feedback regarding their teaching practices	143	98.90 (0.78)
Reviewed teachers' or family child care providers' teaching plans	142	98.89 (0.78)
Observed teachers/family child care providers in the classroom/home to assess their practice	147	98.88 (0.79)
Discussed with teachers or family child care providers strategies to ensure teaching practices were developmentally appropriate	148	98.78 (0.87)
Discussed with teachers or family child care providers strategies to ensure a rich curriculum	145	98.33 (0.96)
Met with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs	144	98.20 (1.04)
Met with someone in an administrative role to review files	133	98.06 (1.12)
Reviewed program data to see how the center or home was doing with respect to specific goals or objectives	154	94.99 (1.80)

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

Note:

EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; HSPPS = Head Start Program Performance Standards; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all activities with child care providers that applied.

<sup>&</sup>lt;sup>b</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table IV.6. According to EHS program directors, who was primarily responsible for monitoring quality improvement activities in sustained Partnerships?

	Staff primarily responsible for monitoring quality improvement activities								
	Sample	Partnership program staff	Child care provider staff	Other <sup>b</sup>					
Quality improvement monitoring	size	Percentage (SE)	Percentage (SE)	Percentage (SE)					
Quality improvement monitoring activities <sup>c</sup>									
Completed checklists to monitor compliance with the HSPPS <sup>d</sup>	148	85.51 (3.00)	6.57 (2.08)!	7.92 (2.33)					
Reviewed program data to see how the center or home was doing with respect to specific goals or objectives <sup>e</sup>	146	84.59 (3.07)	5.42 (1.88)!	10.00 (2.58)					
Met with someone in an administrative role to review files <sup>f</sup>	130	84.07 (3.35)	6.60 (2.16)!	9.33 (2.76)					
Met with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs <sup>9</sup>	141	77.12 (3.66)	11.08 (2.59)	11.80 (2.94)					
Discussed with teachers or family child care providers strategies to ensure a rich curriculum <sup>h</sup>	142	75.87 (3.77)	13.54 (2.90)	10.59 (2.87)					
Met with teachers or family child care providers to provide feedback regarding their teaching practices <sup>i</sup>	141	72.39 (3.90)	14.53 (3.01)	13.08 (3.02)					
Observed teachers/family child care providers in the classroom/home to assess their practice <sup>j</sup>	146	71.48 (3.91)	14.95 (3.11)	13.58 (2.97)					
Discussed with teachers or family child care providers strategies to ensure teaching practices were developmentally appropriate <sup>k</sup>	146	70.81 (3.86)	16.94 (3.12)	12.26 (2.86)					
Reviewed teachers' or family child care providers' teaching plans <sup>l</sup>	140	66.64 (4.18)	22.39 (3.70)	10.97 (2.83)					

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

Note: Results are weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys, among directors who said they engaged with child care providers, with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Examples of staff from a third-party organization or consultant include technical assistance providers or family child care networks.

<sup>&</sup>lt;sup>b</sup>Some respondents selected Other to indicate that partnership program staff and child care provider staff were both responsible for monitoring quality improvement activities. Other also includes staff from a third-party organization or consultant.

<sup>&</sup>lt;sup>c</sup>The rows below report on the subset of program directors who said they engaged in the relevant activities with child care providers.

<sup>&</sup>lt;sup>d</sup>Only directors who said their team delivered completed checklists to monitor compliance with the HSPPS were routed to this question (148 directors).

<sup>&</sup>lt;sup>e</sup>Only directors who said their team reviewed program data to see how the center or home was doing with respect to specific goals or objectives were routed to this question (146 directors).

<sup>&</sup>lt;sup>f</sup>Only directors who said their team met with someone in an administrative role to review files were routed to this question (130 directors).

<sup>&</sup>lt;sup>9</sup>Only directors who said their team met with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs were routed to this question (141 directors).

<sup>&</sup>lt;sup>h</sup>Only directors who said their team discussed with teachers or family child care providers strategies to ensure a rich curriculum were routed to this question (142 directors).

#### Section IV For partnerships that are sustained, what are the features of the partnerships?

## Table IV.6 (continued)

<sup>1</sup>Only directors who said their team met with teachers or family child care providers to provide feedback regarding their teaching practices were routed to this question (141 directors).

<sup>j</sup>Only directors who said their team observed teachers/family child care providers in the classroom/home to assess their practice were routed to this question (145 directors).

<sup>k</sup>Only directors who said their team discussed with teachers or family child care providers strategies to ensure teaching practices were developmentally appropriate were routed to this question (146 directors).

Only directors who said their team reviewed teachers' or family child care providers' teaching plans were routed to this question (140 directors).

EHS = Early Head Start; HSPPS = Head Start Program Performance Standards; SE = standard error.

Table IV.7. According to EHS program directors, how did the Early Head Start program use information gained from monitoring quality improvement activities?

	Use of information gained from quality improvement monitoring activities											
	Developed written Scheduled follow improvement plan reviews or observa					Obtained technical assistance		Terminated partnership		Other <sup>a</sup>		
Quality improvement monitoring	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Quality improvement monitoring activities												
Completed checklists to monitor compliance with the HSPPS <sup>b</sup>	144	86.78 (3.00)	146	89.18 (2.74)	146	94.13 (1.84)	143	70.87 (3.85)	144	18.48 (3.19)	144	5.05 (1.77)!
Reviewed program data to see how the center or home was doing with respect to specific goals or objectives <sup>c</sup>	146	80.46 (3.48)	146	81.24 (3.47)	146	91.22 (2.36)	146	65.84 (4.06)	146	10.09 (2.44)	146	5.01 (1.91)!
Met with someone in an administrative role to review files <sup>d</sup>	127	78.85 (3.87)	128	78.54 (3.89)	127	80.87 (3.70)	128	72.03 (4.09)	126	14.00 (3.18)	127	5.76 (2.35)!
Met with teachers or family child care providers to provide feedback regarding their teaching practices <sup>e</sup>	137	78.79 (3.55)	139	88.89 (2.80)	138	94.56 (1.90)	136	65.42 (4.16)	136	8.37 (2.40)	137	5.48 (2.08)!
Discussed with teachers or family child care providers strategies to ensure teaching practices were developmentally appropriate <sup>f</sup>	143	78.14 (3.60)	143	88.03 (2.82)	144	95.35 (1.74)	141	65.87 (4.10)	140	8.03 (2.31)	141	6.87 (2.26)!
Observed teachers/family child care providers in the classroom/home to assess their practice <sup>g</sup>	143	77.44 (3.69)	145	88.51 (2.69)	145	95.38 (1.73)	142	66.88 (4.03)	142	11.94 (2.63)	142	8.44 (2.51)
Met with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs <sup>h</sup>	137	75.02 (3.84)	138	86.48 (3.08)	139	93.47 (2.17)	136	66.40 (4.18)	136	5.88 (2.10)!	140	8.03 (2.50)!
Reviewed teachers' or family child care providers' teaching plans <sup>i</sup>	137	72.72 (4.00)	138	81.72 (3.46)	139	95.79 (1.70)	136	63.79 (4.23)	136	6.69 (2.09)!	136	4.37 (1.77)!
Discussed with teachers or family child care providers strategies to ensure a rich curriculum <sup>j</sup>	139	72.18 (4.00)	139	80.79 (3.57)	140	97.19 (1.40)	137	69.58 (4.02)	136	5.88 (2.09)!	137	6.80 (2.38)!

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

#### Table IV.7 (continued)

Note:

EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys, among providers who said they engaged in each activity, with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>Other uses of the information gained from monitoring quality improvement activities include developing coaching plans and updating plans to meet goals and objectives.

<sup>b</sup>Only directors who said their team delivered completed checklists to monitor compliance with the HSPPS were routed to this question (148 directors).

<sup>c</sup>Only directors who said their team reviewed program data to see how the center or home was doing with respect to specific goals or objectives were routed to this question (146 directors).

<sup>d</sup>Only directors who said their team met with someone in an administrative role to review files were routed to this guestion (130 directors).

Only directors who said their team met with teachers or family child care providers to provide feedback regarding their teaching practices were routed to this question (141 directors).

Only directors who said their team discussed with teachers or family child care providers strategies to ensure teaching practices were developmentally appropriate were routed to this question (146 directors).

Only directors who said their team observed teachers or family child care providers in the classroom/home to assess their practice were routed to this question (145 directors).

<sup>h</sup>Only directors who said their team met with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs were routed to this question (141 directors).

Only directors who said their team reviewed teachers' or family child care providers' teaching plans were routed to this question (140 directors).

Only directors who said their team discussed with teachers or family child care providers strategies to ensure a rich curriculum were routed to this question (142 directors).

EHS = Early Head Start; HSPPS = Head Start Program Performance Standards; SE = standard error.

Table IV.8. How did child care providers in sustained Partnerships say they use information from quality improvement activities?

Using quality improvement activities	Sample size	Percentage (SE)
How did providers in sustained Partnerships use information from quality improvement activities? <sup>a</sup>		
Informed staff training and professional development	115	90.96 (3.31)
Identified new strategies for continuous improvement	115	90.15 (3.49)
Scheduled follow-up reviews or observations	115	75.79 (4.39)
Developed written improvement plan	115	70.34 (5.12)
Drew on curriculum implementation supports	115	65.01 (5.25)
Obtained technical assistance	115	59.32 (5.32)
Other	115	0.00 (0.00)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

SE = standard error.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all uses of information from quality improvement activities that applied.

Table IV.8a. How did center-based and family child care providers in sustained Partnerships say they use information from quality improvement activities?

	Center	-based providers	Family c	hild care providers
Using quality improvement activities	Sample size	Percentage (SE)	Sample size	Percentage (SE)
How did providers in sustained Partnerships use information from quality improvement activities? <sup>a</sup>				
Informed staff training and professional development	91	97.69 (1.63)	24	75.44 (9.48)
Identified new strategies for continuous improvement	91	89.95 (4.20)	24	90.60 (6.28)
Scheduled follow-up reviews or observations	91	77.39 (4.84)	24	72.10 (9.32)
Developed written improvement plan	91	72.56 (5.72)	24	65.24 (10.61)
Obtained technical assistance	91	63.62 (5.93)	24	49.42 (10.98)
Drew on curriculum implementation supports	91	61.46 (6.16)	24	73.19 (9.66)
Other	91	0.00 (0.00)	24	0.00 (0.00)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

SE = standard error.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all uses of information from quality improvement activities that applied.

Table IV.9. According to child care providers in sustained Partnerships, did providers have written Partnership agreements, and how were they updated?

Partnership agreements characteristics	Sample size	Percentage (SE)
Status of Partnership agreement in 2016	115	
Written agreement in place		92.35 (3.20)
Status of Partnership agreement in 2022	122	
Written agreement in place		89.14 (3.52)
Among providers with a written Partnership agreement in place in 2022, a how was this agreement updated?	105	
EHS program updated the Partnership agreement		
With no input from the provider		37.40 (5.38)
Jointly with the provider		31.94 (5.27)
And then asked the provider for input to finalize		23.77 (4.83)
I have not been in this position long enough to answer this question		6.89 (2.79)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>115 providers in sustained Partnerships had a written Partnership agreement in place in 2022.

Table IV.9a. According to center-based and family child care providers in sustained Partnerships, did providers have written Partnership agreements, and how were they updated?

	Center-base	d providers	Family child	care providers
Partnership agreements characteristics	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Status of Partnership agreement in 2016	88		27	
Written agreement in place		93.99 (3.12)		89.00 (7.26)
Status of Partnership agreement in 2022	92		30	
Written agreement in place		90.65 (3.69)		86.41 (7.23)
Among providers with a written Partnership agreement in place in 2022, <sup>a</sup> how was this agreement updated?	79		26	
EHS program updated the Partnership agreement				
Jointly with the provider		33.49 (6.22)		29.07 (9.70)!
With no input from the provider		31.70 (5.90)		47.96 (10.44)
And then asked the provider for input to finalize		28.85 (6.20)		b
I have not been in this position long enough to answer this question		5.97 (2.88)!		b

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey, unless otherwise indicated. The sample size column for family child care provider presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>82 providers offering center-based care and 27 providers offering family child car had a written Partnership agreement in place in 2022.EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>b</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table IV.10. How did child care providers in sustained Partnerships say their Partnership agreements changed over time?

Partnership agreements characteristics	Sample size	Percentage (SE)
How often did providers review and/or update the agreement with the EHS program?	107	
At least every other year		86.32 (3.86)
As needed		11.75 (3.77)!
Other <sup>a</sup>		1.93 (0.97)!
When was the agreement last updated?	91	
Within the past year		89.55 (3.31)
1 to 2 years ago		10.45 (3.31)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation who stated they had a written agreement in place with their EHS program, with valid data on each item out of a total sample of 109 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>a</sup>Other timelines for reviewing and/or updating the agreement with the EHS program included every few years.

EHS = Early Head Start; SE = standard error.

Table IV.11. How did partnership agreements change over time, from the perspective of Early Head Start program directors?

Partnership agreements characteristics	Sample size	Percentage (SE)
Were partnership agreements ever updated?	153	
Yes		98.22 (1.27)
No		c
Of the partnership agreements that had been updated how often were they updated?	152	
Annually or every other year		81.33 (3.20)
As needed		9.87 (2.48)
Other <sup>b</sup>		8.80 (2.28)
Of the partnership agreements that had been updated how were they typically updated?	151	
The EHS program drafted updates to partnership agreements and then gathered input from the child care provider to finalize		60.08 (4.11)
Partnership agreements were jointly updated by my the EHS program and each child care provider		26.69 (3.77)
The EHS program updated partnership agreements with no input from the child care provider		8.19 (2.14)
Partnership agreements were jointly updated by my the EHS program and a committee of child care providers		c
The process of updating partnership agreements varied by provider		0.00 (0.00)

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

Note:

EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey, unless otherwise indicated.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>151 partnership agreements were updated.

<sup>&</sup>lt;sup>b</sup>Other timelines for updating the agreement with the EHS program include both annually and as needed, and before a new grant cycle. Other may also indicate that the frequency with which partnership agreements were updated varied across providers.

<sup>&</sup>lt;sup>c</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table IV.12. According to child care providers in sustained Partnerships, what features of Partnership agreements had been updated?

Updating partnership agreements	Sample size	Percentage (SE)
Which components of the agreement were updated, revised, or added since the agreement was first established?ab		
The number of children and families to be served in the Partnership	92	56.71 (5.91)
Specific roles and responsibilities of partners to comply with the HSPPS	92	52.32 (5.95)
Amount and purpose of the funds to be provided	92	50.63 (5.98)
A statement of each party's rights, including the right to terminate the agreement	92	49.82 (5.98)
Training and technical assistance to be provided or arranged by the EHS program to child care providers	92	44.37 (5.96)
Materials and supplies to be provided by the EHS program to child care providers	92	43.57 (5.93)
The number of children to be served in the partnership that receive child care subsidies	92	42.51 (5.96)
Actions partners will take to meet the goals specified in the agreement	92	42.44 (5.93)
Statement of the Partnership's goals	92	41.67 (5.95)
Eligibility criteria for Partnership slots	92	40.66 (5.89)
Information about procedures for recruitment and enrollment	92	40.16 (5.85)
Start-up and ongoing procedures for filling Partnership slots	92	38.27 (5.87)
A defined process for how decisions will be made	92	25.13 (5.19)
Enhancements to teacher/staff salaries	92	22.65 (4.82)
Other <sup>c</sup>	92	6.15 (2.56)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation who stated they had a written agreement in place with their EHS program, with valid data on each item out of a total sample of 109 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; HSPPS = Head Start Program Performance Standards; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all components of the agreement that were updated, revised, or added since the agreement was first established that applied.

<sup>&</sup>lt;sup>b</sup>Only providers who said they had a written agreement in place with their EHS program were routed to this question (115 providers overall and 109 providers in sustained Partnerships).

<sup>&</sup>lt;sup>e</sup>Other components of the agreement that were updated, revised, or added since the agreement was first established include the amount of funding for slots.

Table IV.12a. According to center-based and family child care providers in sustained Partnerships, what features of Partnership agreements had been updated?

	Center-based providers		Family child	care providers
		Percentage		Percentage
Updating partnership agreements	Sample size	(SE)	Sample size	(SE)
Which components of the agreement were updated, revised, or added since the agreement was first established? <sup>ab</sup>				
The number of children and families to be served in the Partnership	70	57.45 (6.89)	22	55.17 (11.31)
Amount and purpose of the funds to be provided	70	52.30 (6.94)	22	47.19 (11.37)
Training and technical assistance to be provided or arranged by the EHS program to child care providers	70	45.32 (6.97)	22	42.40 (11.34)
A statement of each party's rights, including the right to terminate the agreement	70	43.49 (6.91)	22	62.93 (10.99)
Specific roles and responsibilities of partners to comply with the HSPPS	70	42.74 (6.96)	22	72.15 (10.07)
Information about procedures for recruitment and enrollment	70	41.18 (6.82)	22	38.06 (11.20)
Materials and supplies to be provided by the EHS program to child care providers	70	40.45 (6.76)	22	50.03 (11.43)
Actions partners will take to meet the goals specified in the agreement	70	38.59 (6.82)	22	50.38 (11.44)
The number of children to be served in the Partnership that receive child care subsidies	70	36.99 (6.69)	22	53.95 (11.28)
Eligibility criteria for Partnership slots	70	35.18 (6.61)	22	51.99 (11.42)
Statement of the Partnership's goals	70	34.96 (6.68)	22	55.54 (11.28)
Start-up and ongoing procedures for filling Partnership slots	70	33.61 (6.52)	22	47.93 (11.48)
Enhancements to teacher/staff salaries	70	26.86 (6.06)	22	d
A defined process for how decisions will be made	70	23.05 (5.73)	22	29.43 (10.60)!
Other <sup>c</sup>	70	7.31 (3.34)!	22	d

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operation who stated they had a written agreement in place with their EHS program, with valid data on each item out of a total sample survey of 82 responses to the child care provider (sustained Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operation who stated they had a written agreement in place with their EHS program, with valid data on each item out of a total sample of 27 responses to the child care provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all components of the agreement that were updated, revised, or added since the agreement was first established that applied.

<sup>&</sup>lt;sup>b</sup>Only providers who said they had a written agreement in place with their EHS program were routed to this question (82 center-based care centers and 27 FCCs).

<sup>&</sup>lt;sup>e</sup>Other components of the agreement that were updated, revised, or added since the agreement was first established include the amount of funding for slots.

<sup>&</sup>lt;sup>d</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; HSPPS = Head Start Program Performance Standards; SE = standard error.

Table IV.13. What did child care providers in sustained Partnerships consider to be the greatest strengths of collaboration with the Early Head Start program?

Strengths of Early Head Start program collaboration	Sample size	Percentage (SE)
What did providers in sustained Partnerships consider to be the greatest strengths of collaboration with the EHS program? <sup>a</sup>		-
Provider's ability to pick up the phone and call the EHS program when needed	124	74.90 (4.69)
Level of respect that the EHS program has for the provider	124	69.35 (4.77)
Close alignment of goals between the provider and the EHS program	124	55.73 (5.16)
Providers felt like a full partner with the EHS program	124	48.55 (5.20)
Providers had a voice in the partnership	124	30.05 (4.64)
Other <sup>b</sup>	124	10.12 (3.35)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operations, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected up to three strengths of collaboration with the EHS program.

<sup>&</sup>lt;sup>b</sup>Other strengths of collaboration include the financial support given to child care providers.

Table IV.13a. What did center-based and family child care providers in sustained Partnerships consider to be the greatest strengths of collaboration with the Early Head Start program?

3		•	•	_
	Center-based providers		Family chil	d care providers
Strengths of Early Head Start program collaboration	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What did providers in sustained Partnerships consider to be the greatest strengths of collaboration with the EHS program? <sup>a</sup>				
Provider's ability to pick up the phone and call the EHS program when needed	93	77.72 (5.19)	31	69.84 (9.12)
Level of respect that the EHS program has for the provider	93	65.99 (5.74)	31	75.39 (8.42)
Close alignment of goals between the provider and the EHS program	93	59.11 (5.95)	31	49.67 (9.60)
Providers felt like a full partner with the EHS program	93	43.65 (6.07)	31	57.35 (9.42)
Providers had a voice in the partnership	93	30.62 (5.28)	31	29.04 (8.90)!
Other <sup>b</sup>	93	15.76 (4.99)!	31	С

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys, among providers still in operations with sustained programs, with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys, among providers still in operations with sustained programs, with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected up to three strengths of collaboration with the EHS program.

<sup>&</sup>lt;sup>b</sup>Other strengths of collaboration include the financial support given to child care providers.

<sup>°</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table IV.14. According to EHS program directors, what processes were in place to support quality relationships between the Early Head Start program and child care providers the program partnered with?

Supports of the EHS program and provider relationship	Sample size	Percentage (SE)
What processes were in place to support quality relationships between the EHS program and providers the program partnered with?a		
Held regular meetings with lead staff from each provider	151	91.48 (2.46)
Reviewed the partnership agreement	151	74.50 (3.64)
Participated in discussions with frontline staff	151	73.53 (3.79)
Conducted staff surveys	151	41.29 (4.13)
Other	151	11.49 (2.71)
None	151	0.00 (0.00)

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

Note: EHS program directors reported on all partnerships, including those that were not funded through an EHS-CC Partnership grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all processes that were in place to support quality relationships that applied.

Table IV.15. Who championed partnerships, from the perspective of child care providers in sustained Partnerships?

Partnerships champions	Sample size	Percentage (SE)
In 2022, was there one person or a team of people who actively and enthusiastically promoted the EHS-CC Partnerships? <sup>a,b</sup>	119	
Yes, one or more people at the EHS program champion the partnership		64.01 (5.11)
Yes, one or more people from the child care provider champion the partnership		58.46 (5.33)
No, there are no champions or advocates for the partnership		12.87 (3.85)
Since the beginning of the partnership, has there been one person or a team of people who were champions or advocates?	114	
Yes, one or more people at the EHS program championed the implementation of the partnership		65.83 (5.10)
Yes, one or more people from the child care provider championed the implementation of the partnership		59.97 (5.42)
No, there were no champions or advocates when the partnership started		14.87 (4.07)
I have not been in this position long enough to answer this question		0.00 (0.00)
Since 2016, has the person responsible for overseeing the EHS-CC Partnership grant at the provider changed?	119	
No		57.83 (5.25)
Yes		42.17 (5.25)
Of providers that experienced a change in the person responsible for overseeing the EHS-CC Partnership grant <sup>c</sup> how many times has the person changed since 2016?	49	
No changes (0 times)		18.39 (6.21)!
1 time		26.89 (6.86)
2 times		18.32 (6.13)!
3 or more times		25.62 (7.91)!
I have not been in this position long enough to answer this question		d

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>People who actively and enthusiastically promote the EHS-CC Partnerships are sometimes referred to as "champions" or "advocates."

<sup>&</sup>lt;sup>b</sup>Percentages do not sum to 100 because respondents selected all people and teams who promoted the EHS-CC Partnerships that applied.

<sup>&</sup>lt;sup>c</sup>50 providers in sustained Partnerships experienced a change in the person responsible for overseeing the EHS-CC Partnership grant.

<sup>&</sup>lt;sup>d</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

 $<sup>{\</sup>sf EHS} = {\sf Early Head Start}; \ {\sf EHS-CC} = {\sf Early Head Start-Child Care}; \ {\sf SE} = {\sf standard error}.$ 

Table IV.15a. Who championed Partnerships, from the perspective of center-based and family child care providers in sustained Partnerships?

	Center-	Center-based providers		ild care providers
	Sample		Sample	
Partnerships champions	size	Percentage (SE)	size	Percentage (SE)
In 2022, was there one person or a team of people who actively and enthusiastically promoted the EHS-CC Partnerships? <sup>a,b</sup>	92		27	
Yes, one or more people from the child care provider champion the Partnership		74.45 (5.23)		26.95 (8.44)!
Yes, one or more people at the EHS program champion the Partnership		65.30 (5.82)		61.48 (9.95)
No, there are no champions or advocates for the Partnership		6.83 3.01)!		24.77 (9.21)!
Since the beginning of the Partnership, has there been one person or a team of people who were champions or advocates? <sup>a,b</sup>	88		26	
Yes, one or more people from the child care provider championed the implementation of the Partnership		74.29 (5.41)		32.54 (9.17)
Yes, one or more people at the EHS program championed the implementation of the Partnership		66.40 (5.88)		64.73 (9.76)
No, there were no champions or advocates when the Partnership started		12.11 (4.01)!		d
I have not been in this position long enough to answer this question		0.00 (0.00)		0.00 (0.00)
Since 2016, has the person responsible for overseeing the EHS-CC Partnership grant at the provider changed?a.c	91		28	
No		67.46 (5.52)		39.44 (9.64)
Yes		32.54 (5.52)		60.56 (9.64)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample survey of 93 responses to the child care provider (sustained Partnerships) survey, unless otherwise indicated. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>People who actively and enthusiastically promote the EHS-CC Partnerships are sometimes referred to as "champions" or "advocates."

<sup>&</sup>lt;sup>b</sup>Percentages do not sum to 100 because respondents selected all people and teams who promoted the EHS-CC Partnerships that applied.

<sup>&</sup>lt;sup>c</sup>The number of times the person responsible for overseeing the EHS-CC Partnership grant changed since 2016 is not shown here due to low sample sizes.

<sup>&</sup>lt;sup>d</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table IV.16. Who championed Partnerships, from the perspective of Early Head Start programs directors?<sup>a</sup>

Partnerships champions	Sample size	Percentage (SE)
Since the 2015 round of Early Head Start-Child Care Partnership grants, has there ever been one person or a team of people at the EHS program who actively and enthusiastically promoted the EHS-CC Partnerships?	152	
Yes, a team of people championed the implementation of the EHS-CC Partnerships		75.48 (3.65)
Yes, one person championed the implementation of the EHS-CC Partnerships		13.15 (2.90)
No, there have been no champions or advocates for the EHS-CC Partnerships.		6.55 (2.18)!
I have not been in this position long enough to answer this question		4.82 (1.69)!
Are there currently Partnership "champions" or "advocates" at the EHS program?	153	
Yes, a team of people champions the EHS-CC Partnerships.		76.79 (3.52)
Yes, one person champions the EHS-CC Partnerships		13.78 (2.84)
No, there are no champions or advocates for the EHS-CC Partnerships		9.42 (2.48)
Of those with one person who champions the EHS-CC Partnerships, <sup>b</sup> what is the current partnership champion's role in the EHS program?	22	
EHS-CC Partnership director		66.46 (10.81)
Master teacher		0.00 (0.00)
Other <sup>d</sup>		33.54 (10.81)!
Of those with a team of people who champion the EHS-CC		
Partnerships, what are the current partnership champions roles in		
the EHS program? <sup>f</sup>		
EHS-CC Partnership director	116	80.72 (3.80)
Education coordinator	116	65.58 (4.56)
Master teacher	116	13.36 (3.32)
Other <sup>g</sup>	116	71.84 (4.36)

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

Note:

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey, unless otherwise indicated.

EHS program director survey data were collected from February 2022 to July 2022.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>People who actively and enthusiastically promote the EHS-CC Partnerships are sometimes referred to as "champions" or "advocates."

b22 programs had one person champion the EHS-CC Partnerships.

<sup>&</sup>lt;sup>c</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

<sup>&</sup>lt;sup>d</sup>Other roles for people who champion the EHS-CC Partnerships include education coordinators and other types of directors.

e117 program had a team of people champion the EHS-CC Partnerships.

Percentages do not sum to 100 because respondents selected all roles of current Partnership champions that applied.

<sup>&</sup>lt;sup>9</sup>Other roles for teams of people who champion the EHS-CC Partnerships include program directors, such as Head Start or agency directors, program managers, such as operations managers, education coordinators, and staff who provide coaching services.

#### **SECTION V.**

# HOW WERE PARTNERSHIPS AFFECTED BY THE COVID-19 PANDEMIC?

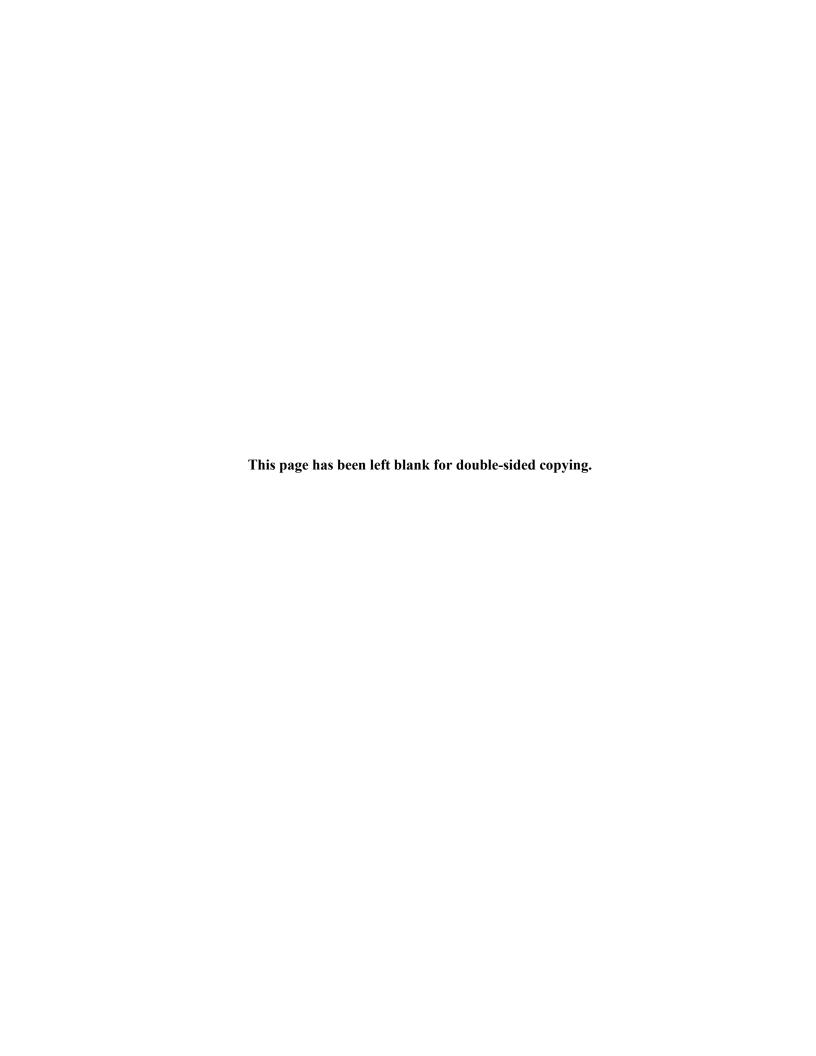


Table V.1. According to EHS program directors, how did the COVID-19 pandemic affect partnership slots<sup>a</sup>?

Impact of COVID-19 on partnership slots	Sample size	Percentage (SE) or mean (SE)	Range
Did EHS programs see a decrease in the number of filled partnership slots <sup>a</sup> between March 2020 and 2022 due to the COVID-19 pandemic?	157		
No		53.84 (4.11)	
Yes		43.68 (4.09)	
Don't know		b	
Among EHS programs who saw a decrease in filled partnership slots <sup>a</sup> due to the COVID-19 pandemic, by how many slots did enrollment decrease on average between March 2020 and 2022?	62	39.18 (5.43)	0.00 – 244.00

Source: Early Head Start-Child Care Partnership Sustainability Study Program Director Survey.

Note: EHS-CC Partnership Directors reported on all partnerships, including those that were not funded through an EHS-CCP grant.

Results were weighted to account for sampling probability and nonresponse. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of EHS program director surveys with valid data on each item out of a total sample of 161 responses to the program director survey.

EHS program director survey data were collected from February 2022 to July 2022.

<sup>a</sup>Partnership slots includes both EHS-CC Partnership slots and other partnership slots. EHS-CC Partnership slots are defined as funded partnership enrollment slots with direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants. Other partnership slots are defined as any funded partnership enrollment slots that are not directly funded by the 2015, 2017, and/or 2019 EHS-CC Partnership grants. 69 EHS programs saw a decrease in filled partnership slots due to the COVID-19 pandemic.

<sup>b</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

EHS = Early Head Start; EHS-CC = Early Head Start-Child Care; SE = standard error.

Table V.2. Did child care providers say they closed for any period of time as a result of the COVID-19 pandemic?

		All providers			rs in sustained erships only	
Impact of COVID-19 on closures	Sample size	Median (SE) or percentage (SE)	Range	Sample size	Median (SE) or percentage (SE)	Range
Did providers close for any period of time as a result of the COVID-19 pandemic?	160			123		
Closed once during the COVID-19 pandemic		45.99 (5.05)			43.72 (5.16)	
Closed more than once during the COVID-19 pandemic		30.47 (4.35)			37.73 (4.97)	
Did not close		23.55 (4.39)			18.55 (4.34)	
For providers who closed as a result of the COVID-19 pandemic, <sup>b</sup> what is the median number of weeks <sup>c</sup> they	115	0.00 (4.40)	4.00 70.00	89	40.00 (4.00)	4.00 70.00
	115	9.00 (1.10)	1.00 - 72.00	89	10.00 (1.62)	1.00 - 72.00

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 162 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Closures include any temporary closures of the entire provider due to an outbreak or a positive case.

b133 providers (107 in sustained Partnerships) closed as a result of the COVID-19 pandemic.

<sup>&</sup>lt;sup>c</sup>The number of weeks is combined closed across all closures for each provider.

Table V.2a. Did center-based and family child care providers say they closed for any period of time as a result of the COVID-19 pandemic?

	Center-based providers Family child care prov			oviders		
Impact of COVID-19 on closures	Sample size	Percentage (SE)	Range	Sample size	Percentage (SE)	Range
Did providers close for any period of time as a result of the COVID-19 pandemic?	112			48		
Closed once during the COVID- 19 pandemic		50.37 (6.42)			39.52 (7.71)	
Closed more than once during the COVID-19 pandemic		34.66 (5.59)			24.29 (7.16)	
Did not close		14.97 (4.51)!			36.19 (8.01)	
For providers who closed as a result of the COVID-19 pandemic, what is the median number of weeks <sup>b</sup> they were closed?	81	10.00 (1.60 )	1.00 -72.00	34	8.00 (1.17)	1.00 -100.00

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

This table includes providers in sustained Partnerships and providers in dissolved Partnerships.

The center-based providers sample size column presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated. The family child care providers sample size column presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys, among providers still in operation, with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) survey, unless otherwise indicated.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Closures include any temporary closures of the entire provider due to an outbreak or a positive case.

b100 providers offering center-based care and 34 providers offering family child care closed as a result of the COVID-19 pandemic.

<sup>°</sup>The number of weeks is combined closed across all closures for each provider.

Table V.3. What supports did child care providers say they received in response to the COVID-19 pandemic?

	All providers			ers in sustained nerships only
COVID-19 supports	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Did providers receive any of the following supports in response to the COVID-19 pandemic? <sup>a</sup>				
Loans or other financial assistance (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or state funds or grants)	165	68.28 (4.57)	165	68.28 (4.57)
Supports for the increased costs of securing and using protective equipment	165	56.37 (4.91)	165	56.37 (4.91)
Supports for teacher or provider well-being	165	35.55 (4.78)	165	35.55 (4.78)
Supports for teacher or provider continuing education or professional development	165	35.14 (4.83)	165	35.14 (4.83)
Materials or food for families	165	31.77 (4.26)	165	31.77 (4.26)
Training for staff on remote learning	165	29.02 (4.11)	165	29.02 (4.11)
Supports to provide remote learning or socialization for children	165	26.77 (4.01)	165	26.77 (4.01)
Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)	165	19.65 (3.71)	165	19.65 (3.71)
None	165	14.79 (3.69)	165	14.79 (3.69)
Other <sup>b</sup>	165	12.25 (4.15)!	165	12.25 (4.15)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The "All providers" column includes providers in sustained Partnerships and providers in dissolved Partnerships. Providers in sustained Partnerships are shown separately to highlight any distinguishing features of ongoing partnerships. Providers in dissolved Partnerships are not shown separately because their lower response rate resulted in a small sample size.

The sample size column for all providers presents unweighted sample sizes reflecting the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 166 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for sustained providers only presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all COVID-related supports that applied.

<sup>&</sup>lt;sup>b</sup>Other supports provided by the EHS program in response to the COVID-19 pandemic include rent deferral or cancellation, classroom equipment, and supplies.

Table V.3a. What supports did center-based and family child care providers say they received in response to the COVID-19 pandemic?

	Center-b	Center-based providers		ild care providers
COVID-19 supports	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Did providers receive any of the following supports in response to the COVID-19 pandemic? <sup>a</sup>				
Loans or other financial assistance (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or state funds or grants)	115	74.59 (5.04)	50	59.39 (7.95)
Supports for the increased costs of securing and using protective equipment	115	63.29 (5.89)	50	46.62 (7.88)
Supports for teacher or provider well-being	115	41.26 (6.43)	50	27.52 (6.48)
Supports for teacher or provider continuing education or professional development	115	33.81 (6.40)	50	37.01 (7.49)
Materials or food for families	115	32.21 (5.29)	50	31.15 (7.11)
Supports to provide remote learning or socialization for children	115	28.38 (5.04)	50	24.51 (6.62)
Training for staff on remote learning	115	24.52 (4.54)	50	35.36 (7.37)
Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)	115	21.24 (4.70)	50	17.41 (6.05)!
None	115	11.79 (4.11)!	50	19.01 (6.65)!
Other <sup>b</sup>	115	14.17 (6.25)!	50	9.54 (4.54)!

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 115 responses to the child care provider (sustained and dissolved Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 51 responses to the child care provider (sustained and dissolved Partnerships) surveys.

Provider (sustained and dissolved Partnerships) survey data were collected from March 2022 to July 2022.

EHS-CC = Early Head Start-Child Care; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all COVID-related supports that applied.

<sup>&</sup>lt;sup>b</sup>Other supports provided by the EHS program in response to the COVID-19 pandemic include rent deferral or cancellation, classroom equipment, and supplies.

Table V.4. What COVID-related supports did child care providers in sustained Partnerships say the EHS program provided them?

COVID-19 supports	Sample size	Percentage (SE)
Which COVID-related supports did programs give to providers in sustained Partnerships? <sup>a</sup>		
Continued or additional funding	122	70.72 (4.87)
Supports for the increased costs of securing and using protective equipment	122	59.13 (5.13)
Supports for teacher or provider continuing education or professional development	122	52.33 (5.23)
Training for staff on remote learning	122	42.48 (5.20)
Materials or food for families	122	39.94 (5.18)
Supports for teacher or provider well-being	122	37.84 (5.05)
Remote learning or socialization for children or remote supports for parents, such as mental health services or family activity ideas	122	47.67 (5.24)
Supports for remote connectivity and learning for providers or the children providers care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)	122	21.64 (4.29)
Assistance in applying for financial support from state or local agencies (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or		21.44 (4.44)
state funds or grants)	122	
None of these	122	9.60 (3.26)!
Other <sup>b</sup>	122	15.19 (3.69)

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents unweighted sample sizes reflecting the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 124 responses to the provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all COVID-related supports that applied.

<sup>&</sup>lt;sup>b</sup>Other includes financial support for families, including housing assistance.

Table V.4a. What COVID-related supports did center-based and family child care providers in sustained Partnerships say the EHS program provided them?

	Center-	based providers	Family ch	nild care providers
COVID-19 supports	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What COVID-related supports did programs give to providers in sustained Partnerships? <sup>a</sup>				
Continued or additional funding	92	69.87 (5.71)	30	72.25 (9.00)
Supports for the increased costs of securing and using protective equipment	92	59.45 (5.95)	30	58.55 (9.60)
Supports for teacher or provider continuing education or professional development	92	53.99 (6.09)	30	49.33 (9.72)
Materials or food for families	92	38.74 (6.08)	30	42.08 (9.56)
Training for staff on remote learning	92	39.05 (5.99)	30	48.64 (9.72)
Remote learning or socialization for children or remote supports for parents, such as mental health services or family activity ideas	92	48.99 (6.13)	30	45.29 (9.69)
Supports for teacher or provider well-being	92	36.22 (5.80)	30	40.75 (9.55)
Supports for remote connectivity and learning for providers or the children providers care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)	92	21.42 (5.03)	30	22.03 (7.91)!
Assistance in applying for financial support from state or local agencies (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or state funds or grants)	92	12.32 (3.97)!	30	37.83 (9.45)
None of these	92	8.09 (3.41)!	30	c
Other <sup>b</sup>	92	19.75 (5.01)	30	c

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column for center-based providers presents unweighted sample sizes reflecting the number of center-based child care providers (sustained Partnerships) surveys with valid data on each item out of a total sample of 93 responses to the child care provider (sustained Partnerships) survey. The sample size column for family child care providers presents unweighted sample sizes reflecting the number of family child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 31 responses to the child care provider (sustained Partnerships) survey.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all COVID-related supports that applied.

<sup>&</sup>lt;sup>b</sup>Other includes financial support for families, including housing assistance.

<sup>&</sup>lt;sup>c</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table V.5. How did child care providers in sustained Partnerships say they used COVID-related funding from the EHS program?

Uses of EHS COVID-related funding	Sample size	Percentage (SE)
Of providers in who received continued or additional funding from the EHS program in response to the COVID-19 pandemic, how did they use the funding? <sup>a,b</sup>		
Supports for the increased costs of securing and using protective equipment	91	78.56 (4.82)
To continue to pay staff	91	71.40 (5.53)
To pay bills such as mortgage, rent and insurance	91	63.86 (5.75)
Supports for teacher or provider well-being	91	62.15 (5.78)
Remote learning or socialization for children or remote supports for parents, such as mental health services or family activity ideas	91	48.61 (6.10)
Materials or food for families	91	47.77 (6.09)
Supports for teacher or provider continuing education or professional development	91	42.94 (6.02)
Supports for remote connectivity and learning for providers or the children providers care for connectivity and learning for providers or the children providers care	91	36.15 (6.02)
Other <sup>d</sup>	91	17.63 (4.81)
None of these	91	e

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents three different unweighted sample sizes. The first construct reflects the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 90 responses to the provider (sustained Partnerships) survey who received continued or additional funding from the EHS program in response to the COVID-19 pandemic. The second construct reflects the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 166 responses to the child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 135 responses to the provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 135 responses to the provider (sustained and dissolved Partnerships) survey who received funding from the CARES Act, ARP, and other COVID-related government funds.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>The sample size includes only those in sustained Partnerships who received continued or additional funding from the EHS program in response to the COVID-19 pandemic. The percentage of providers who received continued or additional funding from the EHS program in response to the COVID-19 pandemic is reported in Table V.7.

<sup>&</sup>lt;sup>b</sup>Percentages do not sum to 100 because respondents selected all uses of funds that applied.

<sup>&</sup>lt;sup>e</sup>Examples of supports for remote connectivity and learning for providers or the children providers care for include hardware such as laptops or smartphones and MiFi/hotspots.

<sup>&</sup>lt;sup>d</sup>Other uses of funding included financial support for families and building or structural adjustments for safety reasons.

eThese estimates are suppressed because fewer than 5 respondents selected this response option.

Table V.5a. How did center-based and family child care providers in sustained Partnerships say they used COVID-related funding from the EHS program?

	Center-ba	sed providers	Family child car iders providers		
Uses of EHS COVID-related funding	Sample size	Percentage (SE)	Sample size	Percentage (SE)	
Of providers who received continued or additional funding from the EHS program in response to the COVID-19 pandemic, how did they use the funding? <sup>a,b</sup>					
Supports for the increased costs of securing and using protective equipment	68	79.76 (5.37)	23	76.47 (9.35)	
To continue to pay staff	68	72.41 (6.43)	23	69.65 (10.27)	
Supports for teacher or provider well-being	68	65.32 (6.60)	23	56.64 (10.94)	
To pay bills such as mortgage, rent and insurance	68	54.95 (7.13)	23	79.32 (8.61)	
Supports for teacher or provider continuing education or professional development	68	50.31 (7.16)	23	30.13 (10.60)!	
Materials or food for families	68	44.13 (7.10)	23	54.10 (11.17)	
Remote learning or socialization for children or remote supports for parents, such as mental health services or family activity ideas	68	45.54 (7.11)	23	53.94 (11.10)	
Supports for remote connectivity and learning for providers or the children providers care for c	68	33.99 (7.02)	23	39.91 (11.11)	
Other <sup>d</sup>	68	10.07 (4.23)!	23	30.77 (10.36)!	
None of these	68	е	23	е	

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column reflects the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 67 responses from providers offering center-based care and 23 responses from providers offering family child care to the provider (sustained Partnerships) survey who received continued or additional funding from the EHS program in response to the COVID-19 pandemic.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>a</sup>The sample size includes only those in sustained Partnerships who received continued or additional funding from the EHS program in response to the COVID-19 pandemic. The percentage of providers who received continued or additional funding from the EHS program in response to the COVID-19 pandemic is reported in Table V.7a.

<sup>&</sup>lt;sup>b</sup>Percentages do not sum to 100 because respondents selected all uses of funds that applied.

<sup>&</sup>lt;sup>c</sup>Examples of supports for remote connectivity and learning for providers or the children providers care for include hardware such as laptops or smartphones and MiFi/hotspots.

<sup>&</sup>lt;sup>d</sup>Other uses of funding included financial support for families and building or structural adjustments for safety reasons.

<sup>&</sup>lt;sup>e</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

Table V.6. How did child care providers say they used other COVID-related funding?

Uses of other COVID-related funding	Sample size	Percentage (SE)
Did providers receive money for the child care business from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?	166	
Yes		78.46 (4.11)
No		21.54 (4.11)
Of those who received funding from the CARES Act, ARP, and other COVID-related government funds, how did they use the funding? <sup>b</sup>		
Supports for the increased costs of securing and using protective equipment	133	73.74 (4.86)
To continue to pay staff	133	70.52 (5.20)
To pay bills such as mortgage, rent and insurance	133	62.08 (5.72)
Supports for teacher or provider well-being	133	46.00 (5.47)
Materials or food for families	133	41.32 (5.67)
Supports for teacher or provider continuing education or professional development	133	30.44 (4.62)
Remote learning or socialization for children	133	27.39 (4.67)
Supports for remote connectivity and learning for providers or the children providers care for (for example, hardware such as laptops or smartphones, MiFi/hotspots) <sup>c</sup>	133	26.98 (4.65)
Remote supports for parents, such as mental health services or family activity ideas	133	17.60 (3.75)
Financial support for families, including housing assistance	133	15.44 (3.42)
Other <sup>d</sup>	133	e
None of these	133	e

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents three different unweighted sample sizes. The first construct reflects the number of child care provider (sustained Partnerships) surveys with valid data on each item out of a total sample of 90 responses to the provider (sustained Partnerships) survey who received continued or additional funding from the EHS program in response to the COVID-19 pandemic. The second construct reflects the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 166 responses to the child care provider (sustained and dissolved Partnerships) survey. The third construct reflects the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 135 responses to the provider (sustained and dissolved Partnerships) survey who received funding from the CARES Act, ARP, and other COVID-related government funds.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

<sup>a</sup>The sample size includes only those in sustained Partnerships who received continued or additional funding from the EHS program in response to the COVID-19 pandemic. The percentage of providers who received continued or additional funding from the EHS program in response to the COVID-19 pandemic is reported in Table V.7.

EHS = Early Head Start; SE = standard error.

<sup>&</sup>lt;sup>b</sup>Percentages do not sum to 100 because respondents selected all uses of funds that applied.

<sup>&</sup>lt;sup>c</sup>Examples of supports for remote connectivity and learning for providers or the children providers care for include hardware such as laptops or smartphones and MiFi/hotspots.

<sup>&</sup>lt;sup>d</sup>Other uses of funding included providing staff additional compensation.

eThese estimates are suppressed because fewer than 5 respondents selected this response option.

Table V.6a. How did center-based and family child care providers say they used other COVID-related funding?

	Center-based providers		Family child care providers	
		<u> </u>		
Uses of other COVID-related funding	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Did providers receive money for the child care business from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?	115		51	
Yes		82.78 (4.65)		72.63 (7.20)
No		17.22 (4.65)		27.37 (7.20)
Of those who received funding from the CARES Act, ARP, and other COVID-related government funds, how did they use the funding? <sup>a</sup>				
To continue to pay staff	95	81.26 (5.31)	38	54.18 (9.24)
Supports for the increased costs of securing and using protective equipment	95	76.97 (5.45)	38	68.83 (8.81)
To pay bills such as mortgage, rent and insurance	95	54.92 (7.25)	38	72.98 (8.56)
Supports for teacher or provider well-being	95	53.94 (7.20)	38	33.91 (8.39)
Materials or food for families	95	40.91 (7.32)	38	41.95 (9.04)
Supports for teacher or provider continuing education or professional development	95	37.65 (6.33)	38	19.48 (6.53)!
Remote learning or socialization for children	95	27.32 (5.75)	38	27.51 (7.93)
Supports for remote connectivity and learning for providers or the children providers care for <sup>b</sup>	95	26.95 (5.71)	38	27.03 (7.92)
Remote supports for parents, such as mental health services or family activity ideas	95	22.19 (5.25)	38	10.62 (4.98)!
Financial support for families, including housing assistance	95	19.86 (4.88)	38	8.72 (4.31)!
Other <sup>c</sup>	95	d	38	d
None of these	95	d	38	d

Note:

Results were weighted to account for sampling probability and nonresponse. Given lower than expected provider survey response rates, users should not assume weighted provider survey estimates are representative of all providers who partnered with the first cohort of programs receiving EHS-CC Partnerships grants. See page 9 for more information.

The sample size column presents three different unweighted sample sizes. The first construct reflects the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 115 responses from providers offering center-based care and 51 responses from providers offering family child care to the child care provider (sustained and dissolved Partnerships) survey. The second construct reflects the number of child care provider (sustained and dissolved Partnerships) surveys with valid data on each item out of a total sample of 97 responses from providers offering center-based care and 38 responses from providers offering family child care to the provider (sustained and dissolved Partnerships) survey who received funding from the CARES Act, ARP, and other COVID-related government funds.

Provider (sustained Partnerships) survey data were collected from March 2022 to July 2022.

EHS = Early Head Start; SE = standard error.

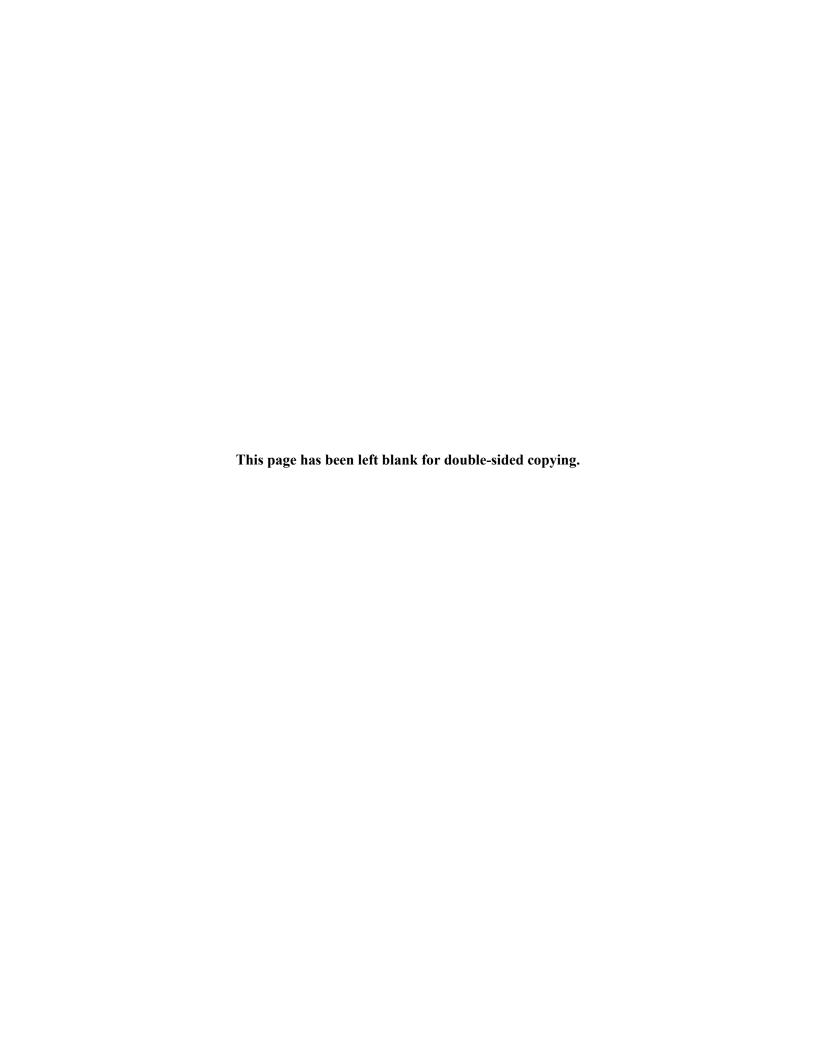
<sup>!</sup> Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

<sup>&</sup>lt;sup>a</sup>Percentages do not sum to 100 because respondents selected all uses of funds that applied.

<sup>&</sup>lt;sup>b</sup>Examples of supports for remote connectivity and learning for providers or the children providers care for include hardware such as laptops or smartphones and MiFi/hotspots. <sup>d</sup>Other uses of funding included building or structural adjustments for safety reasons.

<sup>&</sup>lt;sup>c</sup>Other uses of funding included providing staff additional compensation.

<sup>&</sup>lt;sup>d</sup>These estimates are suppressed because fewer than 5 respondents selected this response option.

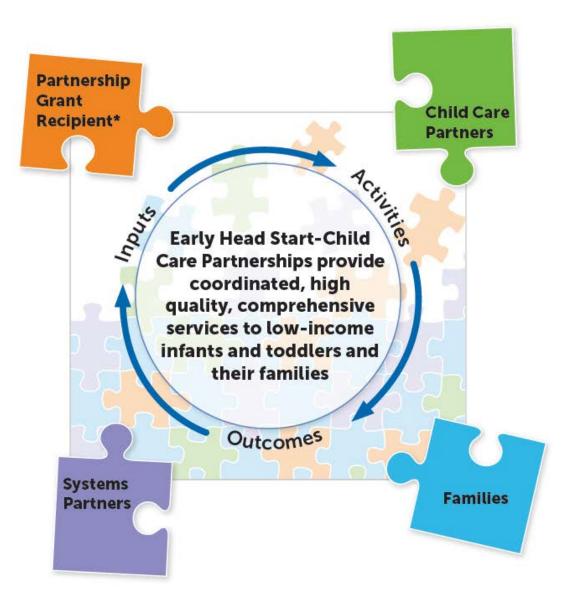


### Appendix A

**Theory of Change from the National Descriptive Study of 2016** 



## Theory of Change for the Study of EHS-Child Care Partnerships

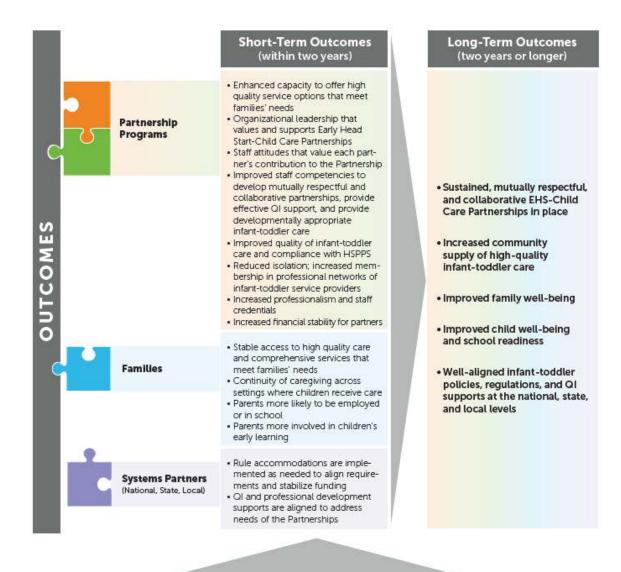


\*In 2021, Office of Head Start updated this language from "grantee" to "grant recipient.



CCDF=Child Care & Development Fund EHS=Early Head Start HSPPS=Head Start Program Performance Standards

MOU=Memorandum of Understanding OCC=Office of Child Care QI=Quality Improvement QRIS=Quality Rating & Improvement System T/TA=Training & Technical Assistance



#### Organizational Factors (Partnership programs)

- Years of operation and staff stability
- Organizational culture and leadership promoting the Partnerships
- Shared goals, relationship quality, and mutual respect between partners
- · Systems to support continuous QI

#### **Contextual Factors**

- Local: Type and supply of infant-toddler child care for low-income families
- State: Supports for QI (QRIS, CCDF quality dollars, etc.);
   policy environment
- National: Initiatives such as Head Start Designation Renewal System, President's Early Learning Initiative, Race to the Top-Early Learning Challenge



### Appendix B

**EHS Program Director Survey (annotated with variable names)** 



OMB # 0970--0471 Expiration: 09/30/2024





# Early Head Start—Child Care Partnerships Sustainability Study

**Early Head Start Program Director Survey** 

### **LOGIN SCREEN**



OMB # 0970-0471 Expiration: 09/30/2024

# Early Head Start-Child Care Partnerships Sustainability Study

# **Early Head Start Program Director Survey**

Welcome to the Early Head Start-Child Care Partnerships Sustainability Study Program Director Survey.

Please refer to the instructions you received in your invitation email to find your unique login information. To begin the survey, enter your login ID and password below, and then click the "OK" button. If you do not have your login ID and password, please call 888-290-6435, or email us at EHSCCPStudy@mathematica-mpr.com.

Username:	
Password:	
ussiio.	

The Early Head Start-Child Care Partnerships Sustainability Study Program Director Survey is sponsored by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services; and is being conducted by Mathematica.





This survey has been optimized for desktop computers, and works best in current versions of Internet Explorer, Chrome and Firefox.

Paperwork Reduction Act Statement: This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0471 which expires 09/30/2024. The time required to complete this collection of information is estimated to average 35 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica, 600 Alexander Park, Suite 100, Princeton, NJ 08540, Attention: Patricia Del Grosso.

### **INSTRUCTIONS SCREEN**

Before you get started, here are a few helpful tips.

- To answer a question, click the box to choose your response.
- To continue to the next webpage, click the "Next" button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue, you will need to log in again using your login ID and password.

Please click the "Next" button below to begin or close this webpage to exit.

#### **SURVEY INFORMATION SCREEN 1**

The Office of Planning, Research, and Evaluation (OPRE) within the U.S. Department of Health and Human Services in the Administration for Children and Families (ACF) has contracted with Mathematica to conduct the Early Head Start—Child Care Partnerships Sustainability Study—a follow up to the National Descriptive Study of Early Head Start—Child Care Partnerships your program was selected for in 2016.

As part of this Sustainability Study, we are surveying all Early Head Start-Child Care Partnership programs that received funding under the 2015 round of Early Head Start-Child Care Partnership (EHS-CCP) grants. We are also surveying a subset of their child care partners.

This survey will collect information about your program's current partnerships with child care providers, factors that have supported or impeded the sustainability of your program's partnerships with child care providers, and how Partnerships funded under the 2015 round of (EHS-CCP) grants are faring.

You are being asked to complete this survey because you were identified as an Early Head Start-Child Care Partnership grantee<sup>12</sup> or delegate agency (grant number [GRANT NUMBER]) and participated in the 2016 National Descriptive Study.

<sup>&</sup>lt;sup>12</sup> The U.S. Department of Health and Human Services (HHS) and the Administration for Children and Families (ACF) now use the term grant recipient rather than grantee.

#### **SURVEY INFORMATION SCREEN 2**

Your participation in this survey is important and will help ACF better understand the sustainability of Early Head Start-Child Care Partnerships. The length of this survey is different for different people, but on average it should take 35 minutes. As a thank you, we will send you a \$20 gift card for completing this survey.

As part of this survey, we will ask you to provide specific information about all the child care providers you had partnerships with in 2016. For each of those providers, we will ask you whether the partnership is still active, and to verify and update the partnering organization's name; and the director's name, telephone number, and email address. Please have this information available before beginning the survey.

Participation in the survey is completely voluntary and you may choose to skip any question you prefer not to answer. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank. All your responses will be kept private and used only for research purposes. [IF NDScomplete=1: Your archived responses to the National Descriptive Study of Early Head Start—Child Care Partnerships may also be analyzed by the Sustainability Study team to understand changes over time.] Your responses will be combined with the responses of other partnership programs and no individual names will be reported. While there are no direct benefits to participants, your participation will help us learn about the sustainability of Early Head Start-child care partnerships. There are no known risks associated with your participation.

We recognize that some programs have very unique structures, and some questions might not "fit" just right for every single program. Please reach out to the study team if you have any questions about the survey, or would like to complete the survey over the phone. Please contact us by calling 888-290-6435 or emailing <a href="mailto:ESHCCPStudy@mathematica-mpr.com">ESHCCPStudy@mathematica-mpr.com</a>. If you have questions about your rights as a research participant in this study, you may contact the Health Media Lab IRB by calling 202-246-8504.

☐ By clicking this box, you are confirming that you understand that the information you provide will be kept private and used only for research purposes. You are also confirming that we may review your responses to the National Descriptive Study of Early Head Start—Child Care Partnerships survey to understand changes over time. You further understand that your answers will be combined with the responses of other programs so that no individuals will be identified.

### SCREENER

In this current survey, we are interested in learning about several topics, including:

- How partnerships funded under the 2015 round of Early Head Start-Child Care Partnership (EHS-CCP) grants are faring
- Your program's current partnerships with child care providers
- Factors that have supported or impeded the sustainability of your program's partnerships with child care providers
- By partnerships, we mean individual child care centers, family child care providers, or other
  entities that provide child care services to enrolled infants and toddlers. These are partners that
  have a formal contractual agreement with your Early Head Start program to provide services that
  meet the Head Start Program Performance Standards. These partnerships might be, but do
  not need to be funded through an EHS-CCP grant.
- S1. Are you able to report on your program's child care partnerships?

D2 S01

Select one only

- Yes, for at least some of the topics listed above. [GO TO S2]
- No, I cannot report information on any of the topics listed above. [GO TO S3]

### [ASK IF S1=YES]

S2. The survey includes questions about current operations as well as child care partnerships that began over seven years ago (as early as 2015). If there are questions that you do not know the answer to, please consult others in your program as relevant. You will also have the option to select "Don't know" responses if you do not know the answer and the information is not available from someone else in your program.

**IGO TO SECTION BI** 

[ASK IF S1=NO]

Who is the best person currently working in your program to answer questions about these topics?

Name:	
Email Address:	
Phone Number:	
Mailing Address	

Thank you for your help with this important study. These are all the questions we have for you at this time. We will contact the person you provided information for to complete the survey. If you have any questions about the survey please contact the study team toll-free at 888-290-6435 or email us at <a href="mailto:ESHCCPStudy@mathematica-mpr.com">ESHCCPStudy@mathematica-mpr.com</a>.

IF S1=0, SEND ALERT TO SARA SKIDMORE, SCILLA ALBANESE, AND JOANNA NEVINS WITH THE MPRID OF THE CASE AND NEW CONTACT INFORMATION PROVIDED IN S3.

### **B. UPDATE ON PARTNERS**

B00. Some Early Head Start programs only operate partnership slots funded through EHS-CCP grants. Others might operate partnership slots through EHS-CCP grants and through other Early Head Start grants that are not EHS-CCP grants. Please select the options that best describe your program.

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

## My program:

Select all that apply

D2_B00_1		Operates partnership slots through one or more Early Head Start-Child Care Partnership grants
D2_B00_2		Operates partnership slots through one or more Early Head Start grants that are <b>not</b> Early Head Start-Child Care Partnership grants
D2_B00_3	0	Does not currently operate partnership slots

### [NEW SCREEN IF SELECT OPTIONS 1 AND 2]

We will be asking questions about partnership slots funded through Early Head Start-Child Care Partnership grants and those funded through other Early Head Start grants. Please pay careful attention to the definitions displayed for each item.

[ASK OF GRANTEES WHO PARTICIPATE IN NDS AND HAD A DELEGATE, AND B00 NE 3]
B0. Our data shows that in 2016, you delegated partnership slots to one or more delegate agency. We would like to confirm this information. Do you still delegate partnership slots to the following agencies?

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

[HOVER TEXT FOR DELEGATE AGENCY: Delegate agencies refer to the entities to which grantees have delegated all or part of their responsibility for program operations (these may also be referred to as subrecipients).]

[FILL DELEGATE AGENCY NAMES FROM PRELOAD]

		Yes, we still delegate partnership slots to this agency	No, we do not delegate partnership slots but this agency is still our delegate	No, this is no longer a delegate agency for my program
D2_B0_DelAg01	[DELEGATE AGENCY NAME 1]	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
D2_B0_DelAg02	[DELEGATE AGENCY NAME 2]	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
D2_B0_DelAg03-D2	2_B0_DelAg25 ENCY NAME 40]	O 1	2 <b>Q</b>	3 <b>Q</b>

# [ASK FOR EACH B0 = 3]

B1. What happened to [DELEGATE AGENCY]'s child care partners when they ceased to be a delegate agency for your program?

		Select all that apply
D2_B01_1_DelAg01 - D2_B01_1_DelAg25		We partnered directly with [DELEGATE AGENCY]'s old partners
D2_B01_2_DelAg01 – D2_B01_2_DelAg25		One of our other delegate agencies partnered with [DELEGATE AGENCY]'s old partners
D2_B01_3_DelAg01 - D2_B01_3_DelAg25		[DELEGATE AGENCY]'s old partners ceased to have partnerships funded through my program
	$\circ$	Don't know

# [ASK IF B1 = "ONE OF OUR OTHER DELEGATE AGENCIES PARTNERED WITH [DELEGATE AGENCY]'S OLD PARTNERS"]

B2. Which delegate agency or agencies now partner with [DELEGATE AGENCY]'s old partners? [Fill any B0=1 or 2]

	7	Select all that apply	
D2_B02_DelAg01_DelAg01		[Delegate agency name 1]	
D2_B02_DelAg02_DelAg01		[Delegate agency name 2]	
D2_B02_DelAgn_DelAgm		[Delegate agency name n]	
D2_B02_DelAg99_DelAgm D2_B02_DelAg99oth_DelAgm		A delegate agency not listed here (SPECIFY)	D2_B02_DelAg99oth_DelAg01

Don't know

# [LOOP B3 FOR ALL 2016 PROVIDERS; IF NO PROVIDERS LISTED IN NDS GO TO B8]

B3. Our records show you partnered with the following child care providers in [FILL MONTH OF NDS COMPLETION] 2016. Which of the following best describes each partnership today?

**Hover text on "still a partner":** By "still a partner," we mean there is a formal contractual agreement between your EHS program and the individual child care center, family child care provider, or other entity to provide child care services to enrolled children that meet the Head Start Program Performance Standards.

**Hover text on "terminated":** By "this partnership has been terminated," we mean terminated the partnership agreement and/or no children served in partnership slots with no intention of filling any slots in the future.

[PROGRAMMER: FILL PROVIDER NAME FROM PRELOAD]

						[DISPLAY IF GRANTEE
			Still in a	Still in a partnership but		AGENCY WITH DELEGATES]
			partnership with at least 1 child in	currently no children in a	Partnership has been	Don't know but delegate agency can
D2_B03_Prov01			a partnership slot	partnership slot	terminated	report
	a. [PROVIDER 1]		1 <b>O</b>	2 🔾	<b>C</b> 0	3 <b>Q</b>
D2_B03_Prov02	b. [PROVIDER 2]		1 <b>O</b>	2 🔾	<b>C</b> 0	3 🔾
D2_B03_Prov03	c. [PROVIDER 3]		1 <b>O</b>	2 🔾	<b>O</b> 0	3 O
D2_B03_Prov04- D2_	- D2_B03_Prov75 [PROVIDER 4]		1 <b>O</b>	2 🔾	<b>O</b> 0	3 <b>Q</b>

## [ASK FOR EACH B3 = 0; LOOP B3 FOR ALL 2016 PROVIDERS]

B4. Please indicate the month and year the partnership with [FILL PARTNER(S) FROM "no" RESPONSES IN B3] terminated. Your best estimate is fine.

**Hover text on "terminated":** By "terminated," we mean terminated the partnership agreement and/or no children served in partnership slots with no intention of filling any slots in the future.

/	(mm/yyyy)
D2_B04mo_Prov01 – D2_B04mo_Prov75	D2_B04yr_Prov01 – D2_B04yr_Prov75

## [ASK FOR EACH B3 = 2]

B5. Is the COVID-19 pandemic a factor in why [PROVIDER NAME] does not currently have any children in partnership slots?

D2_B05_Prov01 – I	D2_E	305_Prov75
		Select one only
	0	Yes
	0	No
		Don't know

### [LOOP B6-B7a FOR ALL SAMPLED NDS PROVIDERS]

B6. We would like to confirm the contact information for some of the providers you worked with at the time of the 2016 survey, even if your partnership with them is no longer supported by the EHS-CC partnership grant.

[PROGRAMMER: FILL PROVIDER NAMES FROM PRELOAD]

[LIST ROSTER OF NDS PARTNERS WITH THEIR CONTACT INFORMATION. WILL SHOW TEXT: "Confirming information for [provider name]," FOR ALL 2016 PROVIDERS 1 THROUGH N. REPEAT FOR EACH PROVIDER.]

	Yes, this information changed	No, this information did not change	Don't know
a. [Child care provider name]	1 <b>O</b>	0 0	C b
b. [Manager/owner name]	1 <b>O</b>	0 0	C b
c. [Manager/owner phone number]	1 <b>O</b>	<b>O</b> 0	<b>C</b> b
d. [Director email]	1 <b>O</b>	<b>O</b> 0	<b>C</b> b

### [ASK IF YES SELECTED FOR ANY ITEM FOR ANY PROVIDER IN B6]

B7. Please update the information you indicated was not correct.

[LIST ROSTER OF PARTNERS WITH CONTACT INFORMATION. WILL INCLUDE BANNER: "Confirming information for [provider name]." Any "no" RESPONSES FROM THE PREVIOUS ITEM WILL SHOW AS A BLANK TO ENTER INFORMATION IN THE "child care provider information" COLUMN; ALL "yes" RESPONSES WILL FILL WITH INFORMATION FROM THE 2016 SURVEY.]

			Child care provider information [FILL FROM PRELOAD]
D2_B07name_Prov01 – D2_B07nam	e_Prov75	a. Updated child care provider name	DON'T KNOW
D2_B07owner_Prov01 – D2_B07owr	ner_Prov75	b. Updated manager/owner name	DON'T KNOW
D2_B07ph_Prov01 – D2_B07ph_Pro	v75	c. Updated manager/owner phone number (no dashes or spaces)	DON'T KNOW
D2_B07email_Prov01 - D2_B07ema	il_Prov75	d. Updated manager/owner email	DON'T KNOW

#### **B7 NE DK**

### B7a. Please enter a mailing address for [FILL PROVIDER NAME].

04	Anna a
Street add	D2_B07Add1_Prov01, D2_B07Add2_Prov01 – D2_B07Add1_Prov75, D2_B07Add2_Prov75
Zip code	D2_B07zip_Prov01 – D2_B07zip_Prov75
City	D2_B07city_Prov01 – D2_B07city_Prov75
State	D2_B07state_Prov01 – D2_B07state_Prov75
o Do	on't know

# [ASK IF (DID NOT PARTICIPATE IN NDS OR NO PARTNERS LISTED IN NDS) AND B00 NE 3] B8. How many providers do you currently partner with to serve children?

By "providers you currently partner with," we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

[PROGRAMMER: RANGE FOR GRID IS 0-500]

D2_B08_1	Child care centers	
D2_B08_2	Family child care providers	

# [ASK IF DID NOT PARTICIPATE IN NDS]

B9. How many providers did you partner with in February 2016?

[PROGRAMMER: RANGE FOR GRID IS 0-500]

D2_B09_1	Child care centers	
D2_B09_2	Family child care providers	

o Don't know

Now we would like to ask you some questions about those child care providers you were in partnership with in 2016 but are no longer partnering with.

# [ASK FOR EACH B3 = 0]

B10. Please indicate the extent to which you believe the following factors led to the termination of your partnership with [ANY DISSOLVED PARTNERSHIP PROVIDER FROM B3 THAT WAS SAMPLED FOR THE NDS].

☐ I have not been in this position long enough to answer questions about this provider

				NOT A FACTOR	A MINOR FACTOR	A MAJOR FACTOR
D2_B10a_Prov01 – D2_B10a_Prov75	a. Differences in program phi	losophy and mission		O 0	1 <b>O</b>	2 🔾
D2_B10b_Prov01 – D2_B10b_Prov75	b. Misunderstanding about ro	les and responsibilities		<b>C</b> 0	1 <b>O</b>	2 🔾
D2_B10c_Prov01 – D2_B10c_Prov75	c. Perceived lack of respect a	among partners		<b>C</b> 0	1 <b>O</b>	2 🔾
D2_B10d_Prov01 – D2_B10d_Prov75	d. Administrative burden of re	eporting requirements		0 0	1 <b>O</b>	2 🔾
D2_B10e_Prov01 – D2_B10e_Prov75	e. Burden of program monitor	ring/site visits		0 0	1 O	2 🔾
D2_B10f_Prov01 – D2_B10f_Prov75	f. Difficulty meeting child-ad- requirements		<b>O</b> 0	1 🔾	2 <b>Q</b>	
D2_B10g_Prov01 – D2_B10g_Prov75	g. Difficulty meeting [teacher/ requirements		O 0	1 <b>Q</b>	2 <b>Q</b>	
D2_B10h_Prov01 – D2_B10h_Prov75	h. Difficulty complying with ot Performance Standards (H credential requirements		<b>O</b> 0	1 🔾	2 🔾	
D2_B10i_Prov01 – D2_B10i_Prov75	i. Perceived inadequacy of fu	unding		<b>C</b> 0	1 <b>O</b>	2 🔾
D2_B10j_Prov01 – D2_B10j_Prov75	j. Too many vacant slots		0 0	1 <b>O</b>	2 🔾	
D2_B10k_Prov01 – D2_B10k_Prov75	k Provider went out of busine		<b>C</b> 0	1 O	2 <b>Q</b>	
D2_B10I_Prov01 – D2_B10I_Prov75	Provider remained in busin care for infants and toddler	ng	O 0	1 <b>Q</b>	2 <b>Q</b>	
D2_B10m_Prov01 – D2_B10m_Prov75	m. Other, specify	m. Other, specify  D2_B10m_oth_Prov01 – D2_B10m_oth_Prov75		O 0	1 <b>O</b>	2 🔾

### [ASK IF B10k=1 or 2 and B4 later than 02/2020]

### B11. Was the COVID-19 pandemic a factor in [PROVIDER] going out of business?

D2\_B11\_Prov01 - D2\_B11\_Prov75

Select one only

- Yes
- o No
- Don't know

## [ASK IF B10j=1 or 2 and B4 later than 02/2020]

### B12. Was the COVID-19 pandemic a factor in [PROVIDER] having too many vacant slots?

D2\_B12\_Prov01 - D2\_B12\_Prov75

Select one only

- > Yes
- No
- Don't know

### [ASK IF B10I=1 or 2 and B4 later than 02/2020]

B13. Was the COVID-19 pandemic a factor in [PROVIDER] no longer providing infant and toddler care?

D2\_B13\_Prov01 – D2\_B13\_Prov75

Select one only

- Yes
- o No
- o Don't know

IF B00 = 3, GO TO A1

[IF B00 NE 3]

D2 B14

Next, we would like to make sure we have a picture of all your *current* partners.

### [NDS PARTICIPANTS, IF B00 NE 3]

B14. Are there additional providers that you currently partner with who are not listed below?

By currently partner, we mean partner with individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

[SHOW LIST OF PROVIDERS FROM B3=1, 2]

Select one only

- o Yes
- o No

[ASK IF B14=1 and nume B16. Please enter th entering the inf	formation for a provider,	B15] or any additional providers. When you are done
D2_B16type_NewProv01 – D2_B16type_N	NewProv15	CHILD CARE PROVIDER INFORMATION
a. Child care provider type		☐ Child care center☐ Family child care provider
D2_B16name_NewProv01 – D2_B16name b. Child care provider name		
D2_B17_NewProv11 - D2_B17_NewProv15  Select one only  Yes  No	-	6b] operate enrollment slots funded through an s grant?
		ing with [NEW PROVIDER NAME FROM B16b]
before the part	nership to provide funded Select all that apply	d enrollment slots began?
D2_B18_1_NewProv01 – D2_B18_1_NewProv15		collaborative group
D2_B18_2_NewProv01 – D2_B18_2_NewProv15		
D2_B18_3_NewProv01 – D2_B18_3_NewProv15		D2_B18_3oth_NewProv01 – D2_B18_3oth_NewProv15

□ No

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 $\hfill \square$  I have not been in this position long enough to answer this question

## [ASK IF B14=1]

B19. How long has your agency had a written partnership agreement with [NEW PROVIDER NAME FROM B16b]?

D2\_B19\_NewProv01 - D2\_B19\_NewProv15

Select one only

- Less than 1 year
- o 1 to 3 years
- o 4 to 5 years
- More than 5 years
- o I have not been in this position long enough to answer this question

Select all that apply

# [ASK IF B14=1]

B20. Which of the following are reasons your agency formed this new partnership with [PROVIDER NAME FROM B16b]?

D2_B2	0_1_NewProv01 – D2_B20_1_NewProv15		To maintain total providers termina	slots after partnership(s) with other child care ted
D2_B2	0_2_NewProv01 – D2_B20_2_NewProv15		To respond to far	nily preferences or needs
D2_B2	0_3_NewProv01 – D2_B20_3_NewProv15		To increase enroll money was provide	lment slots as additional EHS-CC partnership grant ded
D2_B2	0_4_NewProv01 – D2_B20_4_NewProv15	_	To respond to cha	anging community needs or findings from community
D2_B20_9	99_NewProv01 – D2_B20_99_NewProv15		Other (specify)	D2_B20_99oth_NewProv01 – D2_B20_99_NewProv15oth
			I have not been in	this position long enough to answer this question
			Don't know	

### A: ABOUT YOUR AGENCY AND GRANTS

### [ALL]

We would like to start with a few questions about your agency and the Early Head Start grants it receives.

A1. We would like to confirm which Early Head Start grants are currently active. Please complete the table below, adding any currently active Early Head Start grants not already listed.

If you see the old grant number for a continuing grant, please mark the old number as "this grant is no longer active," and enter the new number for that grant into the table.

	Grant number	Yes, this grant is currently active	This grant is active but has been consolidated with another grant	This grant is no longer active
D2_A01_GrntNew	a. Grant_Number_New			
D2_A01_Grnt01 – D2_A01_Grnt10	a. [OtherGrant]	1 🔾	2 🔾	<b>C</b> 0
D2_A01_OthGrnt01 – D2_A01_OthGrnt05,	b. [OtherGrant]	1 <b>O</b>	2 🔾	<b>O</b> 0
D2_A01_OthGrnt01oth – D2_A01_OthGrnt05oth	c. [BLANK TO ADD GRANT NOT LISTED]	1 🔾	2 🔾	<b>C</b> 0

HARD CHECK IF ONLY ONE OF A1A-C=2: "Please select at least two grants as having been consolidated. You indicated that only one grant has been consolidated. If you do not see the grant with which [FILL GRANT] was consolidated, please enter it under "other.""

[LOOP A2-A3 for any A1x=2]

D2_A02_GrntNew	A2.		IN ITEM A1] grant [GRANT NUMBER] has been consolidated with another grant. ant(s) it was consolidated with.
			Grant number(s) consolidated  D2_A02_Grnt01 - D2_A02_Grnt10  D2_A02_OthGrnt01 - D2_A02_OthGrnt10
		Don't know	

		Grant numbe	r D2_A03_Grnt01 – D2_A03_0	Grnt10
[B00 NE 3]			D2_A03_OthGrnt01 – D2_A0	3_OthGrnt10
A4. Pi	artnership slots.	ther each of the followi		
		we mean funded partne a <mark>rly Head Start-Child C</mark>		
		ip slots, we mean funde 017, and/or 2019 EHS-0		
		ion slots when answer		•
		Yes, this grant funds	V 4:	No dia dia dia
G	rant number		Yes, this grant funds other partnership slots [DISPLAY ONLY IF B00=2]	No, this grant does not fun any EHS-CCP or other partnership slots
a. [FI D2_A	04_1_GrntNew 04_1_Grnt01 – D2_A04_1_G 04_1_OthGrnt01 – D2_A04	D2_A04_2_G D2_A04_2_G D2_A04_2_G D2_A04_2_G D2_A04_2_O	rntNew rnt01 – D2_A04_2_Grnt10, thGrnt01 – D2_A04_2_OthGrnt10	D2_A04_0_GrntNew D2_A04_0_Grnt01 – D2_A
	OM A1X=1 or 2]	10	20	00
	OM A1X=1 or 2]	1 O N ITEM A1].	2 🔾	0 0
[FOR ALL F A5. Pl is	ROWS MARKED 0 I lease indicate the r fine.		GRANT NUMBER] end  D2_A05mo_Gr D2_A05mo_Ot  D2_A05yr Gm	ed. Your best estimate
[FOR ALL F A5. P  is hGrnt06 - D2_A05_C hGrnt06oth - D2_A05  [B00 NE 3] A6. Fo pa	ROWS MARKED 0 I lease indicate the refine.  OthGrnt10/  Smo_OthGrnt10oth  or each of the followartnership slots that By EHS-CCP slots,	N ITEM A1]. month and year grant [(	GRANT NUMBER] end  D2_A05mo_Gr D2_A05mo_Ot  D2_A05yr_Gr D2_A05yr_Oth  he total number of EHatly offers.  rship enrollment slots w	ed. Your best estimate  nt01 – D2_A05mo_Grnt10, hGrnt01 – D2_A05mo_OthGrnt10  t01 – D2_A05yr_Grnt10, Grnt01 – D2_A05yr_OthGrnt10  S-CCP and other
[FOR ALL F A5. P  is thGrnt06 - D2_A05_C thGrnt06oth - D2_A05  [B00 NE 3] A6. F6 pa [IF B00=1] A the 2015, 26	ROWS MARKED 0 I lease indicate the refine.  OthGrnt10/  Orneach of the followartnership slots that By EHS-CCP slots, 017, and/or 2019 East By other partnership.	N ITEM A1]. month and year grant [6 /(mm/y wing, please indicate the tyour program current we mean funded partner	GRANT NUMBER] end  D2_A05mo_Gr D2_A05mo_Ot  D2_A05yr_Grm D2_A05yr_Oth  he total number of EHitly offers.  rship enrollment slots ware Partnership grants d partnership enrollment	ed. Your best estimate  nt01 - D2_A05mo_Grnt10, hGmt01 - D2_A05mo_OthGmt10  t01 - D2_A05yr_Gmt10, Grnt01 - D2_A05yr_OthGrnt10  S-CCP and other  with direct funding from 5.  nt slots that are not
[FOR ALL F A5. P  is thGrnt06 - D2_A05_C thGrnt06oth - D2_A05  [B00 NE 3] A6. F6 pa [IF B00=1] A the 2015, 26	ROWS MARKED 0 I lease indicate the refine.  OthGrnt10/  Orneach of the followartnership slots that By EHS-CCP slots, 017, and/or 2019 East By other partnership.	N ITEM A1]. month and year grant [  '(mm/y  wing, please indicate to at your program current we mean funded partner arly Head Start-Child Co ip slots, we mean funde	GRANT NUMBER] end  D2_A05mo_Gr D2_A05mo_Ot  D2_A05yr_Grm D2_A05yr_Oth  he total number of EHitly offers.  rship enrollment slots ware Partnership grants d partnership enrollment	ed. Your best estimate  nt01 – D2_A05mo_Grnt10, hGrnt01 – D2_A05mo_OthGrnt10  t01 – D2_A05yr_Grnt10, Grnt01 – D2_A05yr_OthGrnt10  S-CCP and other  ith direct funding from it slots that are not  Number of other
[FOR ALL F A5. P  is Grnt06 - D2_A05_C Grnt06oth - D2_A05 [B00 NE 3] A6. Fo pa [IF B00=1] A the 2015, 20	ROWS MARKED 0 I lease indicate the refine.  OthGrnt10	N ITEM A1]. month and year grant [  '(mm/y  wing, please indicate to at your program current we mean funded partner arly Head Start-Child Co ip slots, we mean funde	GRANT NUMBER] end  D2_A05mo_Gr D2_A05mo_Ot  D2_A05yr_Gr D2_A05yr_Oth  D2_A05yr_Oth  The total number of EH  Intly offers.  In a partnership grants  In a partnership enrollment  CC Partnership grants  Number of EHS-CCP  Slots [DISPLAY	ed. Your best estimate  nt01 – D2_A05mo_Grnt10, hGrnt01 – D2_A05mo_OthGrnt10  t01 – D2_A05yr_Grnt10, Grnt01 – D2_A05yr_OthGrnt10  S-CCP and other  ith direct funding from  to slots that are not  Number of other partnership slots [DISPLAY ONLY IF

[AL A7.		Have	e you converted any en	rall	mont clote?			
AI.	1			ıoıı	illelit slots :			
D2_A07_1	_		all that apply	مما	d Ctort			
			rted Head Start to Early I				anda im	
D2_A07_2			rted Head Start to Early I			artnei	snip	
D2_A07_3			rted Early Head Start to I				_	
D2_A07_4			rted Early Head Start-Ch		•			
D2_A07_5		Conver	rted Early Head Start-Ch	ild (	Care Partnership to E	arly I	Head Start	
	0	No						
[FO A8.			7=CONVERTED TO OR many slots have you o	onv	verted from [FILL B	ASE	O ON A7]?	
				] [FI	ILL FROM A7] slots	D2_A	A08from_1 – D2_A08from_5	
Cor	nver	ted into	D2_A08to_1 - D2_A08to_5					
				[FI	ILL FROM A7] slots			
[FO	R E	ACH A	7=CONVERTED TO OR	FR	OM EHS-CCP]			
A9.		Whe	n did you convert [FILL	. FF	ROM A7] slots?			
		/_	(mm/yy	yy)	D2_A09mo_1 - D2_A09mo	0_5		
		Don't k	now		D2_A09yr_1 – D2_A09yr_9	5		
		20						
[B0	0 N	E 3 AND	D NDScomplete=1; ASk	( F(	OR EACH A6 COLUI	WN 1	NE NDS]	
A10	0.						are centers/EHS-CCP s	
A10a		tamıı	ly child carej [increase	a/a	ecreased] since 201	6. PI	ease indicate why that	occurrea.
A10b		Sele	ect all that apply					
D2_A10a_1, D2	A10		[If decrease] Converted	d El	-IS-CC partnership sl	lots to	EHS slots	
D2_A10a_2, D2	A10	b_2	[If increase] Converted		·			
D2_A10a_3, D2_	_A10b	0_3	•				nore EHS-CC partnershi	p slots
D2_A10a_4, D2_	_A10b		[If increase] Converted			•	·	
D2_A10a_5, D2_	A10b		[If increase] The numb					
D2_A10a_6, D2_	_A10b		•				ring with has decreased	
D2_A10a_7, D2_A	A10b_	<u> </u>	[If decrease] Converted					
 D2_A10a_99, D2_ <i>A</i>	410b_		[All] Other (specify)		02_A10a_99oth, D2_A10b_99			
			I have not been in this				er this question	

[B00=1	or	21
--------	----	----

A14. Has the number of partnership slots that are filled decreased between March 2020 and now due to the COVID-19 pandemic?

Select one only

- o Yes
- o No
- o Don't know

[ASK	IF A1	14=1
------	-------	------

A15.	By how many slots has your filled partnership enrollment decreased between March
D2_A15	2020 and now, due to the COVID-19 pandemic?
	Slots (RANGE 0-5000)

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### E. FACTORS SUPPORTING AND IMPEDING SUSTAINABILITY

# IF B00 = 3, GO TO E4

# [ALL]

In this section, we ask about your program's partnership plans in the future, and how various factors have helped support or impede partnerships' sustainability.

E1. When [does your grant/do your grants] supporting EHS-CC partnership slots end?

Please do not count grant consolidation as the end date of a grant.

D2_E01mo_GrntNew D2_E01mo_Grnt01 – D2_E01mo_Grnt10 D2_E01mo_OthGrnt01 – D2_E01mo_OthGrnt10
D2_E01yr_GrntNew D2_E01yr_Grnt01 – D2_E01yr_Grnt10 D2_E01yr_OthGrnt01 – D2_E01yr_OthGrnt10

Grant number	End date
a. [Fill any A4x=1]	mm/yyyy
b. [Fill any A4x=1]	mm/yyyy

[ALL]

E2.

D2 E02

After [the grant ends/these grants end], does your agency plan to continue to offer services to infants, toddlers, and their families in child care provider settings?

Select one only

- Yes
- o No
- Don't know

## [ASK IF YES TO E2]

E3. How will your agency support the partnerships with child care providers?

Select all that apply

Ocioot all that apply

D2_E03_1  Use EHS grant funds to pay for slots in child care provider	settinas
---	----------

D2 E03 99oth

# [ALL]

Next, we have some questions about the factors that might have supported or served as barriers to the sustainability of your partnerships.

# E4. To what degree have the following factors supported the sustainability of your partnerships?

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

o I have not been in this position long enough to answer this question → GO TO E5

		NOT A SUPPORT	SOMEWHAT OF A SUPPORT	A MAJOR SUPPORT			
D2_E04a	a. Alignment in program philosophy and mission	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>			
D2_E04b	b. Clarity about roles and responsibilities	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>			
D2_E04c	c. Clarity about policies related to funding, standards, and oversight	1 <b>Q</b>	2 <b>Q</b>	3 O			
D2_E04d	d. Mutual respect with providers	1 <b>Q</b>	2 <b>Q</b>	3 O			
D2_E04e	e. Shared decision making	1 <b>Q</b>	2 <b>Q</b>	3 O			
D2_E04f	f. Provider satisfaction with funding amount	1 <b>Q</b>	2 <b>Q</b>	<b>O</b> ε			
D2_E04g	<ul> <li>g. Provider satisfaction with funding arrangement (other than funding amount)</li> </ul>	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b>			
D2_E04h	h. Open communication with provider	1 <b>Q</b>	2 <b>Q</b>	3 O			
D2_E04i	<ul> <li>A commitment among EHS program leadership to partner with child care providers</li> </ul>	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b>			
D2_E04j	j. A commitment among provider leadership to partner with EHS	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>			
D2_E04k	<ul> <li>A person at your agency who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC partnership grant "champion" or "opinion leader")</li> </ul>	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>			
D2_E04I	<ol> <li>A person at the centers/family child care providers (FCCs) who actively and enthusiastically promoted partnering with EHS (such as EHS-CC partnership grant "champion" or "opinion leader")</li> </ol>	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>			
D2_E04m	m. Stability in leadership at your agency	2 <b>Q</b>	3 <b>O</b>				
D2_E04n	n. Stability in leadership in centers/FCCs						
D2_E04o	o. Sufficient EHS staff to oversee partnership activities	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>			
D2_E04p	D2_E04p_oth 1 Q 2 Q 3 Q						

# [ALL]

# E5. To what degree have the following factors served as a barrier to the sustainability of your partnerships?

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, do not need to be funded through an EHS-CCP grant.

I have not been in this position long enough to answer this question
 SECTION C (unless B00 = 3, then GO TO SECTION F)

		NOT A BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
D2_E05a	a. Lack of alignment in program philosophy and mission	1 <b>O</b>	2 <b>Q</b>	3 O
D2_E05b	b. Lack of clarity about roles and responsibilities	1 <b>O</b>	2 <b>Q</b>	<b>O</b> 8
D2_E05c	c. Lack of clarity about policies related to funding, standards, and oversight	1 <b>Q</b>	2 <b>O</b>	3 <b>Q</b>
D2_E05d	d. Lack of mutual respect with providers	1 <b>Q</b>	2 <b>Q</b>	3 O
D2_E05e	e. Lack of shared decision making	1 <b>O</b>	2 <b>Q</b>	<b>O</b> ε
D2_E05f	f. Insufficient funding	1 <b>Q</b>	2 <b>Q</b>	<b>O</b> 6
D2_E05g	g. Lack of communication with providers	1 <b>O</b>	2 <b>Q</b>	3 O
D2_E05h	h. Challenges meeting child adult ratio and group size requirements	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b>
D2_E05i	i. Challenges meeting teacher/provider credential requirements	1 O	2 <b>Q</b>	3 O
D2_E05j	<ul> <li>Challenges complying with the Head Start Program Performance Standards (HSPPS), beyond ratios and credential requirements</li> </ul>	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>
D2_E05k	k. Challenges maintaining enrollment in partnership slots	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
D2_E05I	I. Challenges meeting administrative reporting requirements	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
D2_E05m	m. Challenges recruiting qualified staff	1 <b>O</b>	2 <b>Q</b>	3 O
D2_E05n	n. Lack of stability in leadership at my agency	1 <b>O</b>	2 <b>Q</b>	<b>O</b> 6
D2_E050	o. Lack of stability in leadership in centers/FCCs	1 <b>O</b>	2 <b>Q</b>	3 O
D2_E05p	p. Lack of sufficient EHS staff to oversee partnership activities	1 <b>O</b>	2 <b>Q</b>	<b>O</b> ε
D2_E05q	q. Other (specify) D2_E05q_oth	1 <b>O</b>	2 <b>Q</b>	3 O

IF B00 = 3, GO TO SECTION F

### C. PARTNERSHIP SERVICES AND ACTIVITIES

[ALL]

Next, we have some questions about how the partnerships are funded.

C1. D2\_C01

How much of the total annual funding amount of your EHS and EHS-child care partnership grants is transferred to child care providers? Your best estimate is fine. Please only enter dollar amount values in your response, and do not include commas or other special characters.

By child care providers, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

	Dollars (RANGE 1-50,000,000)  Don't know
[AS	K IF C1=DON'T KNOW]
C2.	All we need is your best estimate. Can you tell us what <u>percentage</u> of the total annual funding amount of the grant is transferred to child care partners?
D2_C02	Percent
[AL	L]
C3.	Do you provide a payment for each partnership slot that is not filled?
D2_C03	Select one only

- Yes, until the slot is filled
- Yes, for a limited period of time
- No

[ASK IF C3=1 or 2]

C4. The amount of payment provided for each slot that is not filled is which of the following?

D2 C04

Select one only

- The same as the amount provided to a filled partnership slot
- Less than the amount provided to a filled partnership slot

[ALL]

C5. D2 C05

Did you provide a payment for partnership slots that went unfilled due to the COVID-19 pandemic?

Select one only

- Yes, until the slots were filled
- Yes, for a limited period of time 0
- 0

D2\_C05oth

Other (specify)

### [ASK IF YES TO C5]

C6. The amount of payment provided for slots that were unfilled due to COVID was which of the following?

D2 C06

Select one only

- The same as the amount provided for filled partnership slots
- Less than the amount provided for filled partnership slots

# [ALL]

C7.

If a child in a partnership slot loses subsidy funding, does your agency use EHS funds to offset those funds?

D2\_C07

Select one only

- Yes, for the entire period of time the child is enrolled
- Yes, for a limited period of time
- No

# [ASK IF YES TO C7]

C8. Do the funds provided offset the lost subsidy funds?

D2 C08

Select one only

- 0 The funds completely offset the lost subsidy funds.
- The funds partially offset the lost subsidy funds.

D2\_C08oth

Other (specify) 0

## [STATE GRANTEES GO TO C12]

C9. Many programs have revenue from sources other than Early Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.

Does your program receive any revenues from the following sources other than Early Head Start? Please think about all the funding streams that come into your program, even for centers that do not provide Early Head Start services.

## Select one per row

Tuitions and fees paid by parents, including parent fees or co-pays and			
additional fees paid by parents, including parent fees of co-pays and additional fees paid by parents such as registration fees, transportation fees, late pick-up/late payment fees	1 <b>O</b>	Co	C b
State or local pre-K funds from the state or local government	1 <b>O</b>	<b>O</b> 0	C <sub>b</sub>
Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)	1 <b>O</b>	C <sub>0</sub>	C b
Other funding from state government (e.g., transportation, grants from state agencies)	1 <b>O</b>	<b>O</b> 0	C b
Other funding from local government (e.g., grants from county government)	1 <b>O</b>	<b>O</b> 0	C <sub>b</sub>
Federal government programs <u>other than Head Start</u> (e.g., Title I, Child and Adult Care Food Program, WIC)	1 <b>O</b>	Co	C b
Revenues from nongovernment community organizations or other grants (e.g., United Way, local charities, or other service organizations)	1 <b>O</b>	C <sub>0</sub>	C b
Revenues from fundraising activities, cash contributions, gifts, bequests, special events	1 <b>O</b>	Co	C b
Other (specify)	1 <b>O</b>	<b>O</b> 0	C <sub>b</sub>
	additional fees paid by parents such as registration fees, transportation fees, late pick-up/late payment fees  State or local pre-K funds from the state or local government  Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)  Other funding from state government (e.g., transportation, grants from state agencies)  Other funding from local government (e.g., grants from county government)  Federal government programs other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)  Revenues from nongovernment community organizations or other grants (e.g., United Way, local charities, or other service organizations)  Revenues from fundraising activities, cash contributions, gifts, bequests, special events	additional fees paid by parents such as registration fees, transportation fees, late pick-up/late payment fees  State or local pre-K funds from the state or local government  Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)  Other funding from state government (e.g., transportation, grants from state agencies)  Other funding from local government (e.g., grants from county government)  Federal government programs other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)  Revenues from nongovernment community organizations or other grants (e.g., United Way, local charities, or other service organizations)  Revenues from fundraising activities, cash contributions, gifts, bequests, special events	additional fees paid by parents such as registration fees, transportation fees, late pick-up/late payment fees  State or local pre-K funds from the state or local government  Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)  Other funding from state government (e.g., transportation, grants from state agencies)  Other funding from local government (e.g., grants from county government)  Federal government programs other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)  Revenues from nongovernment community organizations or other grants (e.g., United Way, local charities, or other service organizations)  Revenues from fundraising activities, cash contributions, gifts, bequests, special events

D2\_C09i\_oth

Select up to 3

# [ASK IF C9 IS NOT MISSING AND MORE THAN 2 RESPONSES SELECTED] C10. Which of the following are the three largest sources of revenue for your program?

[ONLY SHOW OPTIONS THAT = 1 IN C9, ONLY ALLOW UP TO THREE RESPONSES TO BE SELECTED]

		or the second se
D2_C10_1	_	Tuitions and fees paid by parents, including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees, late pick-up/late payment fees
D2_C10_2		State or local Pre-K funds from the state or local government
D2_C10_3	<u>-</u>	Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)
D2_C10_4		Other funding from state government (e.g., transportation, grants from state agencies)
D2_C10_5		Other funding from local government (e.g., grants from county government)
D2_C10_6		Federal government other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)
D2_C10_7		Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations)
D2_C10_8		Revenues from fund raising activities, cash contributions, gifts, bequests, special events
D2_C10_99		Other (FILL FROM C9i)
		Don't know
[AS		F C10 IS NOT MISSING]  About what percent of your program's total annual revenue is provided by [C10]?
D2_C11_1 - D2_C11_99		[LOOP C11 THREE TIMES, ONE FOR EACH SOURCE SELECTED IN C10]
		PERCENT

## [ALL]

Next, we have a few questions about quality monitoring

### in the partnerships.

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, do not need to be funded through an EHS-CCP grant.

[ALL] C12.

Which of the following statements best describes how your agency involves partners in decision making about how to monitor quality improvement? My agency:

Select one only

- o Develops quality improvement monitoring processes and tools <u>without input from child care</u> providers but these partners do provide feedback based on the results of the monitoring data.
- Develops quality improvement monitoring processes and tools <u>in partnership with child care</u> <u>providers</u>, and collaborates with staff from those providers to develop action steps based on results.
- Gives provider directors/owners responsibility to identify quality improvements on their own, and then my agency partners with staff to develop action steps.
- Does not engage providers in any decision making about how to monitor quality improvement.

# [ALL]

# C13. Please indicate in which of the following activities someone from your partnership engages with your child care providers.

By someone from your partnership, we mean staff from your program, staff from the child care provider themselves, or staff from a third party organization or consultant (like a technical assistance provider) who supports the partnerships.

Select all that apply

D2_C13_1		Observing teachers/family child care providers in the classroom/home to assess their practice
D2_C13_2		Completing checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS)
D2_C13_3		Reviewing teachers' or family child care providers' teaching plans
D2_C13_4		Reviewing program data to see how the center or home is doing with respect to specific goals or objectives
D2_C13_5		Meeting with someone in an administrative role to review files
D2_C13_6		Meeting with teachers or family child care providers to provide feedback regarding their teaching practices
D2_C13_7		Meeting with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs
D2_C13_8		Discussing with teachers or family child care providers strategies to ensure teaching practices are developmentally appropriate
D2_C13_9		Discussing with teachers or family child care providers strategies to ensure a rich curriculum
	0	None of these

### [ASK FOR EACH YES RESPONSE TO C13]

D2\_C14\_1 -D2\_C14\_9

# C14. Who has <u>primary</u> responsibility for [C13]?

[TO BE ANSWERED FOR EACH YES RESPONSE TO C13]

Select one only

- o Partnership program staff
- Child care provider staff
- Staff from a third-party organization or consultant (such as technical assistance provider or family child care network)

D2\_C14oth\_1 -D2\_C14oth\_9

Other (specify)

## [ASK IF THIRD-PARTY ORGANIZATION OR CONSULTANT IS SELECTED AT C14]

# C16. Who from a third-party organization or consultant was primarily responsible for [C13]?

D2\_C16\_1 -D2\_C16\_9

Select one only

- o Someone from a family child care network
- Someone from my local child care resource and referral agency (CCR&R)
- Someone from the state or local child care quality rating and improvement system (QRIS)
- Someone from the state or local child care licensing agency
- Someone else, not from family child care network, CCR&R, QRIS, or licensing Other (specify)

D2\_C16oth\_1 -D2\_C16oth\_9

[ASK FOR EACH YES RESPONSE TO C13]

### C17. How do you use the information gained from this activity?

Select all that apply

D2_C17_1_1 - D2_C17_1_9		☐ Develop written improvement plan		
D2_C17_2_1 - D2_C17_2_9		Schedule follow-up reviews or observations		
D2_C17_3_1 - D2_C17_3_9		☐ Provide staff training		
D2_C17_4_1 - D2_C17_4_9		Obtain technical assistance		
D2_C17_5_1 - D2_C17_5_9		Terminate partne	ership	
D2_C17_99_1 - D2_C17_99_9		Other (specify)	D2_C17_99oth_1 - D2_C17_99oth_9	

# D. PARTNERSHIP PROCESSES, FEATURES, AND STRUCTURES

### [ALL]

Now we have a set of questions about the processes and structures that support the partnerships.

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. These partnerships might be, but do not need to be funded through an EHS-CCP grant.

# [ALL]

D1. Are partnership agreements ever updated?

D2\_D01

Select one only

- Yes
- o No [GO TO D4]

# [ASK IF YES TO D1]

D2. How often are partnership agreements updated?

D2\_D02

Select one only

- Annually
- Every other year
- As needed
- The frequency with which partnership agreements are updated varies across providers

D2 D02oth

Other (specify)

#### [ASK IF YES TO D1]

D3. Across partners, how are partnership agreements typically updated?

D2\_D03

Select one only

- My agency updates partnership agreements with no input from the child care provider.
- My agency drafts updates to partnership agreements and then gathers input from the child care provider to finalize.
- Partnership agreements are jointly updated by my agency and each child care provider.
- Partnership agreements are jointly updated by my agency and a committee of child care providers.
- The process of updating partnership agreements varies by provider.

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### [ALL; LOOP FOR EACH]

# D4. What process do you have in place to support quality relationships with child care providers?

Select all that apply

D2_D04_1	Hold regular meetings with lead staff from each provider				
D2_D04_2	Participate in discussions with frontline staff				
D2_D04_3	Conduct staff surveys				
D2_D04_4	Review the partnership agreement				
	None [GO TO D6]		_		
D2_D04_99	Other (specify)	D2_D04_99oth			

### [ASK IF D4 NE NONE]

D5. How often do you [response in D4]?

D2\_D05\_1 -D2\_D05\_4, D2\_D05\_99 Select one only

- Weekly or multiple times per month
- o Monthly
- Quarterly
- Twice a year
- Annually

D2\_D05oth\_1 – D2\_D05oth\_4, D2\_D05oth\_99

As needed

Other (specify)

[ALL] D6.

Do program staff meet regularly with child care provider staff to discuss services for individual children and families?

D2 D06

Select one only

- o Yes
- o No [GO TO D9]

### [ASK IF YES TO D6]

### D7. What is discussed during these meetings?

Select all that apply

D2_D07_1	Family service plans
D2_D07_2	Child assessment results
D2_D07_3	Classroom lesson plans
D2_D07_4	Transition plans
D2_D07_5	Communication with parents
D2_D07_6	Coordination with early intervention or other service providers
D2_D07_7	Other child care arrangements children are in
D2_D07_8	Transportation for children
D2_D07_9	Child or family needs or barriers
D2_D07_99	Other (specify) D2_D07_99oth

### [ALL] D9.

D2 D09

Since your program started funding slots through the 2015 round of Early Head Startchild care partnership grants, has there ever been one person or a team of people at your agency who actively and enthusiastically promoted the EHS-CC partnerships? These people are sometimes referred to as "champions" or "advocates."

Please include yourself if you are a champion or advocate.

Select one only

- Yes, one person championed the implementation of the EHS-CC partnerships.
- Yes, a team of people championed the implementation of the EHS-CC partnerships.
- o No, there have been no champions or advocates for the EHS-CC partnerships.
- I have not been in this position long enough to answer this question

# [ALL] D10.

### Are there currently partnership "champions" or "advocates" at your agency?

D2\_D10

By "champions" or "opinion leaders," we mean one person or a team of people at your agency who actively and enthusiastically promoted the EHS-CC partnerships.

Please include yourself if you are a champion or advocate.

Select one only

- Yes, one person champions the EHS-CC partnerships. [GO TO D11]
- Yes, a team of people champions the EHS-CC partnerships. [GO TO D12]
- No, there are no champions or advocates for the EHS-CC partnerships. [GO TO D13]

# [ASK IF D10= YES, ONE PERSON CHAMPIONS THE EHS-CC PARTNERSHIPS] D11. What is the current partnership champion's role in your agency? D2 D11 Select one only **EHS-CCP** director **Education coordinator** Master teacher 0 D2 D11oth Other (specify) [ASK IF D10= YES, A TEAM OF PEOPLE CHAMPIONS THE EHS-CC PARTNERSHIPS] D12. What are the current partnership champions' roles in your agency? Select all that apply D2\_D12\_1 □ EHS-CCP director D2\_D12\_2 Education coordinator D2 D12 3 Master teacher D2\_D12\_99 Other (specify) D2\_D12\_99oth [ALL] D13. Next, we have a few questions about the person responsible for overseeing the EHS-CC partnership grant(s) at your agency. This person could be someone in an administrative D2\_D13 role, like a program director, education coordinator, and so on. Since 2016, has the person responsible for overseeing the EHS-CC partnership grant at your agency changed? Select one only Yes No [ASK IF YES TO D13] D14. Since 2016, how many people have had primary responsibility for overseeing the EHS-

CC partnership grant at your agency?

☐ I have not been in this position long enough to answer this question

D2 D14

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Number of people (RANGE 1-20)

[ALL]

# F. BACKGROUND AND EXPERIENCE

These last few questions are about you and your agency.		
	F1.	Including this year, how many years have you been working for this agency?
D2_F01	╝┌	Years (RANGE 1-65)
	[ALL F2.	.] What is your role?
D2_F02	Ť.	Select one only
	C	
	C	510,000
D2_F02oth		
	[ALL	
D2 F03	F3.	Including this year, how many years have you been involved in your program's partnerships?
D2_F03		F 1
	Г	Years (RANGE 0-27)
	L	Teals (IVAINGE 0-21)
	[ALL	1
	F4.	What is the highest level of education you have completed?
D2_F0	04	Select one only
	C	High school diploma or GED certificate
	С	Some technical or vocational school, but no diploma
	С	Technical or vocational diploma
	С	Some college courses, but no degree
	C	Associate of arts degree (A.A., A.A.S.)
	C	Bachelor's degree (B.A., B.S.)
	C	Master's degree (M.A., M.S.)
	C	Doctorate degree (Ph.D., Ed.D.)
	C	Professional degree after bachelor's degree
D2_F04o	oth	Other (specify)

# [ALL] F5.

# In what field did you obtain your highest degree?

D2\_F05

Select one only

- o Child development or developmental psychology
- o Early childhood education
- Elementary education
- Special education

D2\_F05oth

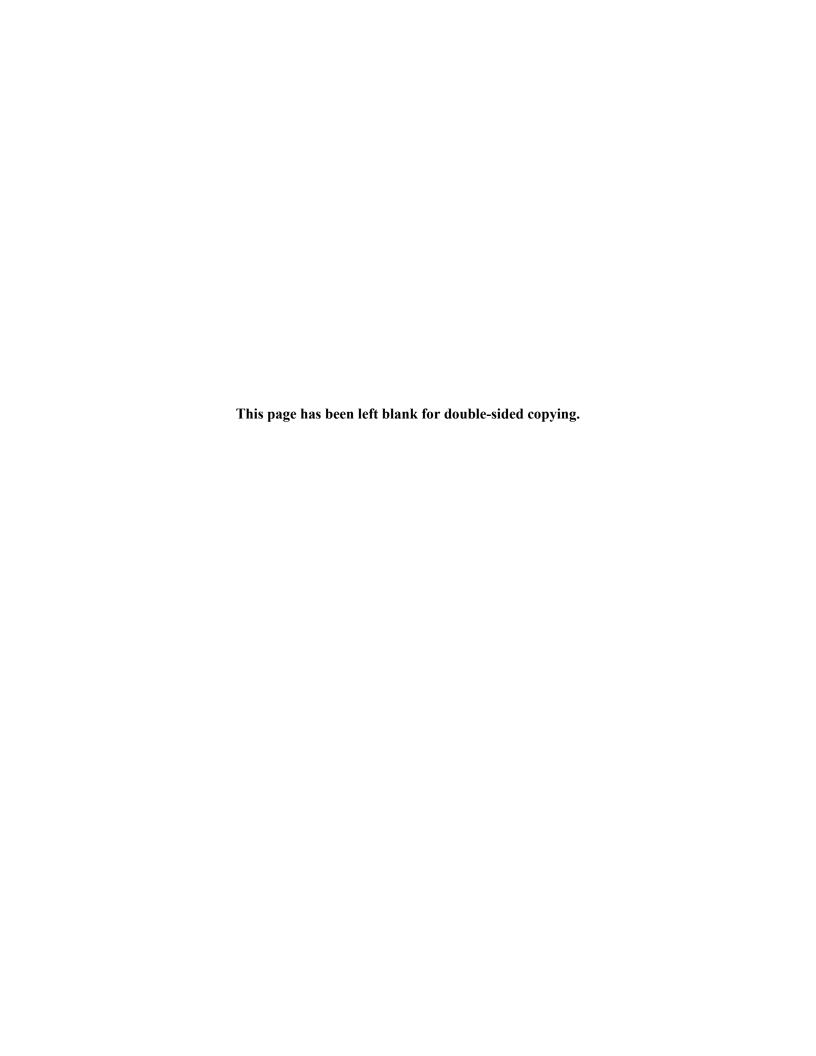
Other (specify)

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# Appendix C

Provider Survey (annotated with variable names)



OMB # 0970-0471 Expiration: 09/30/2024





# Early Head Start-Child Care Partnerships Sustainability Study

**Provider Survey** 

**Web Survey Specifications** 

#### **PRELOADS**

Variable name	Source / Condition	First Used at Question #:
Respondent_Type	Center= "center" Family child care home= "FCC"	Survey information screen 1
EHS_Program	EHS program name text	Survey information screen 1
PartnershipStatus	1= sustained 0= dissolved	Survey information screen 1
NDScomplete	1= complete 0= not complete	Survey information screen 2
Center_Name	Provider name text	S1
hvPartnershipStatus_Updated	1= sustained 0= disolved Determined by screener	A9
HasPartAgree	1= yes 0= no	E1

#### **GLOBAL PROGRAMMING INSTRUCTIONS**

Item	General Programmer Notes
Language	English and Spanish.
Mode Web survey only, should be mobile friendly.	
Formatting	For text that is underlined, format as bold. For text that is italicized, format as underlined.
Timeout feature	Include standard timeout cutoff of 30 minutes.

#### **LOGIN SCREEN**



OMB # 0970-0471 Expiration: 09/30/2024

# Early Head Start-Child Care Partnerships Sustainability Study

#### **Provider Survey**

Welcome to the Early Head Start-Child Care Partnerships Sustainability Study Provider Survey.

Please refer to the instructions you received in your invitation email to find your unique login information. To begin the survey, enter your login ID and password below, and then click the "OK" button. If you do not have your login ID and password, please call 888-290-6435, or email us at <a href="mailto:EHSCCPStudy@mathematica-mpr.com">EHSCCPStudy@mathematica-mpr.com</a>.

Username:	
Password:	

The Early Head Start-Child Care Partnerships Sustainability Study Provider Survey is sponsored by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services; and is being conducted by Mathematica.





This survey has been optimized for desktop computers, and works best in current versions of Internet Explorer, Chrome and Firefox.

Paperwork Reduction Act Statement: This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0471 which expires 09/30/2024. The time required to complete this collection of information is estimated to average 30 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica, 600 Alexander Park, Suite 100, Princeton, NJ 08540, Attention: Patricia Del Grosso.

#### **INSTRUCTIONS SCREEN**

Before you get started, here are a few helpful tips.

- To answer a question, click the box to choose your response.
- To continue to the next webpage, click the "Next" button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue, you will need to log in again using your login ID and password.

Please click the "Next" button below to begin or close this webpage to exit.

#### **SURVEY INFORMATION SCREEN 1**

The Office of Planning, Research, and Evaluation (OPRE) within the U.S. Department of Health and Human Services in the Administration for Children and Families (ACF) has contracted with Mathematica to conduct the Early Head Start–Child Care Partnerships Sustainability Study—a follow up to the National Descriptive Study of Early Head Start–Child Care Partnerships your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was selected for in 2016.

As part of this Sustainability Study, we are surveying all Early Head Start-child care partnership programs that received funding under the 2015 round of Early Head Start-Child Care Partnership (EHS-CCP) grants. We are also surveying a subset of their child care partners.

In the current survey, we are interested in learning about several topics, including:

- [IF PartnershipStatus=1 (SUSTAINED): Your partnership with [EHS\_PROGRAM]]
- Factors that have supported or created barriers for sustaining your partnership with [EHS PROGRAM]
- Characteristics about your [IF RespondentType=center: center/IF RespondentType=FCC: family child care]

The survey includes questions about your partnership with [EHS\_PROGRAM], that began over six years ago (as early as 2015). If there are questions that you do not know the answer to, please consult others as relevant. You will also have the option to select "Don't know" responses if you do not know the answer and the information is not available from someone else.

#### **SURVEY INFORMATION SCREEN 2**

Your participation in this survey is important and will help ACF better understand the sustainability of Early Head Start-child care partnerships. The length of this survey is different for different people, but on average it should take no more than 30 minutes. As a thank you, we will send you a gift card for completing this survey.

Participation in the survey is completely voluntary and you may choose to skip any question you prefer not to answer. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank. All your responses will be kept private and used only for research purposes. [IF NDScomplete=1: Your archived responses to the National Descriptive Study of Early Head Start—Child Care Partnerships may also be analyzed by the Sustainability Study team to understand changes over time.] Your responses will be combined with the responses of other child care providers and no individual names will be reported. While there are no direct benefits to participants, your participation will help us learn about the sustainability of Early Head Start-child care partnerships. There are no known risks associated with your participation.

If you have any questions about the survey, please contact us by calling 888-290-6435or emailing EHSCCPStudy@mathematica-mpr.com. If you have questions about your rights as a research participant in this study, you may contact the Health Media Lab IRB by calling 202-246-8504.

☐ By clicking this box, you are confirming that you understand that the information you provide will be kept private and used only for research purposes. You are also confirming that we may review your responses to the National Descriptive Study of Early Head Start—Child Care Partnerships survey to understand changes over time. You further understand that your answers will be combined with the responses of other partnership programs so that no individuals will be identified.

**SOFT CHECK:** IF CONSENT SCREEN = MISSING; If you wish to complete the survey, please click the box. Otherwise, please click the "Next" button to exit.

**SECOND SOFT CHECK:** IF CONSENT SCREEN = MISSING; Your response to this question is very important. Please select a response.

#### **DID NOT CONSENT SCREEN**

**PROGRAMMER:** THIS APPEARS IF A RESPONDENT SELECTS THE "NEXT" BUTTON TWICE WITHOUT GIVING CONSENT

Thank you for your interest in this survey. We cannot continue without your consent. If you would like to complete the survey, please click the "Back" button and click the box on the screen.

#### **PROVIDER SCREENER**

To get started, we have a couple of questions about your [IF RespondentType=center: center/IF RespondentType=FCC: family child care].

r	Respondent Type=FCC: family child care].				
	ASK	( IF Par	rtnershipStatus = 0 (DISSOLVED) OR M		
5	<b>S</b> 1.	[IN OP	PERATION] Is [Center_Name] currently in operation	?	
P2_S0	01	O	Yes[SKIP TO S3]	1	
		O	No	0	
		soft to this	T CHECK: IF S1=M; You're responses are very importa s question.	nt to us. Please provide a response	
Γ	VCK	( IF S1=	<b>-</b> 0		
L					
	<b>S2</b> .	Please	e tell us why [Center_Name] is no longer in operatio	n.	
P2_S	02		SKIP TO A11]		
	ASK	( IF Par	rtnershipStatus = 1 (SUSTAINED) OR (S1=1 OR M)		
5	<b>S</b> 3.		ecords show that your organization is a [IF Respond ondentType=FCC: family child care]. Is this correct?		
P2_	S03	OY	Yes	1	
		) 1 O 1	No	0	
				-	
	ASK	( IF Par	rtnershipStatus = 1 (SUSTAINED) OR (S1=1 OR M)		
P2_	<b>S4.</b>	Respo 3 fund	TNERSHIP STATUS CHECK] Does your [IF Respond ondentType=FCC: family child care] operate partner ded through Early Head Start ("partnership slots") ir PROGRAM]?	ship slots for children birth to age	
			ate partnership slots" means operating enrollment with o r 2019 Early Head Start-Child Care Partnership grants.	lirect funding from the 2015, 2017,	
		O	Yes	1	
		O	No	0	
			<b>D CHECK: IF S4=M;</b> You're responses are very important s question.	ant to us. Please provide a response	

PROGRAMMER: FROM THIS POINT FORWARD, THE FOLLOWING DEFINITIONS APPLY TO PROVIDER TYPE:

SUSTAINED = S4=1

DISSOLVED = S1=0 OR S4=0

#### Α. YOUR [CENTER/FAMILY CHILD CARE ]

PROGRAMMER: FROM THIS POINT FORWARD, THE FOLLOWING DEFINITIONS APPLY TO	
PROVIDER TYPE:	
SUSTAINED = S4=1	
DISSOLVED = S1=0 OR S4=0	

#### **ASK ALL**

Section introduction screen: Next, we have some additional questions about your [IF RespondentType=center: center/IF RespondentType=FCC: family child care].

#### ASK IF hvPartnershipStatus\_Updated=0 (DISSOLVED) AND RespondentType=CENTER

A3. Is your center independent or is it sponsored by another organization?

A sponsoring organization may provide funding, administrative oversight or have reporting P2 A03 requirements; however, organizations that are solely funding sources should not be considered sponsors. Select one only

O	Independent	. 1
O	Sponsored	. 2
$\circ$	Don't know	•

#### ASK IF hvPartnershipStatus Updated=0 (DISSOLVED) AND RespondentType=FCC

A6. Are you a member of or affiliated with any of the following types of organizations?

Select all that apply

P2 A06 2 P2\_A06\_4 

P2 A06 3 Other [SPECIFY]......99

NO RESPONSE ...... M

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P2 A06 99

P2\_A06\_0

P2\_A06\_99oth

#### ASK IF hvPartnershipStatus\_Updated=1 (SUSTAINED)

- Next, we have a few questions about your Early Head Start-child care partnership with [EHS\_PROGRAM].
- A9. Since starting the EHS-CC partnership grant, were there periods of time when your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] did not have any enrollment slots for children birth to age 3 funded through the EHS-CC partnership grant?

PROGRAMMER: DO NOT ALLOW RESPONSE OF 0 OR 3 ALONG WITH ANOTHER RESPONSE

**PROGRAMMER:** ADD THE FOLLOWING HOVER TEXT DEFINITION FOR "TERMINATED:" "By "terminated," we mean the partnership agreement has been terminated and/or there are no children served in partnership slots with no intention of filling any slots in the future."

Select all that apply

P2_A09_1	Yes, all partnership slots were unfilled but we intended to refill them, and the partnership agreement was still in place	1
P2_A09_2	Yes, all partnership slots were unfilled with no intention of filling them, or partnership agreement was terminated	2
	No	0
	I have not been in this position long enough to answer this question	NA

#### ASK IF hvPartnershipStatus\_Updated=1 (SUSTAINED) AND A9=1 OR 2

#### A10. What was the reason for the period of inactivity?

If you have had more than one period of time when you did not have any enrollment slots for children birth to age 3 funded though the EHS-CC partnership grant, please think of the most recent period of time when this occurred.

#### Select all that apply

P2_A10_1	Ч	Differences in program philosophy and mission	1
P2_A10_2	þ	Misunderstanding about roles and responsibilities	2
P2_A10_3	þ	No families to fill slots	3
P2_A10_4	þ	Inadequacy of funding	4
P2_A10_5	<b>]</b>	Dissatisfaction with funding arrangement (other than funding amount such as payment schedules)	5
P2_A10_6	þ	Difficulty meeting child-adult ratio and group size requirements	6
P2_A10_7	þ	Difficulty meeting teacher/provider credential requirements	7
P2_A10_8	<b>þ</b>	Difficulty complying with other the Head Start Program Performance Standards (HSPPS), other than ratios and credential requirements	8
P2_A10_9	þ	Suspension of child care business due to a licensing or regulatory violation	9
P2_A10_10	þ	A change in leadership at [EHS PROGRAM]	10
P2_A10_11	þ	A change in leadership at my [IF RespondentType=center: center/IF RespondentType=FCC: family child care]	11
P2_A10_12	Ь	Suspension of child care business for some reason other than a violation	12

P2_A10_99	ካ (	Other [SPECIFY]	99	P2_A10_99oth
	_	NO RESPONSE	. M	
PROG	RAM	MER: hvPartnershipStatus_Updated=1 (SUSTAINED) SKIPS TO A14		
ASK IF	hvF	PartnershipStatus Updated=0 (DISSOLVED)		
A11. Pl	ease	indicate the month and year the partnership with [EHS_PROGRAM] end	ed. Your b	est
			no children	
,,,	,, o 2	oning convex in partnership close, when he internaem or mining close in the ratare.		
	L	/ MM/YYYY [1-12]/[2000-2022]		
	0	I have not been in this position long enough to answer this question	. NA	
		NO RESPONSE	. M	
ASK IF	hvF	PartnershipStatus Updated=0 (DISSOLVED)		
L		· - · · · · · · · · · · · · · · · · · ·		
A12. DC	-		_	
P2_A12				
ASK IF hvPartnershipStatus_Updated=0 (DISSOLVED)  A11. Please indicate the month and year the partnership with [EHS_PROGRAM] ended. Your best estimate is fine.  By "ended," we mean when the partnership agreement was terminated and/or when no children were being served in partnership slots, with no intention of filling slots in the future.				
A11. Please indicate the month and year the partnership with [EHS_PROGRAM] ended. Your best estimate is fine.  By "ended," we mean when the partnership agreement was terminated and/or when no children were being served in partnership slots, with no intention of filling slots in the future.				
VOKIE	hv.E	PartnershinStatus Undated-0 (DISSOLVED) AND A12-1		
		· · · · · · · · · · · · · · · · · ·		
A13. W	hat i	s the nature of the collaboration?		
	Sel	ect all that apply		
P2_A13_1		Part of a community collaborative group	. 1	
P2_A13_2		Participate in joint trainings	. 2	
P2_A13_3		Develop program materials	. 3	
P2_A13_4		Coordinate referrals	. 4	
P2_A13_5		Work together to serve children	. 5	
P2_A13_99		Other [SPECIFY]	. 99 P2_A	13_99oth
	1	NO RESPONSE	М	

ASK ALL				
A14. Does your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] currently operate partnership slots in partnership with any Early Head Start program other than [EHS_PROGRAM]?				
O Yes	0 [SKIP TO			
NO RESPONSE	M			
PROGRAMMER: hvPartnershipStatus_Updated=1 (SUS	TAINED) SKIPS TO SECTION F INTRO			
ASK IF hvPartnershipStatus_Updated=0 (DISSOLVED)	AND A14=1			
A15. Please indicate the month and year this partnership	b began. Your best estimate is fine.			
By "began," we mean when the partnership agreement served in partnership slots.	was initiated, even if no children were being			
/ MM/YYYY [1-12]/[20	000-2022]			
O I have not been in this position long enough to	answer this questionNA			
ASK IF hvPartnershipStatus_Updated=0 (DISSOLVED) A	AND A14=1			
A16. What is the total number of enrollment slots for chi partnership with this Early Head Start program?	ldren birth to age 3 funded by the			
P2_A16 SLOTS				
O Don't know	D			

#### F. SUPPORTS AND IMPEDIMENTS TO SUSTAINABILITY

Section introduction screen: Next, we have several questions about factors that might have supported or served as barriers to the sustainability of your partnership with [EHS\_PROGRAM]. These questions seek to understand specific features of your partnership with [EHS\_PROGRAM].

#### **ASK ALL**

### F1. To what degree have the following factors supported the sustainability of your partnership with [EHS\_PROGRAM]?

☐ I have not been in this position long enough to answer this question...NA

			NOT A SUPPORT	SOMEWHAT OF A SUPPORT	A MAJOR SUPPORT
P2_F01a	a.	Alignment in program philosophy and mission	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b>
P2_F01b	b.	Clarity about roles and responsibilities	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
P2_F01c	C.	Clarity about policies related to funding, standards, and oversight	1 <b>Q</b>	2 <b>O</b>	з О
P2_F01e	d.	Mutual respect with EHS program	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
P2_F01f	e.	Shared decision making	1 O	2 <b>O</b>	<b>O</b> ε
P2 F01g	f.	Satisfaction with funding amount	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b>
P2_F01g P2_F01h	g.	Satisfaction with funding arrangement (other than funding amount)	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b> E
P2_F01i	h.	Open communication with EHS program	1 <b>O</b>	2 <b>O</b>	3 O
P2_F01j	i.	A commitment among EHS program leadership to partner with child care providers	1 <b>Q</b>	2 <b>Q</b>	з 🔾
P2_F01k	j. ]	A commitment among my [IF RespondentType=center: center/IF RespondentType=FCC: family child careleadership to partner with EHS	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
P2_F01I	k.	A person [HOVER TEXT: person or people] at the EHS program who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC partnership grant "champion" or "advocate")	1 <b>O</b>	2 <b>Q</b>	3 <b>O</b>
P2_F01m	I.   	A person [HOVER TEXT: person or people] at my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] who actively and enthusiastically promoted partnering with EHS (such as EHS-CC partnership grant "champion" or "advocate")	1 🔾	2 <b>Q</b>	3 <b>O</b>
P2_F01o	m.	Stability in leadership at [EHS_program]	1 <b>Q</b>	2 <b>Q</b>	3 O
	n.	Stability in leadership in my [IF RespondentType=center: center/IF RespondentType=FCC: family child care]	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>
	0.	Other [SPECIFY]  P2_F01o_oth  NO RESPONSE	1 <b>0</b>	2 <b>Q</b>	3 <b>O</b>

#### ASK ALL

# F2. To what degree have the following factors served as a barrier to the sustainability of your partnership with [EHS\_PROGRAM]?

☐ I have not been in this position long enough to answer this question...NA

		NOT A BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
P2_F02a	a. Lack of alignment in program philosophy and mission	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
P2_F02b	b. Lack of clarity about roles and responsibilities	1 <b>O</b>	2 <b>O</b>	3 O
P2_F02c	c. Lack of clarity about policies related to funding, standards, and oversight	1 <b>O</b>	2 <b>Q</b>	3 O
P2_F02d	d. Lack of mutual respect with EHS program	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>
P2_F02e	e. Lack of shared decision making	1 <b>Q</b>	2 <b>Q</b>	з О
P2_F02f	f. Insufficient funding			
P2_F02g	g. Lack of communication with EHS program	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
P2_F02h P2_F02i	h. Challenges meeting child adult ratio and group size requirements	1 <b>Q</b>	2 <b>Q</b>	3 <b>O</b>
P2_F02j	i. Challenges meeting teacher/provider credential requirements	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
P2_F02k	<ul> <li>j. Challenges complying with the Head Start Program Performance Standards (HSPPS), beyond ratios and credential requirements</li> </ul>	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>
P2_F02I	k. Challenges maintaining enrollment in partnership slots	1 <b>Q</b>	2 <b>Q</b>	3 <b>Q</b>
P2_F02m				
P2_F02n	Challenges meeting administrative reporting requirements	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
P2_F02o	m. Challenges recruiting qualified staff	1 <b>O</b>	2 <b>O</b>	3 O
	n. Lack of stability in leadership at [EHS_PROGRAM]	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
P2_F02p	o. Lack of stability in leadership in my [IF         RespondentType=center: center/IF RespondentType=FCC:         family child care]         P2_F02p_oth	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
	p. Other [SPECIFY]	1 <b>O</b>	2 <b>O</b>	3 <b>O</b>
	NO RESPONSE		M	

ASK IF MORE THAN 3 FACTORS MARKED 2 OR 3 AT F2; ONLY DISPLAY FACTORS MARKED 2 OR 3  $\,$ 

F3. From the factors that you indicated were a barrier to the sustainability of your partnership, which three do you consider to be the biggest?

P2_F03a-P2_F03p	Select three	
_ [L	LOOP SOMEWHAT OR MAJOR BARRIER FROM F2]	а-р
R	RESPONSE	М

ASK IF hvPartnershipStatus_Updated=0 (DISSOLVED) AND A11= 3/1/2020 OR AFTER				
F4.	F4. Did your partnership end due to factors related to the COVID-19 pandemic?			
P2_F	F04	O	Yes1	
		O	No	
			NO RESPONSE M	
AS	K Al	.L		
The	so	me (	19 pandemic caused large disruptions to many child care providers. Next, we have questions about supports you might have accessed in response to the COVID-19 mic.	
F5.	Die	d yo	u receive any of the following supports in response to the COVID-19 pandemic?	
		Sel	lect all that apply	
P2_F0	5_1		Loans or other financial assistance (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or state funds or grants)1	
P2_F0	5_2		Rent deferral or cancellation	
P2_F0	5_3		Supports to provide remote learning or socialization for children	
P2_F0	5_4		Supports for [IF RespondentType=center: teacher/ IF Respondent_Type=FCC: provider] well-being4	
P2_F0			Supports for [IF RespondentType=center: teacher/ IF Respondent_Type=FCC: provider] continuing education or professional development	
P2_F0	5_6		Supports for the increased costs of securing and using protective equipment. 6	
P2_F0	5_7		Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)7	
P2_F0	5_8		Materials or food for families 8	
P2_F0	5_9		Training for staff on remote learning9	
P2_F0	5_99		Other [SPECIFY] 990th99	
		$\mathbf{c}$	None of these 0	
			RESPONSEM	
	K IF NA	hvP	PartnershipStatus_Updated=0 (DISSOLVED) AND A11= 3/1/2020 OR AFTER AND F5	
F6.			HS_PROGRAM] help provide any of these supports, either by providing them directly nelping you apply for the support?	
P2_F06	 6	0	Yes1	

#### ASK IF hvPartnershipStatus\_Updated=1 (SUSTAINED)

F7. The COVID-19 pandemic caused large disruptions to many child care providers. Did [EHS\_PROGRAM] provide any of the following additional supports in response to the COVID-19 pandemic?

Select all that apply

	P2_F07_1		Continued or additional funding	1
	P2_F07_2		Supports for [IF RespondentType=center: teacher/ IF Respondent_Type=FCC: provider] well-being	2
L	P2_F07_3		Supports for [IF RespondentType=center: teacher/ IF Respondent_Type=FCC: provider] continuing education or professional	
	P2_F07_4		development	3
_			Supports for the increased costs of securing and using protective equipment	4
Ĺ	P2_F07_5		Materials or food for families	5
L	P2_F07_6		Financial support for families, including housing assistance	6
	P2_F07_7		Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones,	
_			MiFi/hotspots)	7
Ĺ	P2_F07_8		Remote supports for parents, such as mental health services or family	
	P2_F07_9	_	activity ideas8	_
			Remote learning or socialization for children	
ſ	P2_F07_10		Training for staff on remote learning	10
	P2_F07_11		Assistance in applying for financial support from state or local agencies (for example, the Federal Paycheck Protection Program, a Federal Small	
		1	Business Administration loan, or state funds or grants)	
	P2_F07_99		Other [SPECIFY]	99
		O	None of these	0
			RESPONSE	М

ASK IF	hvP	PartnershipStatus_Updated=1 (SUSTAINED) AND F7=1		
F8. Fo	r wh	hat purposes did you use the continued funding from [EHS_PROGRAM]?		
	Sel	lect all that apply		
P2_F08_1		Supports for [IF RespondentType=center: teacher/ IF Respondent_Type=FCC: provider] well-being		
P2_F08_2		Supports for [IF RespondentType=center: teacher/ IF Respondent_Type=FCC: provider] continuing education or professional development	!	
P2_F08_3		Supports for the increased costs of securing and using protective equipment	.3	
P2_F08_4		Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones,		
P2_F08_5	_	MiFi/hotspots)		
P2_F08_6				
P2_F08_7		Financial support for families, including housing assistance	ı	
P2_F08_8		Remote supports for parents, such as mental health services or family activity ideas		
		Remote learning or socialization for children	i	
P2_F08_9		To continue to pay staff, even if the payment was not their usual amount 9	ļ	
P2_F08_10		To pay bills such as mortgage, rent and insurance, even if the funding from [EHS_PROGRAM] did not cover the full bill(s)	0	
P2_F08_99		Other [SPECIFY]99 P2_F08_99oth		
	O	None of these 0		
		RESPONSE	1	
ASK AL	LL_			
F9. [IF hvPartnershipStatus_Updated=1 (SUSTAINED): In addition to the continued funding from [EHS_PROGRAM], did/ IF hvPartnershipStatus_Updated=0 (DISSOLVED): Did] you receive any money for your child care business from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government punds?				
		Yes		
	•			

#### **ASK IF F6=1 OR F9=1**

F11. For what purposes did you use the funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?

Select all that apply P2\_F11\_1 Supports for [IF RespondentType=center: teacher/ IF Respondent Type=FCC: provider] well-being. ...... 1 Supports for [IF RespondentType=center: teacher/ IF Respondent Type=FCC: P2\_F11\_2 P2\_F11\_3 ☐ Supports for the increased costs of securing and using protective equipment ...3 P2\_F11\_4 Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)...... 4 P2\_F11\_5 P2 F11 6 Remote supports for parents, such as mental health services or family activity ideas P2 F11 7 P2\_F11\_8 P2\_F11\_9 ☐ To continue to pay staff, even if the payment was not their usual amount ...... 9 To pay bills such as mortgage, rent and insurance, even if the funding did not cover P2 F11 10 |......99 Other [SPECIFY] .......... .P2\_F11.\_99oth P2 F11 99 

RESPONSE ...... M

#### **B. ENROLLMENT AND FUNDING**

PROGRAMMER: IF S1=0 (NO	O LONGER IN OPERATION)	, SKIP TO G4
-------------------------	------------------------	--------------

#### **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)**

Section introduction screen: Next, we have some questions about enrollment in your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] [IF hvPartnershipStatus\_Updated=1 (SUSTAINED): and funding you receive from [EHS\_PROGRAM]].

B1. Please tell us about the <u>enrollment capacity</u> of your [IF RespondentType=center: center/IF RespondentType=FCC: family child care].

Please enter "0" if you do not enroll children in a given category.

PROGRAMMER: RANGE FOR EACH BOX IS 0-3000

	_		SLOTS
P2_B01a	a.	What is the <u>total licensed enrollment capacity</u> of your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] <u>across all ages</u> ?	
P2_B01b	b.	What is the <u>total licensed enrollment capacity</u> of your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] for children <u>birth to age 3</u> ?	
P2_B01c	] c.	[IF hvPartnershipStatus_Updated=1 (SUSTAINED): What is the total number of enrollment slots for children birth to age 3 funded through the Early Head Start-child care partnership grant with [EHS_PROGRAM] ("partnership slots")?]	
P2_B01d	d.	[IF hvPartnershipStatus_Updated=1 (SUSTAINED) AND A14=1: What is the total number of enrollment slots for children birth to age 3 funded in partnership with any other Early Head Start program ("partnership slots")?]	
		O Don't know	) //

#### **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)**

P2\_B02

The COVID-19 pandemic has been a significant event that had an impact on the lives of many individuals and families since March 2020. The next few questions are about how your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was affected by the pandemic.

Did your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] close for any period of time as a result of the COVID-19 pandemic?

Please include any temporary closures of the entire [center/family child care] due to an outbreak or a positive case.

Select one only

	NO RESPONSE	M
O	No	0 [SKIP TO B4
O	Yes, we closed more than once during the COVID-19 pandemic	2
0	Yes, we closed once during the COVID-19 pandemic	1

ASI	ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND B2 NE 0				
<b>B3.</b> P2_B03	family child carol closed as a result of the COVID-19 pandomic? [IF R2=2: Please answer for				
	Please include any temporary closures of the entire [ASK IF s1=1 (provider is in operation)] due to an outbreak or a positive case.				
	CHILDREN WEEKS [1-130]				
	O Don't know				
	NO RESPONSE	M			
ASI	K IF S1 NE 0 (PROVIDER IS IN OPERATION)				
B4.	Please tell us about the actual enrollment of your [IF RespondentType=center: c RespondentType=FCC: family child care] in the past month.	enter/IF			
	Please enter "0" if you do not enroll children in a given category.				
	PROGRAMMER: RANGE FOR EACH BOX IS 0-3000				
		SLOTS			
P2_B04a	a. Actual enrollment across all ages				
P2_B04b	b. Actual enrollment for children birth up until their 3rd birthday				
P2_B04c	c. Actual enrollment for children who are 3 or older and younger than 5				
P2_B04d	d. Actual enrollment for children who are 5 or older and younger than 13				
	O Don't know	D			
	NO RESPONSE	М			
	<b>SOFT CHECK:</b> IF B4b-d DOES NOT MATCH TOTAL REPORTED AT B4a; You have [B4a] as the actual enrollment across ages. Your responses to the enrollment of age does not equal [B4a].	ve entered groups			
	K IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated= STAINED)	1			
B5a.	How many children enrolled in partnership slots currently receive a child care s Your best estimate is fine.	ubsidy?			
P2_B05a	CHILDREN [0-3000]				
	O Don't know	D			
	NO RESPONSE	M			
	<b>SOFT CHECK:</b> IF B5a EXCEEDS ANSWER AT B1c; You have entered [B1c] as the enrollment slots for children birth to age 3 funded through the Early Head Start-Child Partnership grant with [EHS PROGRAM NAME] but entered [B5a] as the number of enrolled in partnership slots currently receiving a child care subsidy. Please fix your a B5a.	Care children			

	IF S1 SOLVE	NE 0 (PROVIDER IS IN OPERATION)AND hvPartnershipStatus ED)	s_Updated=0
B5b. 1	How fine.	many children birth to 3 currently receive a child care subsid	ly? Your best estimate is
P2_B05b		CHILDREN [0-3000]	
	   C	Don't know	D
		NO RESPONSE	M
	childr	<b>CHECK:</b> IF B5b EXCEEDS ANSWER AT B4b; You have entered ten birth to age 3 currently receiving a child care subsidy but entered ten enrolled ages birth to three. Please fix your answer to B5b.	d [B5b] as the number of ed [B4b] as the number of
		NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus ED)] AND B4b NE 0	s_Updated=1
		nany children birth to 3 who are not in partnership slots curredly? Your best estimate is fine.	ntly receive a child care
2_B06	╛┌	CHILDREN [0-3000]	
	O	Don't know	D
		NO RESPONSE	M
	childr	<b>CHECK:</b> IF B6 EXCEEDS ANSWER AT B4b; You have entered en birth to age 3 not currently in partnership slots receiving a child as the number of children enrolled ages birth to three. Please fix y	care subsidy but entered
ASK	IF S1	NE 0 (PROVIDER IS IN OPERATION)	
37. \$	Since	this past September, how easy or difficult has it been to fill yo	our infant/toddler slots?
P2_B07	· O	Very Easy	1
	$\mathbf{c}$	Somewhat Easy	2
	0	Somewhat Difficult	3
	0	Very Difficult	4
		NO RESPONSE	M
ASK	IF S1	NE 0 (PROVIDER IS IN OPERATION)	
		your [IF RespondentType=center: center/IF RespondentType= ntly have a waiting list for infant/toddler slots?	FCC: family child care]
	O	Yes	
	0	No	0
		NO DECDONCE	N 4

B9. Do you currently have a formal system to prioritize enrollment (IF hvPartnershipStatus\_Updated=1 (SUSTAINED): into the partnership] based on family risks needs?

$\mathbf{C}$	Yes	. 1	
O	No	0 [SKIP	ТО
	B11]		

#### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND B9=1

#### B10. What factors are considered in prioritizing enrollment?

Select all that apply

P2_B10_1	þ	Parent/guardian employment	1	
P2_B10_2	þ	Child Care and Development Fund (CCDF) eligibility	2	
P2_B10_3	)	Child Care and Development Fund (CCDF) receipt	3	
P2_B10_4	þ	Child special needs	4	
P2_B10_5	þ	Number of children in the family	5	
P2_B10_6	)	Teen mother	6	
P2_B10_7	)	Single parent	7	
P2_B10_8	þ	Dual-Language Learners	8	
P2_B10_9	þ	Welfare/TANF	9	
P2_B10_10	<u>,</u>	Mental health	10	
P2_B10_11	þ	Family violence	11	
P2_B10_12	þ	Substance use	12	
P2_B10_13	þ	Homelessness	13	
P2_B10_99	}	Other [SPECIFY]	99 [	P2_B10_99oth
			М	

B11. Please indicate the days that your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was open for children last week, beginning with last Monday.

If you were closed last week, please think of the most recent week when your center was open.

P2_B11mon	Select all that apply	
	l Monday	. 1
P2_B11tues	I Tuesday	. 2
P2_B11wed	l Wednesday	. 3
P2_B11thurs	l Thursday	. 4
P2_B11fri	l Friday	. 5
P2_B11sat	l Saturday	. 6
P2_B11sun	l Sunday	. 7

B12. Below are the days you indicated that your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was open last week. Please provide the approximate hours that your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was open for children on each of these days.

For example, if your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was open for children from 9am-4pm on Monday, please enter 9:00am as the 'start' time and 4:00pm as the 'end' time for that day.

If you were closed last week, please think of the most recent week when your center was open.

PROGRAMMER: DISPLAY ONLY DAYS SELECTED IN B11

PROGRAMMER: HOURS RANGE IS 0-10 MINUTES, MINUTES RANGE IS 0-59

		START	END
P2_B12mon_start, P2_B12mon_end	Monday		OAM OPM
P2_B12tues_start, P2_B12tues_end	Tuesday	: OAM OPM	: OAM OPM
P2_B12wed_start, P2_B12wed_end	Wednesday	: OAM OPM	: OAM OPM
P2_B12thurs_start, P2_B12thurs_end	Thursday	:OAM OPM	:OAM OPM
P2_B12fri_start, P2_B12fri_end	Friday	: OAM OPM	:OAM OPM
P2_B12sat_start, P2_B12sat_end	Saturday	:OAM OPM	: OAM OPM
P2_B12sun_start, P2_B12sun_end	Sunday	OAM OPM	: OAM OPM

#### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND B12 = NONSTANDARD HOURS

B13. In the previous items, you indicated your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] was open to children on the weekend, before 7:00 am or after 6:00 pm during the week last week. Approximately what percentage of enrolled children birth to age 3 received care during less typical times?

We define "less typical" times as Monday through Friday, before 7:00 am or after 6:00 pm, or any time on Saturday or Sunday.

		PERCENTAGE OF CHILDREN [0-100]
C	Don't know	D
	RESPONSE	M

re [IF RespondentType=center: center/IF RespondentType=FCC: family child care] rents to use varying hours of care each week? rent one only s, at their convenience
s, at their convenience
s, from a set schedule of options
s, beyond a minimum number of hours
O RESPONSE
O RESPONSE
o (PROVIDER IS IN OPERATION)  ny weeks per year does your [IF RespondentType=center: center/IF entType=FCC: family child care] provide care for children under age 3?  WEEKS (0-52)  n't know
weeks per year does your [IF RespondentType=center: center/IF entType=FCC: family child care] provide care for children under age 3?  WEEKS (0-52)
weeks per year does your [IF RespondentType=center: center/IF entType=FCC: family child care] provide care for children under age 3?  WEEKS (0-52)
entType=FCC: family child care] provide care for children under age 3?  WEEKS (0-52)  n't know
n't know
0 (PROVIDER IS IN OPERATION)
0 (PROVIDER IS IN OPERATION)
- 1
nipStatus_Updated=0 (DISSOLVED): Next, we have some questions about funding.: a question about your funding at the time that your partnership with AM] ended.]
centage of your total annual funding [IF hvPartnershipStatus_Updated=1
NED): in the past year came from [EHS_PROGRAM]/ IF
rshipStatus_Updated=0 (DISSOLVED): came from the [EHS_PROGRAM] in the year he partnership dissolving]? Your best guess is fine.
t one only
ess than 25 percent 1
5 to 49 percent
) to 74 percent
5 to 99 percent 4
5 to 99 percent
5 )

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PROGRAMMER: IF hvPartnershipStatus\_Updated=0 (DISSOLVED), SKIP TO B25

# ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND B16=1, 2, 3, 4, OR 5

B17.	Was t	his percentage more or less than the previous year?	
P2_B17	Se	elect one only	
	O	More than the previous year	1
	0	Less than the previous year	2
	0	Same as the previous year	3
	0	Don't know	D
		NO RESPONSE	M
	IF S1	NE 0 (PROVIDER IS IN OPERATION)AND hvPartnershipStatus_Updated ED)	=1
B18.	Do yo	ou receive a payment from [EHS_PROGRAM] for each partnership slot th	at is not filled?
P2_B18	Se	elect one only	
	0	Yes, until the slot is filled	1
	0	Yes, for a limited period of time	2
	O	No	0 [SKIP TO B20]
		NO RESPONSE	M
(SUS	STAIN	NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Update ED) AND B18=1 OR 2	
	,	amount of payment received from [EHS_PROGRAM] for each slot that i	s not filled
P2_B19	J	elect one only	_
		The same as the amount provided to a filled partnership slot	
	0	Less than the amount provided to a filled partnership slot	
		NO RESPONSE	M
ASK (SUS	IF S1	NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Update	d=1
	cente	nild in a partnership slot loses subsidy funding, does your [IF Responde r/IF RespondentType=FCC: family child care] receive funds from [EHS_I t those funds?	
	O	Yes, for the entire period of time the child is enrolled	1
	O	Yes, for a limited period of time	2
	O	No	0 [SKIP TO B22]
		NO DESDONSE	M

# ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND B20=1 OR 2

B21. D	oes 1	the amount of funds received from [EHS_PROGRAM] offset the lost sub-	sidy fu	ınds?
P2_B21	· ·	The funds completely offset the lost subsidy funds	1	
	· C	The funds partially offset the lost subsidy funds	2	
		NO RESPONSE	M	
ASK IF		NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated ED)	=1	
		[EHS_PROGRAM] let you use the partnership funds for whatever purpos cessary, or are the funds earmarked for specific purposes?	es yo	u think
P2_B22	) (C	Whatever we think necessary	1	
	C	Earmarked for specific purposes	2	
		NO RESPONSE	M	
(SUST	AINE	NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated ED) nat purposes are partnership funds from [EHS_PROGRAM] used?	=1	
D20. 1 V		lect all that apply		
P2_B23_1		Early care and education services for children in partnership slots	1	
P2_B23_2		Administration and overhead	2	
P2_B23_3		Staff training and professional development	3	
P2_B23_4		Funds for materials, supplies, furniture, and equipment (do not count items that the EHS program purchased on your behalf)	. 4	
P2_B23_5		Enhanced salaries and/or benefits for staff		
P2_B23_99		Other [SPECIFY]		P2 B23 99oth
		RESPONSE		

## B25. Does your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] receive funds from any of the following sources?

Select one per row

			YES	NO	DON'T KNOW
P2_B25a	a. ]	Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees	1 <b>O</b>	O 0	D Q
P2_B25h	h.	State or local Pre-K funds from the state or local government	1 <b>O</b>	$\mathbf{C}_0$	<b>O</b> O
P2_B25i	] i.	Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)	1 <b>Q</b>	<b>O</b> 0	D Q
P2_B25b	b.	Other funding from state government (e.g., transportation, grants from state agencies)	1 <b>O</b>	<b>O</b> 0	<b>O O</b>
P2_B25c	c.	Other funding from local government (e.g., grants from county government or tribal government)	1 <b>O</b>	<b>C</b> 0	<b>C</b> Q
12_5260	d.	Federal government other than EHS partnership funding (e.g., Title I, Child and Adult Care Food Program, WIC)	1 <b>O</b>	<b>C</b> 0	<b>C</b> Q
P2_B25e	e.	Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	1 <b>Q</b>	<b>O</b> 0	<b>O O</b>
P2_B25f P2_B25g	f.	Revenues from fund raising activities, cash contributions, gifts, bequests, special events	1 <b>O</b>	<b>C</b> 0	<b>O O</b>
P2_B25j	g.	[IF hvPartnershipStatus_Updated=1 (SUSTAINED) AND A14=1: Funding from an Early Head Start program other than [EHS_PROGRAM]]	1 <b>O</b>	<b>O</b> 0	O Q
	j.	Other [SPECIFY] P2_B25j_oth	1 <b>O</b>	<b>C</b> 0	<b>C</b> Q
		NO RESPONSE		M	

P2\_C02f

#### C. STAFFING, PROFESSIONAL DEVELOPMENT, AND QUALITY IMPROVEMENT

ASI	ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)							
Section introduction screen: Next, we have some questions about staffing, professional development, and quality improvement supports at your [IF RespondentType=center: center/IF RespondentType=FCC: family child care].								
ASI	( IF S1 NE 0 (PROVIDER IS IN OPERATION)AND RespondentType=CI	ENTER						
C1.	How many child development staff who regularly care for children b	irth to age 3 currently						
	Child development staff include teachers, assistant teachers, and aides.							
	PROGRAMMER: RANGE FOR EACH BOX IS 0-100							
	7	CHILD DEVELOPMENT STAFF						
P2_C01a	a. Work at your child care center?							
P2_C01b	b. [IF hvPartnershipStatus_Updated=1 (SUSTAINED): Care for children who are in partnership slots?]							
	O Don't know	D						
	RESPONSE	M						
ASI	( IF S1 NE 0 (PROVIDER IS IN OPERATION)AND RespondentType=CE	ENTER						
C2.	Thinking about the [IF RESPONSE AT C1a: (C1); IF NO RESPONSE At child development staff that regularly care for children birth to age 3 number who hold each degree level. If a staff member counts in morplease count only the highest one. For example, if a staff member had and is in training for a CDA, please count them as "In training for CDA"	B, please enter the re than one category, as a high school degree						
	PROGRAMMER: RANGE FOR EACH BOX IS 0-40							
	٦	STAFF						
P2_C02a	a. Graduate/Professional Degree							
P2_C02b	b. Bachelor's Degree (B.A., B.S.)							
P2_C02c	c. Associate of Arts Degree (A.A., A.A.S.)							
P2_C02d	d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements							
P2_C02e	e. In training for CDA							
P2 C02f	f. High School Diploma/Equivalent							

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RESPONSE ...... M

### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)AND RespondentType=CENTER AND hvPartnershipStatus\_Updated=1 (SUSTAINED)

C2\_1. Thinking about the [C1b] child development staff that regularly care for children birth to age 3 in partnership slots, please enter the number who hold each degree level. If a staff member counts in more than one category, please count only the highest one. For example, if a staff member has a high school degree and is in training for a CDA, please count them as "In training for CDA."

PROGRAMMER: RANGE FOR EACH BOX IS 0-40

		STAFF
P2_C02_1a	a. Graduate/Professional Degree	
P2_C02_1b	b. Bachelor's Degree (B.A., B.S.)	
P2_C02_1c	c. Associate of Arts Degree (A.A., A.A.S.)	
P2_C02_1d	d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	
P2_C02_1e	e. In training for CDA	
P2_C02_1f	f. High School Diploma/Equivalent	
	O Don't know	
ASK	IF S1 NE 0 (PROVIDER IS IN OPERATION) AND RespondentType=F	CC
	How many adults 18 years of age or older in your family child care r provide care to children birth to age 3? Please include yourself in th this type of care.	
P2_C03	ADULTS [0-40]	
	O Don't know	D
	DESDONSE	NA

#### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)AND RespondentType=FCC

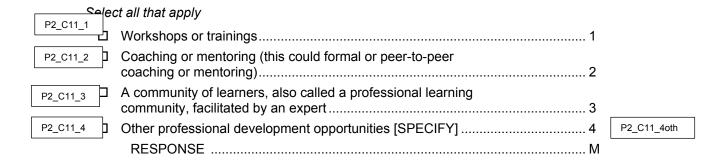
C4. Thinking about the [IF RESPONSE AT C3: (C3); IF NO RESPONSE AT C3: LEAVE BLANK] adult(s) that regularly work with or provide care to children, please enter the number who hold each degree level. If an adult counts in more than one category, please count only the highest one. For example, if someone has a high school degree and is in training for a CDA, please count them as "In training for CDA."

	PRC	<b>GRAMMER</b> : RANGE FOR EACH BOX IS 0-40						
				STAF	F			
P2_C04a		a. Graduate/Professional Degree						
P2_C04b		b. Bachelor's Degree (B.A., B.S.)						
P2_C04c		c. Associate of Arts Degree (A.A., A.A.S.)						
P2_C04d	d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements							
P2_C04e	e. In training for CDA							
P2_C04f	Ī	f. High School Diploma/Equivalent						
	RESPONSEM							
ASK	IF S	1 NE 0 (PROVIDER IS IN OPERATION) AND RespondentT	ype=CEN	ITER				
C5.	C5. Thinking about the child development staff who serve children birth to 3, how many have left							
your program in the past 12 months?								
P2_C0	)5	CHILD DEVELOPI	MENT STA	AFF [0-40]				
	O	Don't know		D				
ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND RespondentType=CENTER AND C5 GE 1								
		e [C5] child development staff caring for children birth to	3 who le	eft your prog	ram, did			
	any	leave						
			3	Select one per	row			
P2_C06a			YE	S	NO			
P2_C06b	a.	For a change in careers?	1 (	)	<b>O</b> 0			
P2_C06c		For higher compensation or a better benefits package in the same field?	1 (	)	O 0			
P2_C06d	c. Because they were fired or laid off?				<b>O</b> 0			
P2_C06e	d. For parental leave? 1 O 0				<b>O</b> 0			
P2_C06f	e.	For personal reasons?	1 🤇	)	<b>O</b> 0			
P2_C06g	f.	For reasons related to the COVID-19 pandemic	1 🤇	)	<b>O</b> 0			
	g.	For another reason? [SPECIFY] P2_C06g_oth	1 🤇	)	<b>O</b> 0			
		NO RESPONSE		NA				

ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)AND RespondentType=F0	C	
C7. Thinking about the adults who regularly work with or provide care to many have left your family child care in the past 12 months?	children birt	h to 3, how
ADULTS [0-40]		
O Don't know	D	
ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND RespondentType=F0	CC AND C7 G	E 1
C8. Of the [C7] adults who left your family child care, did any leave		
	Select one	e per row
	YES	NO
22_C08a a. For a change in careers?	1 <b>Q</b>	<b>O</b> 0
b. For higher compensation or a better benefits package in the same field?	1 <b>Q</b>	O 0
2_C08c c. Because they were fired or laid off?	1 <b>O</b>	<b>O</b> 0
2_C08d d. For parental leave?	1 <b>Q</b>	<b>O</b> 0
e. For personal reasons?	1 O	$\mathbf{C}_0$
f. For reasons related to the COVID-19 pandemic	1 <b>O</b>	<b>O</b> 0
g. For another reason? [SPECIFY] P2_C08g_oth	1 O	$\mathbf{C}_0$
NO RESPONSE	M	
ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)		
C9. How many vacant [IF RespondentType=CENTER: infant and toddler] currently have? Please enter 0 if you have no vacant positions.	positions do	you
P2_C09 ACANT POSITIONS [0-40]		
O Don't know	D	
ASK S1 NE 0 (PROVIDER IS IN OPERATION) AND IF C9 NE 0 OR NOT MIS	SSING	
C10. For any unfilled positions, what are the reasons they remain unfilled	<b>!?</b>	
Select all that apply		
P2_C10_1	1	
P2_C10_2	2	
P2_C10_3	3	
P2_C10_4	4	
P2_C10_5	5	
P2_C10_6	6	
Delication of the property of	99	9 P2_C10_99
RESPONSE	M	

C11. In the past year, did you [IF RespondentType=CENTER: provide/IF RespondentType=FCC: access] the following professional development opportunities [IF RespondentType=CENTER: to/IF RespondentType=FCC: for] yourself or your staff from your [IF RespondentType=center: center/IF RespondentType=FCC: family child care]?

Opportunities may be in person or online.



#### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND RespondentType=CENTER

C12. What type of staff participated in this professional development opportunity at least once during the past year?

PROGRAMMER: ONLY DISPLAY EACH C12 A-D IF SELECTED IN C11

#### Select all that apply

	TEACHERS	ASSISTANT TEACHERS	AIDES	ADMINISTRATORS (DIRECTOR)	OTHER STAFF					
a. Workshops or training P2_	a. Workshops or training P2_C12a_11, P2_C12a_12, P2_C12a_13, P2_C12a_14, P2_C12a_15									
b. Coaching or mentorin P2_C12b_11, P2_C12b_12, P2_C12b_13, P2_C12b_14, P2_C12b_15										
c. A community of learners,	c. A community of learners									
also called a professional learning community,  P2_C12c_11, P2_C12c_12, P2_C12c_13, P2_C12c_14, P2_C12c_15  15 □										
facilitated by an expert										
d. [C11_oth SPECIFY TEXT] P2_C12d_11, P2_C12d_12, P2_C12d_13, P2_C12d_14, P2_C12d_15										
RESPONSE M										

#### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND RespondentType=FCC

## C13. Who participated in this professional development opportunity at least once during the past year?

PROGRAMMER: ONLY DISPLAY EACH C13\_A-D IF SELECTED IN C11

Select all that apply

				I DID	OTHER STAFF DID
a.	Workshops or trainings	P2_C13a_1	I1, P2_C13a_15	11 🗆	15 🗆
b.	Coaching or mentoring	P2_C13b_	_11, P2_C13b_15	11 🗆	15 🗆
C.	A community of learners, a learning community, facility		professional P2_C13c_11, P2_C	11 □ :13c_15	15 🗆
d.	[C11_oth SPECIFY TEXT]		Rd 11 P2 C13d 15	11 0	15 🗆
P2_C13d_11, P2_C13d_15  RESPONSE					

#### **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)**

#### C14. Who was the primary provider of these professional development opportunities?

PROGRAMMER: ADD HOVER DEFINITION FOR CCR&R = "Child Care Resource and Referral" and QRIS = "Quality Rating and Improvement System"

#### Select one only

0	[IF hvPartnershipStatus_Updated=1 (SUSTAINED): EHS program or delegate agency staff]	1	
O	Someone in my [IF RespondentType=CENTER: organization/ IF RespondentType=FCC: family child care]	2	
$\mathbf{C}$	[IF RespondentType=FCC: Staff from a family child care network]	3	
O	or QRIS) or consultant (such as technical assistance		
	provider)	4	
$\mathbf{O}$	Other [SPECIFY]	99	P2_C14oth
	NO RESPONSE	М	

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C15. [IF hvPartnershipStatus\_Updated=1 (SUSTAINED): Under the partnership grant, do you or your staff have opportunities to obtain any of the following?]

[IF hvPartnershipStatus Updated=0 (DISSOLVED): Do you or [IF RespondentType=CENTER: your staff/IF RespondentType=FCC: other caregivers who work in your family child care] have access to opportunities to obtain any of the following?]

For example, opportunities could include grants or loans for tuition or books, or paid release time to attend classes.

Cala	ct all that apply	
P2 C15 1	стан тагарру	
12_010_1	ct all that apply Child Development Associate (CDA)	. 1
P2_C15_2	State-awarded certification, credential, or licensure that	
	meets or exceeds CDA requirements	. 2
P2_C15_3	Associate of Arts (A.A., A.A.S.) degree	. 3
P2_C15_4	Bachelor's (B.A., B.S.) degree	
	RESPONSE	. M

#### **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)**

C16. What is the current average annual salary of [IF RespondentType=CENTER: child development staff caring for children birth through age 3/ IF RespondentType=FCC: family child care providers] at your [IF RespondentType=CENTER: center/ IF RespondentType=FCC: family child care]? If staff is paid hourly, please give your best estimate of annual salary. For staff that work part-time, please use their annual full-time equivalent.

Please only enter dollar amount values in your response, and do not include commas or other special characters.

		AVERAGE ANNUAL SALARY [0-99,999]
O	Don't know	D
	RESPONSE	M

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P2 C16

C17. Which of the following benefits are currently provided to [IF RespondentType=CENTER: child development staff caring for children birth through age 3/ IF RespondentType=FCC: family child care providers] at your [IF RespondentType=CENTER: center/ IF RespondentType=FCC: family child care]?

Select all that apply

P2_C17	Sick days	1	
P2_C17			
P2_C17_			P2_C17_99oth
P2_C17			
	RESPONSE		

C18. Please indicate whether you, another staff member, [IF hvPartnershipStatus\_Updated=1 (SUSTAINED): someone from [EHS\_PROGRAM],] or someone from a different organization conducted any of the following activities at your [IF RespondentType=CENTER: center/ IF RespondentType=FCC: family child care] in the past year:

Select all that apply

		[IF RespondentType= CENTER: Conducted by someone in my organization]	[IF hvPartnershipStatus _Updated=1 (SUSTAINED): Conducted by someone from [EHS_PROGRAM]]	Conducted by someone from a different organization	[IF THIS COLUMN IS MARKED FOR A ROW, NO OTHER COLUMNS MAY BE SELECTED] Activity not conducted
a.	Observed [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers] to assess their practice	P2_C18a_11, P2_C	:18a_12, P2_C18a_13, F	<sup>2</sup> 2_C18a_14	14 🗖
b.	Met with [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers] to provide feedback regarding their teaching practices	11 D P2_C18b_11, P2_C	:18b_12, P2_C18b_13, F	<sup>2</sup> 2_C18b_14	14 🗖
c.	Met with [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers] to discuss how to link the curriculum to children's developmental needs	11 P2_C18c_11, P2_		P2_C18c_14	14 🗖
d.	Discussed with [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers] strategies to ensure teaching practice is developmentally appropriate	11 D P2_C18d_11, P2_C	12 □ :18d_12, P2_C18d_13, F	13 <b>口</b> P2_C18d_14	14 🗖
e.	Discussed with [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers] strategies to ensure a rich curriculum	11 D P2_C18e_11, P2_C	12 <b>□</b> :18e_12, P2_C18e_13, F		14 🗖
f.	Discussed with [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers] strategies to ensure developmentally appropriate emotional and behavioral support	11 D P2_C18f_11, P2_C	40 <b>П</b> 18f_12, P2_C18f_13, P2		14 🗖
g.	Reviewed [IF RespondentType=CENTER: staff/ IF RespondentType=FCC: providers]s' lesson plans	P2_C18g_11, P2_C18g	12 <b>□</b> g_12, P2_C18g_13, P2_0	C18g_14	14 🗖
h.	Reviewed program data to see how your [IF RespondentType=CENTER: center/ IF RespondentType=FCC: family child care] is doing with respect to specific goals or objectives	11 D	12 □ 018h_12, P2_C18h_13, F	13 🗖 P2_C18h_14	14 🗖
i.	[IF hvPartnershipStatus _Updated=1 (SUSTAINED) OR IF A11 IS NE M AND IS LESS THAN 365 DAYS AGO: Completed checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS)]	11 P2_C18i_11, P2	12 <b>□</b> 2_C18i_12, P2_C18i_13	13 <b>□</b> , P2_C18i_14	14 🗖
	DECDONOE				N.4

P2\_C20\_4

P2 C20 5

P2 C20 6

P2\_C20\_99

### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND ANY C18 ROW=13 AND hvPartnershipStatus\_Updated=0 (DISSOLVED); LOOP EACH ACTIVITY WHERE C18=13

C19. Who from a third-party organization or consultant conducted the following activities at your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] in the past

yea	ar?				
Se	lec	t all that apply			
[	☐ [IF RespondentType=FCC: Someone from a family child care network]				
[		Someone from the local child care resource and referral agency (CCR&R) $2$	Р	2_C19_2a – P2_C19_2i	
[	☐ Someone from the state or local child care quality rating and improvement system (QRIS)				
		Someone from the state or local child care licensing agency4	Р		
Γ	]	Someone else, not from [IF FCC: family child care network], CCR&R, QRIS, or licensing agency	Р	2_C19_5a – P2_C19_5i	
[	]	Other [SPECIFY] P2_C19_99a – P2_C19_99i 99		P2_C19_99a_oth -	
		RESPONSEM		P2_C19_99i_oth	
		NE 0 (PROVIDER IS IN OPERATION) AND ANY C18 ROW = 11 OR 12 OR 13 rshipStatus_Updated=1 (SUSTAINED)	AN	D	
		do you use the information gained from [IF ONLY ONE ROW AT C18=11, 12, ity/IF MORE THAN ONE ROW AT C18=11, 12, OR 13: these activities]?	OR	13: this	
Se	lec	t all that apply			
P2_C20_1		Inform staff training and professional development 1			
P2_C20_2		Draw on curriculum implementation supports2			
P2_C20_3		Obtain technical assistance			

Identify new strategies for continuous improvement ...... 4

Other [SPECIFY].......99

RESPONSE ...... M

P2\_C20\_99oth

□ Develop written improvement plan ...... 5 

#### D. ADDITIONAL SERVICES FOR CHILDREN AND FAMILIES

ASK IF S1 NE 0	(PROVIDER	IS IN OPERATION
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Section introduction screen: This section asks about other services provided to children and families.

### **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)**

D1. Do you currently offer any of the following services to children birth to 3? These services can be provided by your [IF RespondentType=center: center/IF RespondentType=FCC: family child care agency], [IF hvPartnershipStatus\_Updated=1 (SUSTAINED): by [EHS\_PROGRAM],] or by a community partner.

Select all that apply

1		
P2_D01_1	Vision, hearing, or dental screening	. 1
P2_D01_2	Mental health observation/assessment	. 2
P2_D01_3	Developmental screening	. 3
P2_D01_4	Speech screening	. 4
P2_D01_5	Nutritional screening	. 5
P2_D01_6	Lead screening	. 6
P2_D01_7	Speech or physical therapy	. 7
· ·	None of these	. 0
	RESPONSE	. M
	P2_D01_2 P2_D01_3 P2_D01_4 P2_D01_5 P2_D01_6 P2_D01_7	P2_D01_2 Mental health observation/assessment  P2_D01_3 Developmental screening  P2_D01_4 Speech screening  P2_D01_5 Nutritional screening  P2_D01_6 Lead screening  P2_D01_7 Speech or physical therapy  O None of these

## ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND D1 NE 0 (NONE OF THESE)

D2. For which infants and toddlers do you offer these services?

PROGRAMMER: DISPLAY ONLY THOSE SELECTED IN D1

Select all that apply

		CHILDREN IN PARTNERSHIP SLOTS		CHILDREN WHOSE CARE IS NOT FUNDED BY THE PARTNERSHIP GRANT	
a.	Vision, hearing, or dental screening	11 🗆	P2_D02a_1	1, P2_D02a_12	12 🗆
b.	Mental health observation/assessment			1, P2_D02b_12	12 🗆
C.	Developmental screening	11 🗖	P2_D02c_1	1, P2_D02c_12	12 🗖
d.	Speech screening	11 🗖	P2_D02d_1	1, P2_D02d_12	12 🗖
e.	Nutritional screening	11 🗖	P2_D02e_1	1, P2_D02e_12	12 🗖
f.	Lead screening	11 🗖	P2_D02f_1	1, P2_D02f_12	12 🗖
g.	Speech or physical therapy	11 🗖	P2_D02g_1	1, P2_D02g_12	12 🗖
	DESDONSE	'			N./

#### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND D1 NE 0 (NONE OF THESE)

D3. Who is responsible for providing this service?

PROGRAMMER: DISPLAY ONLY THOSE SELECTED IN D1

Select all that apply

		[IF HVPARTNERSHIP UPDATED=1 (SUS DIRECTLY BY EHS F STAFF?]	TAINED):	DIRECTLY BY YOUR [IF RespondentType=center: CENTER/IF RespondentType=FCC: FAMILY CHILD CARE]?	REFERRALS TO A COMMUNITY PARTNER OR AGENCY?	
a.	Vision, hearing, or dental screening	11 🗖	P2_D03a_	11, P2_D03a_12, P2_D03a_13	3 13 🗖	
b.	Mental health observation/assessment	11 🗖	P2_D03b_	11, P2_D03b_12, P2_D03b_13	3 13 🗆	
C.	Developmental screening	11 P2_D03c_11, P2_D03c_12, P2			13 🗖	
d.	Speech screening	11 🗆	P2_D03d_	11, P2_D03d_12, P2_D03d_13	3 13 🗆	
e.	Nutritional screening	11 🗆	P2_D03e_	11, P2_D03e_12, P2_D03e_13	13 🗖	
f.	Lead screening	11 🗆	P2_D03f_1	11, P2_D03f_12, P2_D03f_13	13 🗖	
g.	Speech or physical therapy	11 🗆	P2_D03g_	11, P2_D03g_12, P2_D03g_13	13 🗖	
	RESPONSE				M	

### **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)**

D4. Do you currently offer any of the following services to families of enrolled children birth to age 3? These services can be provided by your [IF RespondentType=center: center/IF RespondentType=FCC: family child care], [IF hvPartnershipStatus\_Updated=1 (SUSTAINED): by [EHS\_PROGRAM], or by a community partner.

Select all that apply

P2_D04_1	Health care (adult, dental, or prenatal)	. 1
P2_D04_2	Housing or transportation assistance	. 2
P2_D04_3	Education or job training/employment assistance	. 3
P2_D04_4	Services for drug or alcohol abuse	. 4
P2_D04_5	Financial counseling	. 5
P2_D04_6	Services for dual-language learners	. 6
P2_D04_7	Mental health screenings or assessments	. 7
P2_D04_8	Direct provision of goods such as diapers or formula	. 8
O	None of these	. 0
	RESPONSE	. M

## ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND D4 NE 0 (NONE OF THESE)

## D5. For which families do you offer these services? PROGRAMMER: DISPLAY ONLY THOSE SELECTED IN D4

Select all that apply

		FAMILIES OF CHILE PARTNERSHIP S		FAMILIES OF CHI WHOSE CARE II FUNDED BY I PARTNERSHIP (	S NOT THE
a.	Health care (adult, dental, or prenatal)	11 E P2	2_D05a_11,	P2_D05a_12	
b.	Housing or transportation assistance	11 🗖	P2_D05b	o_11, P2_D05b_12	
C.	Education or job training/employment assistance	11 🗆	P2_D050	:_11, P2_D05c_12	
d.	Services for drug or alcohol abuse	11 🗖	P2_D050	d_11, P2_D05d_12	
e.	Financial counseling	11 🗖	P2_D05e	e_11, P2_D05e_12	
f.	Services for dual-language learners	11 🗆	P2_D05f		
g.	Mental health screenings or assessments	11 🗖	P2_D05g	g_11, P2_D05g_12	
h.	Direct provisions of good such as diapers or formula	11 🗖	P2_D05h	n_11, P2_D05h_12	
	RESPONSE			M	

### ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND D4 NE 0 (NONE OF THESE)

### D6. Who is responsible for providing this service?

PROGRAMMER: DISPLAY ONLY THOSE SELECTED IN D4

Select all that apply

	[IF HVPARTNERSHIPSTATUS_ UPDATED=1 (SUSTAINED): DIRECTLY BY EHS PROGRAM?]	DIRECTLY BY YOUR [IF RespondentType=center: CENTER/IF RespondentType=FCC: FAMILY CHILD CARE]?	REFERRALS TO A COMMUNITY PARTNER OR AGENCY?
a. Health care (adult, dental, or prenatal)	11 P2_D06	a_11, P2_D06a_12, P2_D06a_1	3 🗖
b. Housing or transportation assistance	11 P2_D06i	o_11, P2_D06b_12, P2_D06b_1	3 3
c. Education or job training/employment assistance	11 P2_D060	c_11, P2_D06c_12, P2_D06c_1	3 13 🗖
d. Services for drug or alcohol abuse	11 P2_D06d	d_11, P2_D06d_12, P2_D06d_1	3 🗖
e. Financial counseling	11 P2_D06e	e_11, P2_D06e_12, P2_D06e_1	3 🗖
f. Services for dual-language learners	11 P2_D06f	11, P2D06f12, P2D06f13	13 🗖
g. Mental health screenings or assessments	11 P2_D06	g_11, P2_D06g_12, P2_D06g_1	3 3
h. Direct provisions of good such as diapers or formula	11 P2_D0	6h_11, P2_D06h_12, P2_D06h_	13
RESPONSE		M	

## **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)** D7. Do you currently offer home visits to families? Select one only P2 D07 PROGRAMMER: IF hvPartnershipStatus Updated=0 (DISSOLVED), SKIP TO SECTION G ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus Updated=1 (SUSTAINED) AND D7=2 D8. Which families are offered home visits? Would you say families enrolled in partnership slots are... Select one only P2 D08 NO RESPONSE ...... M ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus Updated=1 (SUSTAINED) AND D7=1 OR 2 D9. Who is primarily responsible for conducting home visits? Select one only P2 D09 P2 D09oth NO RESPONSE ...... M

## **E. PARTNERSHIP AGREEMENTS AND CHARACTERISTICS**

/	ASK IF S1 NE 0	(PROVIDER IS IN	<b>OPERATION) A</b>	ND hvPartnershipStatus_	Updated=1
(	(SUSTAINED)		-		

Section introduction screen: Now we have a few questions about your partnership agreement with [PROGRAM] and its characteristics.

	ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated=1 (SUSTAINED)					
<b>E1.</b> P2_E01	care] [IF HasPartAgree=1: had/HasPartAgree=0: did not have] a written partnership agreement in place with [EHS_PROGRAM]. Do you currently have a written agreement in place with [EHS_PROGRAM]?					
	O	Yes	1			
	O			KIP		
		TO E7]				
	ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated=1 (SUSTAINED) AND E1=1					
<b>E2.</b> P2_E02		e agreements specify the amount of funding your [IF RespondentType=or/IF RespondentType=FCC: family child care] will receive overall per yea ear?				
	Select	one only				
	O	Overall per year	1			
	O	Per child per year	2			
	O	Amount not specified	3			
	O	Other [SPECIFY]	99	P2_E02oth		
		NO RESPONSE	M			
		NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated ED) AND E1=1	i=1			
E3.	How	often do you review and/or update the agreement with [EHS_PROGRAM]	?			
P2_E03	Select	one only				
	· O	Annually	1			
	O	Every other year	2			
	O	As needed	3			
	O	Other [SPECIFY]	99	P2_E03oth		
		NO RESPONSE	M			

## ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND E1=1

## E4. When was the agreement last updated? Your best estimate is fine.

		/		MM/YYYY [1-12]/[2000-2022]
	P2_E04mo		P2_E04yr	
$\mathbf{O}$	Don't knov	v		D
	NO RES	PON	ISE	M

## ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND E1=1

## E5. Were any of the components of the agreement updated, revised, or added since the agreement was first established?

Selec	t all that apply		
P2_E05_1	Statement of the partnership's goals	1	
P2_E05_2	The number of children and families to be served in the partnership	2	
P2_E05_3	The number of children to be served in the partnership that		
	receive child care subsidies	3	
P2_E05_4	Information about procedures for recruitment and enrollment	4	
P2_E05_5	Start-up and ongoing procedures for filling partnership slots	5	
P2_E05_6	Eligibility criteria for partnership slots	6	
P2_E05_7	Actions partners will take to meet the goals specified in the agreement	7	
P2_E05_8	Specific roles and responsibilities of partners to comply		
	with the Head Start Program Performance Standards (HSPPS)	8	
P2_E05_9	Enhancements to teacher/staff salaries	9	
P2_E05_10	Amount and purpose of the funds to be provided	10	
P2_E05_11	Training and technical assistance to be provided or		
	arranged by the partnership program to child care partners	11	
P2_E05_12		!!	
12_200_12	Materials and supplies to be provided by the EHS program to child care partners	12	
P2_E05_13	A defined process for how decisions will be made		
P2_E05_14	A statement of each party's rights, including the right	0	
	to terminate the agreement	14	
P2_E05_99	Other [SPECIFY]	99	P2_E05_99oth
•	I have not been in this position long enough to answer this question	NA	
	NO RESPONSE	M	

# ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED) AND E1=1

E6.	Hov	v was the partnership agreement in place with [EHS_PROGRAM] updated?		
P2_E06	3	Select one only		
		[EHS_PROGRAM] updated the partnership agreement with no input from my [IF RespondentType=center: center/IF RespondentType=FCC: family child care].	1	
	1	<ul> <li>[EHS_PROGRAM] updated the partnership agreement</li> <li>and then asked for input to finalize.</li> </ul>	2	
	,	<ul> <li>[EHS_PROGRAM] updated the partnership agreement jointly with my [IF RespondentType=center: center/IF RespondentType=FCC: family child care].</li> </ul>	3	
		I have not been in this position long enough to answer this question	NA	
		NO RESPONSE	M	
	= , , , , , , , , , , , , , , ,			
E7.	Who	en considering the collaboration between your [IF RespondentType=center		
E7.	Who	,		
E7.	Who	en considering the collaboration between your [IF RespondentType=center pondentType=FCC: family child care] and [EHS_PROGRAM], what do you		
E7.	Who Res the	en considering the collaboration between your [IF RespondentType=center pondentType=FCC: family child care] and [EHS_PROGRAM], what do you	consider to be	
<b>E7</b> .	Who Res the	en considering the collaboration between your [IF RespondentType=center pondentType=FCC: family child care] and [EHS_PROGRAM], what do you greatest strengths? Rank the 3 greatest strengths.  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC:	consider to be	
<b>E7.</b> P2_E07a	Who Res	en considering the collaboration between your [IF RespondentType=center pondentType=FCC: family child care] and [EHS_PROGRAM], what do you greatest strengths? Rank the 3 greatest strengths.  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] feels like a full partner with [EHS_PROGRAM].  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC:	consider to be	
<b>E7.</b> P2_E07a P2_E07b	Whe Resthe	en considering the collaboration between your [IF RespondentType=center pondentType=FCC: family child care] and [EHS_PROGRAM], what do you greatest strengths? Rank the 3 greatest strengths.  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] feels like a full partner with [EHS_PROGRAM].  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] has a voice in the partnership.  My ability to pick up the phone and call [EHS_PROGRAM] when needed.  The close alignment of goals between my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] and [EHS_PROGRAM].	consider to be	
P2_E07a P2_E07b P2_E07c	Whe Resthe	en considering the collaboration between your [IF RespondentType=center pondentType=FCC: family child care] and [EHS_PROGRAM], what do you greatest strengths? Rank the 3 greatest strengths.  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] feels like a full partner with [EHS_PROGRAM].  The extent to which my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] has a voice in the partnership.  My ability to pick up the phone and call [EHS_PROGRAM] when needed.  The close alignment of goals between my [IF RespondentType=center: center/IF	consider to be	

	K IF S		NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated=1 ED)
E8.	pro	mo	e currently one person or a team of people who actively and enthusiastically ted the EHS-CC partnerships? These people are sometimes referred to as pions" or "advocates."
	Plea	ase	include yourself if you are a champion or advocate.
	Sele	ect	all (Select one only if either of the last option is picked).
P2_E0		] ]	Yes, one or more people in my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] champion the partnership
			Yes, one or more people at the EHS program champion the partnership 2
		O	No, there are no champions or advocates for the partnership 0
			NO RESPONSE M
	K IF S		NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus_Updated=1 ED)
E9.			the beginning of the partnership, has there been one person or a team of people who hampions or advocates?
	Plea	ase	include yourself if you were a champion or advocate.
	Sele	ect	all (Select one only if either of the last two options is picked).
2_E09	_1		Yes, one or more people in my [IF RespondentType=center: center/IF RespondentType=FCC: family child care] championed the implementation of the partnership
2_E09	_2		Yes, one or more people at the EHS program championed the implementation of the partnership
		O	No, there were no champions or advocates when the partnership started 0

ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND hvPartnershipStatus\_Updated=1 (SUSTAINED)

E10.	Next, we have a few questions about the person responsible for overseeing the EHS-CC
P2_E10	partnership grant [IF RespondentType=center: at your center/ IF RespondentType=FCC: for your family child care]. Since 2016, has the person responsible for overseeing the EHS-CC
	partnership grant [IF RespondentType=center: at your center/ IF RespondentType=FCC: for
	your family child care] changed?

O	Yes	1
O	No	0
	NO RESPONSE	Μ

## ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND E10=1

E11. Since 2016, how many times has the person responsible for overseeing the EHS-CC partnership grant at your [IF RespondentType=center: center/IF RespondentType=FCC: family child care] changed?

P2_E11			NUMBER OF TIMES [0-40]	
	$\overline{\mathbf{c}}$	I have not been in this position lo	ong enough to answer this question	NA
		RESPONSE		М

P2 G03

## G. BACKGROUND AND EXPERIENCE **ASK ALL** Section introduction screen: Finally, we have a few questions about your background and experience. **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)** G1. Are you a... Select one only P2\_G01 O Owner 4 P2 G01oth NO RESPONSE ...... M **ASK IF S1 NE 0 (PROVIDER IS IN OPERATION)** Including this year, how many years have you been working in [IF RespondentType=center: his center/ IF RespondentType=FCC: this family child care]? P2 G02 YEARS [0-40] RESPONSE ...... M ASK IF S1 NE 0 (PROVIDER IS IN OPERATION) AND Including this year, how many years have you been in your current position?

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YEARS [0-40]

O Don't know

RESPONSE ......M

ASK ALL	-			
Res	Including this year, how many years have you been involved in your [IF RespondentType=center: center/ IF RespondentType=FCC: family child care]'s partnership with [EHS_PROGRAM]?			
enro	eartnership, we mean a formal contractual agreement to operate Illment slots with direct funding from the 2015, 2017, and/or 2019 y Head Start-Child Care Partnership grants.			
Γ	YEARS [0-40]			
L	Dan't Image	5		
0	Don't know	D		
ASK ALL	-			
G5. Inclu	uding this year, how many years have you been working with infants ar	nd/or tode	dlers?	
Г	YEARS [0-40]			
P2_G05				
0	Don't know	D		
ASK ALL				
G6. Wha	It is the highest level of education that you have completed?			
1	ct one only			
2_G00	High school diploma or GED certificate	1		
_	·			
<b>O</b>	Some technical/vocational school, but no diploma			
0	Technical/vocational diploma			
0	Some college courses, but no degree			
0	Associate of Arts degree (A.A., A.A.S.)			
0	Bachelor's degree (B.A., B.S.)			
0	Master's degree (M.A., M.S.)	7		
•	Doctorate degree (Ph.D., Ed.D.)	8		
0	Professional degree after Bachelor's degree	9		
0	Other [SPECIFY]	99	P2_G060	

NO RESPONSE ...... M

