



441 G St. N.W.
Washington, DC 20548

September 14, 2016

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable John Kline
Chairman
Committee on Education and the Workforce
House of Representatives

Child Care: Information on Integrating Early Care and Education Funding

Every year millions of children under the age of 5 participate in federal and state early care and education programs. For fiscal years 2010 to 2015, Congress appropriated almost \$48 billion to Head Start and over \$31 billion to the Child Care and Development Fund (CCDF), the two largest sources of federal funding for early care and education. The Head Start program is administered by the Department of Health and Human Services (HHS) through about 1,800 grants to groups who deliver education, nutrition, health, and other social services to approximately 1 million children in poverty from birth to age 5 each year. Through Head Start, HHS funds two programs—Head Start, which provides early care and education to 3- and 4-year-olds, and Early Head Start, which serves pregnant women and children from birth up to age 3. CCDF funding is provided through a block grant to states and tribes to, among other things, help low-income, working families pay for child care (for children from birth to 12) so that parents can work, pursue an education, or attend job training. Additionally, states spend about \$5.6 billion annually on state-funded prekindergarten (Pre-K) programs.¹

To better leverage funds, expand services, and make quality improvements, many providers delivering these early care and education services are forming partnerships with other providers or combining funds from federal and other sources. For example, in calendar year 2012, the most recent year for which data are available, over 40 percent of child care centers had some funding from Head Start or public Pre-K or both.² To support early care and education partnerships, Congress appropriated just over \$1.1 billion in recent years (\$500 million in fiscal year 2014 and \$635 million in fiscal year 2016) for HHS’s proposal to expand the number and

¹The National Institute for Early Education Research, Rutgers Graduate School of Education, The State of Preschool 2014; State Preschool Yearbook (New Brunswick, N.J.: Rutgers University, 2015).

²U.S. Department of Health and Human Services, Office of Planning, Research and Evaluation, Administration for Children and Families, National Survey of Early Care and Education Project Team, *Characteristics of Center-based Early Care and Education Programs: Initial Findings from the National Survey of Early Care and Education (NSECE)*, OPRE Report #2014-73a (Washington DC: 2014). Available at <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>.

quality of early care and education slots for infants and toddlers through Early Head Start-Child Care Partnerships (EHS-CCP) grants or new Early Head Start grants. EHS-CCP grants support partnering between Early Head Start programs and child care providers, giving preference to child care providers with CCDF-subsidized children.

The different federal funding streams allocated to states and local grantees to support these programs carry an array of varying requirements. In 2012, GAO asked that the Departments of Education (Education) and HHS consider taking action to extend their coordination efforts to other federal agencies with early care and education programs to mitigate any program fragmentation, simplify children's access to these services, collect the data necessary to coordinate operation of these programs, and identify and minimize any overlap and duplication.³

You asked us to examine how state and local grantees are managing multiple funding sources and partnering with other providers to provide quality early care. This report describes what selected state officials and local child care providers identified as (1) the benefits to integrating funding from federal Head Start, CCDF, and state Pre-K programs and partnering with other providers; (2) factors that adversely affect integration and partnering; and (3) ways these adverse impacts were mitigated.⁴

To gather information about the factors that affected integrating funds and partnering, we conducted 24 interviews with state officials and local providers in four states (Colorado, Maryland, Washington, and West Virginia). We initially identified states using recommendations from HHS, state officials, and child care stakeholder groups. The final list of states we selected was based on the following criteria: (1) participation in HHS's EHS-CCP grant program; (2) experiences with partnering among early care and education programs; (3) variation in licensing standards; and (4) differences in state income eligibility levels for CCDF.⁵ In each state, we selected 2 to 5 providers for interviews, also based on recommendations of state officials or providers that were integrating funds or partnering as part of their provision of early care and education services. We also conducted interviews with HHS, Education, and representatives of child care stakeholder groups. We also reviewed relevant federal laws and regulations, agency documentation, and literature. Enclosure I of this report provides a detailed presentation of our work and findings in a briefing to our requesters on May 19, 2016.

The information obtained from our work is illustrative and not representative of early care and education program partnerships in a particular state or of a particular early care and education program.

³GAO, *2012 Annual Report: Opportunities to Reduce Duplication, Overlap and Fragmentation, Achieve Savings, and Enhance Revenue*, [GAO-12-342SP](#) (Washington, D.C.: Feb. 28, 2012). As of March 2015 Education had addressed GAO's February 2012 suggestion to deepen and extend coordination efforts among federal agencies with early learning and child care programs. For example, Education and HHS decided to include other agencies identified by GAO as providing early learning or child care services in discussions at meetings of the Interagency Policy Board on Early Learning—their inter-departmental workgroup that focuses on children.

⁴For the purposes of this study, we define integration as the combined use of Head Start, CCDF, and/or state Pre-K funds to provide services.

⁵In selecting states, we considered variation in child care licensing standards and state income eligibility levels for CCDF because differences in the stringency of these requirements could potentially affect the ease of integrating CCDF funds with other funding streams.

We conducted this performance audit from August 2015 to September 2016 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings based on our audit objectives.

Background

In addition to parents' expenditures for early learning and child care services, multiple levels of government contribute funding to services delivered in a variety of settings through a loosely connected system of private and public programs. Public financing for early care and education in the United States involves multiple funding streams and programs at federal, state, and local levels. Head Start is funded through grants that are provided from the federal government directly to local providers. However, a significant portion of federal support for child care is provided through funding to states, such as through CCDF, which states use to provide subsidies to low-income families. For CCDF, states generally determine their own policies concerning the administration of these funds, including who is eligible to receive subsidies and in what amounts, within the parameters of federal guidance and regulations.

The variation in how early care and education is funded along with the various federal and state rules governing the expenditures can have implications for local providers integrating these funds to provide services. Providers who receive public funding for their early care and education programs may have a mix of Head Start, Child Care, and/or state Pre-K-funded children in one classroom. As such, they may face challenges administering services to children whose care is supported by these sources of funding due to each sources' different requirements.

Pending changes to rules governing both Head Start and CCDF could also have an impact on providers' ability to integrate funds. On June 19, 2015, and December 24, 2015, HHS issued notices of proposed rulemaking for both Head Start and CCDF⁶ which may change some of the requirements cited by state officials and local child care providers in our interviews for this report. HHS expects to finalize both rules in late summer 2016. However, we did not explore the potential impact of these changes with officials and providers with whom we spoke. Rather, the scope and purpose of this report was to provide some baseline information demonstrating the current experiences faced by selected state officials and local child care providers when partnering or integrating funds.

Summary of Findings

In summary, we found:

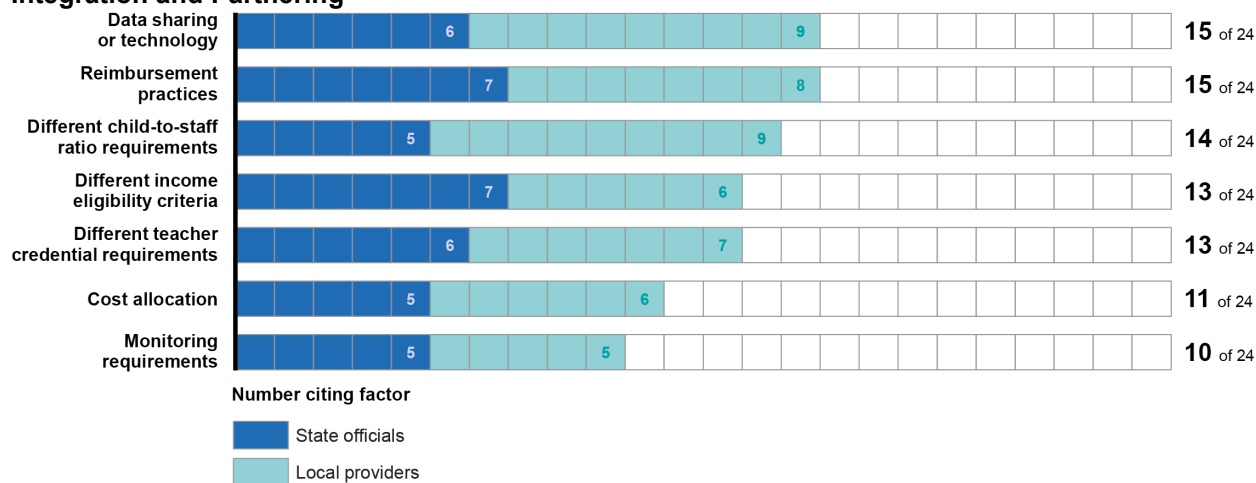
State officials and local providers we interviewed cited a variety of benefits associated with integrating funding from multiple sources for early care and education programs and partnering with other providers. The benefits of integrating funding and partnering cited most often included access to additional funding sources, opportunities to serve more children, increased access by families to full day services, and the ability to offer higher quality care. For example, one provider noted that partnering allowed them to expand their day, with pre-K in the morning and

⁶The Child Care and Development Block Grant Act of 2014 (CCDBG) was signed into law on November 19, 2014. Funding from the CCDBG is included as part of the CCDF.

Head Start in the afternoon. In addition, four providers mentioned that partnering created additional opportunities for professional development for teachers, which improved the quality of their teaching skills and, therefore, the quality of care provided to the children.

Providers and state officials we interviewed also identified a number of factors in which different requirements, practices, and state and local policies can adversely affect integration and partnering across multiple programs (see fig. 1).⁷

Figure 1: State Officials and Local Providers Cited Multiple Factors That Adversely Affect Funding Integration and Partnering



Source: GAO analysis of state officials and provider interviews. | GAO-16-775R

According to providers we interviewed, these factors resulted in, administrative burdens for them, among other things. These included (1) the need to divert resources from services to attend to record keeping and monitoring visits, (2) encountering funding restrictions, or (3) as a consequence of a requirement, a reduction in the provider’s income. For example, as a result of interactions between federal and state policies related to income eligibility, two providers told us they experienced unexpected reductions in funding due to differences in Head Start policies and their state’s CCDF policies. Specifically, Head Start children are enrolled in the program for at least a year; these providers were required to continue to serve them at the same time that their families’ eligibility for CCDF was discontinued, resulting in less funding to the provider for these children.

All of the state officials and local providers we spoke to reported steps taken at the state or local level to address factors that they said can adversely affect program funding integration or partnering. Examples of such steps include entering into agreements with state agencies or granting organizations to address a specific problem the providers encountered. For instance, one provider said that its state eased some of the challenges stemming from reimbursement practices by contracting for a certain number of CCDF slots, which provided a guaranteed amount of CCDF funding to the provider. Several of these providers took action themselves to mitigate the effect of these cited factors. For example, three providers told us they pursue additional funding sources, including private grants, to address some of the funding impacts

⁷Because our interviews only reflect the views and experiences of those state officials and local providers we spoke to, the examples provided below are illustrative and not representative of early care and education program partnerships in a particular state or of a particular early care and education program.

associated with partnering. In some cases, providers told us this additional funding is used to pay for additional teachers to meet Head Start's more stringent child-to-staff ratio requirements. Some others choose to meet the requirements of the funding sources they view as most stringent, even for classrooms which may not have children currently receiving funding from that source. This effort increases the likelihood that any child in any classroom will meet the requirements for all the funding sources that the provider receives, thus allowing the provider to more easily co- mingle children subsidized by different funding in the same classroom.

Agency Comments

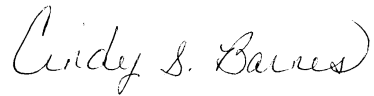
We provided a draft of this report to the Departments of Health and Human Services and Education for review and comment. HHS provided technical comments, which we incorporated in the report as appropriate, and formal written comments, which are reproduced in enclosure II. Education did not have any comments on the report.

In its response, HHS outlined the ways they believe that changes enacted under the CCDBG Act of 2014, the proposed rules for CCDF and Head Start, currently in review, and some HHS initiatives will address the adverse impacts that different requirements, practices, and state and local policies may have on integration and partnering across multiple programs. However, we did not evaluate or ask about the potential impact of any of these actions with the selected officials and providers we interviewed.

The scope and purpose of this report was not to determine how changes under the Act, the proposed regulations, or specific initiatives might affect integration and partnering going forward, but rather to provide some baseline information demonstrating what selected state officials and local child care providers see and experience currently as factors that adversely affect integration and partnering. With this approach, the Congress would have some data available to use in understanding whether or not the issues raised in this report have been addressed by the new Act and or could be addressed by the proposed regulations, when finalized, and any other actions HHS is taking. However, given HHS' comments, we added a sentence in the report to clarify our intent and scope.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Secretary of Health and Human Services and the Secretary of Education, and other interested parties. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact Cindy Brown Barnes at (202) 512-7215 or brownbarnesc@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Major contributors to this report were Janet Mascia (Assistant Director), Michelle Bracy (Analyst in Charge), Jessica Artis, Julianne Cutts, Raheem Hanifa, and Isabella Johnson. Also contributing to this report were Susan Aschoff, James Bennett, Divya Bali, Grace Cho, Nancy Cosentino, Srinidhi Vijaykumar, Helen Desaulniers, Sheila McCoy, Adam Wendel, Kirsten Lauber, and Almeta Spencer.



Cindy S. Brown Barnes
Director, Education, Workforce, and Income Security

Enclosures – 2



Information on Integrating Early Care and Education Funding

Briefing to Staff of the U.S. Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and the Workforce

May 19, 2016

Overview

- I. Objective, Scope, and Methodology
- II. Background
- III. State Officials and Local Providers Cited Benefits of Funding Integration
- IV. State Officials and Local Providers Cited Multiple Factors that Affect Funding Integration

Objective, Scope, and Methodology

- This briefing provides testimonial information from selected state officials and local child care providers regarding the factors they say affect integrating funding from federal Head Start and Child Care and Development Fund (CCDF) and state Pre-K programs.
- The information obtained is illustrative and not representative of early learning program partnerships in a particular state or a particular early care and education program.

Objective, Scope, and Methodology (cont.)

- For our interviews, we first gathered a list of states with experience in early care integration through recommendations from officials at the U.S. Department of Health and Human Services (HHS), state agencies, and knowledgeable child care stakeholder groups.
- From this list of recommendations, we selected 4 states, and 2 to 5 providers in each state for interviews. States were selected based on:
 - active participation in HHS's Early Head Start-Child Care Partnership (EHS-CCP) grant program;
 - breadth of experiences partnering among early childhood education programs;
 - variation in licensing standards; and
 - differences in state income eligibility levels for CCDF.

Objective, Scope, and Methodology (cont.)

- The selected states are Colorado, Maryland, Washington, and West Virginia.
- We identified factors that affect integration through our early interviews with HHS, state officials, child care providers, and stakeholder groups.
- For the purposes of this study, we define integration (also known as "partnerships" or "collaboration") as the combined use of Head Start, CCDF, and/or state Pre-K funds together to provide services.
- We also reviewed relevant federal laws and regulations, agency documentation and literature.

Background

- From fiscal years 2010 to 2015, Congress appropriated approximately \$48 billion to Head Start and \$31 billion to the Child Care and Development Fund (CCDF). Both are administered by HHS.
 - The Head Start program offers education, nutrition, and other social services to approximately one million low-income children, ages birth to age 5, with services delivered through approximately 1,800 grants to public and private non-profit and for-profit agencies.
 - CCDF funding is provided through a block grant to states and tribes to, among other things, help low-income, working families pay for care for children aged birth to 12 so that parents can work and pursue education or training.
- According to the National Institute for Early Education Research, Pre-K programs are generally funded through state funds and sometimes Temporary Assistance for Needy Families funds, a federal block grant that provides funds to states to assist low-income families. Pre-K helps prepare 3 and 4 year olds for school, and programs are generally administered by states.¹

¹The National Institute for Early Education Research (NIEER), Rutgers Graduate School of Education, The State of Preschool 2014, accessed May 10, 2016, <http://nieer.org/yearbook>

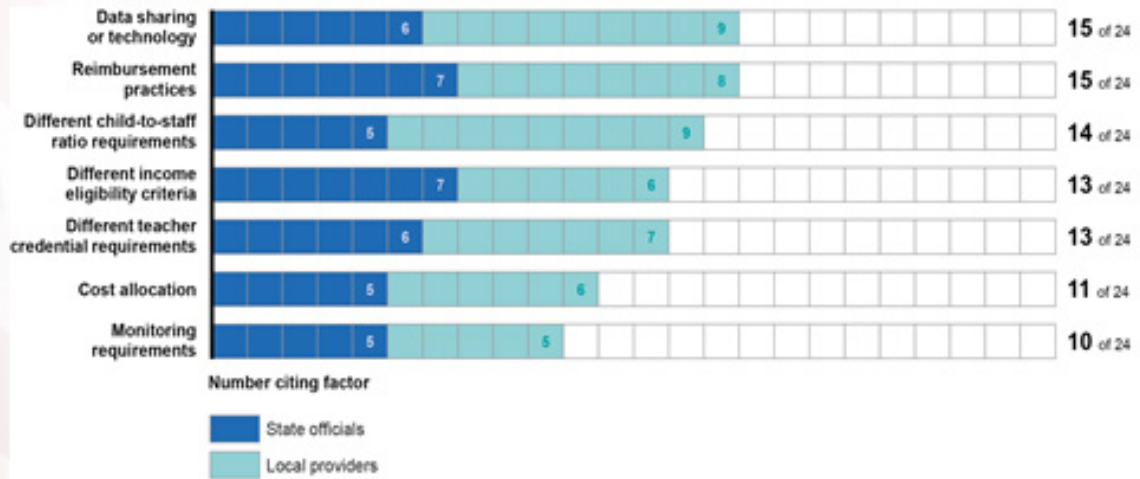
Background (cont.)

- Integrated programs may have a mix of Head Start, Child Care, and or Pre-K-funded children in one classroom. Providers with integrated programs may face challenges administering early care services with children subject to differing program requirements in the same classroom.
- On June 19, 2015 and December 24, 2015, HHS issued notices of proposed rulemakings to revise the rules for both Head Start and CCDF, and the results of the rulemakings may change some of the requirements cited by state officials and local child care providers in our interviews. HHS expects to finalize both rules in late summer 2016.

State Officials and Local Providers Cited Benefits of Integration

- State officials and local providers we interviewed offered the following examples of the benefits of integrating funds:
 - Access to additional funding resources
 - Serving more children
 - Increasing access to full day services
 - Offering higher quality care

State Officials and Local Providers Cited Multiple Factors that Affect Funding Integration



Source: GAO analysis of state officials and provider interviews. | GAO-16-775R

1) Cited Factor– Data Sharing and Technology

- 15 of 24 state officials and local providers identified data sharing or technology issues as a challenge to partnering different programs. For example
 - 4 state officials and 4 local providers said they did not have access to state or partner data systems, which they indicated sometimes created an administrative burden for providers.
 - 3 state officials and 1 provider said some Head Start providers are hesitant to share information with other programs and state systems due to data sharing rules and other concerns.

1) Cited Factor– Data Sharing and Technology (cont.)

- State officials and local providers described steps they have taken to address their concerns related to data sharing and technology.
 - Two providers said they have established data sharing agreements with state agencies.
 - Officials in one state said they initiated a pilot data sharing arrangement with a few Head Start grantees to address privacy concerns about data sharing.

2) Cited Factor– Reimbursement Practices

- 15 of 24 state officials and local child care providers said that state or local policies for calculating reimbursements under these programs can present challenges to providers, such as funding reductions, administrative burden, and difficulty providing a full day of care.
 - For example, three providers in two states said that their state/local policies don't allow for CCDF funds to pay for child care on days when parents do not meet program work requirements or when children do not meet program attendance requirements, such as when a parent is ill.
 - These providers said this can result in a loss of funding to them, because they may still need to provide care for the child because of enrollment in another program, such as Head Start.

2) Cited Factor– Reimbursement Practices (cont.)

- To address these cited challenges, some providers said the state adjusted its reimbursement policy for CCDF funding, which they indicated provides more stable funding to providers who partner.
 - One provider said its state agreed to contract for a specific number of slots for the year, thus providing a guaranteed amount of funding for the program.
 - Another provider said its state will pay for an entire month of care as long as a child attends at least 13 days during the month, mitigating a loss of funding to the program due to the child's attendance.

3) Cited Factor– Child-to-Staff Ratio Requirements

- 14 of 24 state officials and local child care providers identified differences in child-to-staff ratio requirements as a challenge, more typically when integrating Head Start or state Pre-K with CCDF, which they indicated may be less stringent.^{2,3}
 - For example, 7 local Head Start or child care providers we interviewed said when integrating CCDF and Head Start funding, they are required to meet Head Start ratios. As a result, they either had to increase the number of teachers--and funding to pay them--or reduce the number of children in the classroom, thus serving fewer children and reducing the provider's income.

²Child-to-staff ratios are the number of children assigned to one staff person in a classroom.

³Head Start generally requires specific child-to-staff ratios, while child-to-staff ratios for state Pre-K programs and CCDF can be set by the states.

3) Cited Factor – Child-to-Staff Ratio Requirements (cont.)

- To address this cited challenge, 4 of these 7 local child care providers said that they work to access additional funds in order to absorb the cost of hiring additional teachers, including using private and local funding as well as CCDF funding. For example, in order to access CCDF funding, one provider said they encourage eligible families to apply for CCDF subsidies.

4) Cited Factor—Eligibility Criteria

- Eligibility to participate in a Head Start or a state Pre-K program, or receive a CCDF-funded subsidy, is generally dependent on a family's income, among other factors.
- Income eligibility for Head Start is generally at 100 percent of poverty or less income eligibility for CCDF and state Pre-K programs varies by state.⁴
- Head Start and CCDF differ in their requirements for when a family's eligibility must be redetermined: CCDF varies by state, whereas Head Start eligibility generally lasts through the end of the succeeding program year.

⁴The Head Start Act includes exceptions allowing up to a certain proportion of students served to be below 130 percent of poverty. Percent of poverty refers to family income as a percentage of the federal poverty level.

4) Cited Factor– Eligibility Criteria (cont.)

- 13 of 24 state officials and local providers we interviewed in our four selected states said that differences in income eligibility and/or time periods for redetermination impact program integration.
 - One provider told us that differing income eligibility requirements can make it difficult to assign children from different programs to the same classroom; this may result in uneven access to support and services for classrooms.
 - Different redetermination periods can result in children losing access to a program or a subsidy, resulting in an unexpected reduction in funding for the program provider which could discourage integration. For example, two providers told us that Head Start grantees are required to continue providing services to children who lose CCDF subsidies.

4) Cited Factor– Eligibility Criteria (cont.)

- 18 of 24 state officials and local child care providers reported taking steps to circumvent the challenges posed by eligibility requirements. These steps included things such as accepting only the neediest children or securing additional funding. For example
 - Three providers said that they only accept children who meet the strictest income eligibility criteria for the funding sources they use to ensure that all children are eligible for all programs offered.

5) Cited Factor– Teacher Credential Requirements

- 13 of 24 state officials and local child care providers identified different teacher credential requirements among Head Start, CCDF-subsidized child care and state Pre-K as a challenge to partnering among the three programs.
- 11 of 24 state officials and local child care providers stated that Head Start often requires staff to have credentials beyond those required by state child care licensing requirements, which are the requirements that state licensed child care providers typically must meet.

5) Cited Factor– Teacher Credential Requirements (cont.)

- To address this cited challenge 8 of 24 state officials and local providers said that they hired only teachers with a credential level that met the requirements of all the programs in the partnership, or they helped pay for training necessary for teachers to earn the required credentials.

6) Cited Factor– Cost Allocation Rules

- 11 of 24 state officials and local providers expressed concerns about how using multiple funding streams can affect the allocation of shared expenses across programs. For example
 - Two providers in one state said it is complicated to allocate costs, such as teachers and supplies, for example, in classrooms that blend different funding sources.
 - Two providers in another state said the program cap on administrative expenses is challenging given the additional administrative issues associated with partnering.

6) Cited Factor – Cost Allocation Rules (cont.)

- Six providers reported efforts to simplify cost allocation or to use other funding sources for additional support. For example
 - One provider receives a flat rate for each student in Head Start to cover all associated costs instead of calculating what percentage of shared expenses should be allocated to Head Start.
 - Three providers in two states use additional sources of funding, including private grants, to give them more flexibility in cost allocation. For example, one provider told us it uses private funding to provide Head Start-type services to all children in blended classrooms.

7) Cited Factor– Managing Multiple Monitoring Requirements

- 10 of 24 state officials and local child care providers said that the different monitoring requirements of Head Start, state or local policies related to CCDF subsidies, and state Pre-K affected integration.
- For these officials and providers, record keeping, accounting standards, or monitoring visits often resulted in
 - Administrative burdens, and
 - Time and resources being diverted from the classroom.

Enclosure II: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

AUG 19 2016

Cindy S. Brown Barnes
Director, Education, Workforce, and Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Barnes:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Child Care: Information on Integrating Early Care and Education Funding*" (GAO-16-775R).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in black ink that reads "Jim R. Esquea".

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED: CHILD CARE: INFORMATION ON INTEGRATING EARLY CARE AND EDUCATION FUNDING (GAO-16-775R)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Through policies and budget requests, the Administration has recommended a plan for investments in a strong continuum of access to high-quality early learning and care, from birth to kindergarten entry. These recommendations, if enacted, would provide the resources to help reduce gaps in services, improve quality, and better coordinate and streamline programs across the birth to kindergarten continuum.

Important changes in the 2014 CCDBG Act for coordination and partnership

We believe the changes that Congress and the Administration made together will support stronger coordination and partnership between child care, Head Start, and other early childhood education programs.

We note that the performance audit was conducted before full implementation of the reauthorized CCDBG Act. The Act contains important provisions that directly relate to GAO's findings, such as:

- Establishes a 12-month eligibility re-determination period for CCDF families, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. *Section 658E(c)(2)(N)(i)*
- Requires each State to describe in its CCDF Plan how the State will provide for timely payment. The law does not define "timely" which gives the State the flexibility to implement a CCDF plan for timely payment that facilitates program coordination in the State. *Section 658E(c)(4)(B)(iv)*
- Requires generally accepted payment practices that reflect payment practices of non-CCDF providers. The law indicates that the goal of this provision is to provide stability of funding and encourage more child care providers to participate in the subsidy program. A number of States have developed streamlined, provider-friendly payment policies and administrative processes. *Section 658E(c)(2)(S)(i)*
- To the extent practicable, requires enrollment and eligibility policies that support the fixed costs of child care services by delinking payment from a child's occasional absences. *Sec. 658E(c)(2)(S)(ii)*
- Requires states to take into the cost of providing high quality child care when setting payment rates. *Sec. 658E(c)(4)(B)(iii)(II)*

Greater alignment in the Head Start and CCDBG regulations

On June 19, 2015, the Office of Head Start (OHS) published a Notice of Proposed Rulemaking (NPRM) that revised the entire body of Head Start Program Performance Standards, and the Office of Child Care published a NPRM on December 24, 2015 in light of the reauthorization of the CCDBG Act. The Head Start NPRM aligned Head Start with the CCDBG Act and proposed child care regulations to the extent possible. For example, in the area of children's health and safety, both the Head Start NPRM and the CCDF NPRM encourage use of Administration for Children and Families' (ACF) Caring for Our Children Basics. Even though all Head Start programs may not actually be licensed by states, they are all required to meet state licensing standards. Additionally, OHS proposed background check requirements in the NPRM to align with section 658(H) of the CCDBG Act of 2014. OHS also proposed to require programs to use CCDF disqualification factors to determine whether to hire prospective employees or whether to terminate current employees.

The final regulations for Head Start and CCDF, which HHS anticipates publishing in the late summer and early fall of 2016, provide a unique opportunity to develop stronger opportunities for collaboration, particularly in the areas of health and safety, background checks, child absence policies, and payment practices.

Other efforts by ACF to promote coordination and partnership

ACF committed to promoting coordination and partnership across child care, Head Start, and other early childhood programs. Some examples of our efforts include:

- Voluntary, Common Health and Safety Standards: ACF, in consultation with health-focused offices in the Department, issued Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education. This document articulates a common set of voluntary basic health and safety standards that can create more alignment in standards and monitoring across child care, Head Start, and other preschool programs if the common standards are voluntarily adopted by the various monitoring agencies. Eventually, common standards will also enable states and others to create reciprocity and efficiencies in monitoring.
- State Advisory Councils on Early Childhood Education and Care: Authorized in the Head Start Act of 2007, the State Advisory Councils (SACs) are coordinating bodies with representatives from multiple public agencies, such as child care, Head Start, state and local educational agencies, and the lead agencies for early intervention, as well as representatives from the private sector, that support a comprehensive and aligned system of early childhood education in States and territories. The SACs help coordinate efforts such as statewide early childhood needs assessments, unified data collection across early childhood programs, and early childhood educator career advancement projects, including working with higher

education. More information can be found in the ACF report, *State Early Childhood Councils Final Report (2015)* which is available at:

<http://www.acf.hhs.gov/programs/ecd/early-learning/state-advisory-councils>

- Training and Technical Assistance System: These efforts were recently redesigned in 2015 to streamline the assistance offered to grantees, increase alignment, and decrease duplication. Jointly managed by OHS and the Office of Child Care (OCC), the new system now services both Head Start and child care programs, along with staff who administer such programs at the state and local levels. The new Early Childhood technical assistance system will offer grantees support through six new national centers in areas such as health, development, teaching and learning, and family engagement by bringing together expertise from various partners, including OCC, OHS the Maternal and Child Health Bureau (MCHB) and the Substance Abuse and Mental Health Services Administration (SAMHSA) within HHS. Training and technical assistance will be available to everyone who works in child care and Head Start, from state child care agency staff to Head Start program directors to providers caring for children in their homes. The new T/TA system incorporates a continuum of services from expectant parents through the early childhood period and on to afterschool and summer enrichment.
- Policy Statements and Letters: HHS and the Department of Education, have issued joint policy statements on matters of pressing concern to all early childhood programs regardless of setting or funding stream. By issuing joint policy statements rather than separate policy statements by agency, the Departments create consistency for local programs and more seamless services for families. Recent policy statements address reducing or eliminating suspensions and expulsions, the inclusion of children with disabilities in early childhood programs, and family engagement: from the early years to the early grades engaging families in children's early learning and development, and supporting the development of children who are dual language learners in early childhood programs. In addition, ACF has issued joint policy guidance and letters with the Federal Emergency Management Administration on prioritizing child care during disaster planning and with the Department of Housing and Urban Development to guide homelessness shelter staff on creating developmentally appropriate environments for young children, implementing developmental and behavioral screenings, and connecting with early childhood programs. Recently, HHS issued a policy statement on early childhood career pathways that is applicable to child care, Head Start, and other early childhood education programs.
- Early Educator Central: Pathways to Credentials and Degrees for Infant-Toddler Educators: Early Educator Central is a collaboration between ACF, the Centers for Disease Control and Prevention, and the Department of Defense that brings together federally funded resources from Head Start, CCDBG, and the military child care system to advance infant-toddler educators' education and improve their competencies. Key features include free or low-cost high-quality course work to support infant and toddler teachers, tools for professional

development leaders to build career pathways, and supports for professors, trainers, and coaches, including a free online digital observation tool.

- Birth to 5: Watch Me Thrive!: *Birth to 5: Watch Me Thrive!*, is a coordinated federal initiative to encourage developmental and behavioral screening for young children. The initiative includes resources that outlined common screening recommendations, and encourages collaboration and communication between early childhood service providers, including early educators, pediatricians, social workers, and behavioral health specialists, among others.

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