



# Child Care/Head Start Partnership Study: Final Report Executive Summary

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## Introduction

Since the 1990s, federal and state governments have increasingly supported partnerships<sup>1</sup> between subsidized child care providers and Head Start programs (Schilder, Kiron, & Elliott, 2003). The goal of the partnerships has been to create high-quality seamless services for low-income children and their families. Two factors contributed to the government's promotion of these partnerships. First, the passage of welfare reform legislation—with more stringent work requirements for parents—increased the need for full-day, full-year subsidized child care for low-income working parents (Adams & Rohacek, 2002; Long, Kirby, Kurka, & Waters, 1998). Second, new attention was brought to research demonstrating the benefits of high-quality, comprehensive early education programs for low-income children (Shonkoff & Phillips, 2000)

Despite the promise of early education programs to provide services to low-income families and to enhance young children's school readiness and long-term prospects, the majority of such programs—including Head Start—provide primarily part-day services and are inaccessible to many low-income working parents who need full-time child care (Schilder et al., 2003). By supporting partnerships between full-day full-year child care centers and Head Start, policymakers believe the combined services could meet the needs of both parents and their children (Schilder et al., 2003).<sup>2</sup> The rationale for partnerships is as follows: Head Start will provide child care centers with resources that contribute to higher quality care and result in benefits for children and families. Further, partnering centers will offer not only higher quality, but more comprehensive services (Schilder et al., 2003). While this theory is compelling to many, few quantitative researchers have tested whether partnerships are related to the anticipated benefits. Moreover, limited research exists on the factors that contribute to a partnerships' ability to yield desired results.

## Research Design and Methodology

To address questions about early care and education partnerships, researchers at the Center for Children & Families (CC&F) are undertaking a longitudinal survey research study of child care centers that examines the nature and benefits of partnerships, as well as the differences between partnering and comparison centers. This report is the final report from first phase of the study that we undertook from 2001 to 2005. For this report we used chi-square statistics, logistic

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<sup>1</sup>It is important to note that we define partnership as an agreement between a Head Start agency and a child care center to jointly provide services to eligible families. While multiple definitions of partnership exist, we use the term narrowly to refer to these formal arrangements that are, for the most part, contractual in nature. These formal agreements define the resources that Head Start provides to the child care program and the services the child care program agrees to provide.

<sup>2</sup>See *Early Care and Education Partnerships: State Actions and Local Lessons* by Schilder, Kiron, and Elliott for Phase 1 findings—a detailed description of the impetus behind partnerships and federal, state and local actions to support partnerships.

regression analyses, regression analyses, t-tests, and Analysis of Variance (ANOVAs) to analyze quantitative data collected from a stratified sample of randomly selected licensed child care providers in Ohio. We analyzed differences between the following two groups: 78 centers in partnership with Head Start and 63 comparison centers not in partnership with Head Start. The data set consisted of responses to three rounds of surveys administered to partnership center directors<sup>3</sup> and comparison center directors, teachers, and parents. These surveys asked questions about structural indicators of quality; the services provided by centers; teacher professional development, education, and benefits; and parents' perceptions of quality. The process we used to develop the survey instruments<sup>4</sup> ensured careful and rigorous construction and measurement of key concepts.

Our research sought to build upon existing qualitative research that reveals variation in the types of providers engaged in partnerships (Ontai, Hinrichs, Beard, & Wilcox, 2002; Paulsell, Nogales, & Cohen, 2003; Sandfort & Selden, 2001; Schilder et al., 2003) and suggests that certain factors are important to partnerships' growth, development, and capacity to achieve desired outcomes (Kiron, 2003). Three research questions framed our analysis and writing:

- What are the characteristics of child care centers in partnership with Head Start and what is the variation in partnership duration, resources, communication, and management?
- Do differences exist between child care centers in partnership with Head Start and comparison centers in terms of center characteristics; teacher characteristics, benefits, and classroom practices; and services offered to children and their families? Are there demographic differences in the parent populations at partnering and non-partnering centers?
- Do duration, resources, communication, and management of the partnership predict desired outcomes?

## Findings

- **Variation:** Our study confirms that variation exists in the types of child care centers engaged in partnership. Child care centers that engage in Head Start partnerships range from non-profit to for-profit, religious-affiliated to secular, large to small, urban to rural.
- **Population Served:** Our analyses reveal that partnering child care centers provide services not only to children from low-income families, but also provide child care to a large percentage of children from higher income families. As research has shown that school-aged low-income students served in economically diverse settings perform better than those in homogenous settings, this finding reveals an additional potential benefit of partnerships.
- **Resources:** Our data indicate that partnership centers receive resources from Head Start. These resources include funding, professional development, and additional materials and supplies. On average, partnership centers receive \$3,600 dollars per child per year. Centers use this funding to purchase supplies such as art materials, to support teacher training, and to enhance teacher compensation packages. In addition to this funding, partnership centers receive professional development and training, paid staff, and additional materials and

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<sup>3</sup>Researchers also surveyed the Head Start programs partnering with these centers.

<sup>4</sup>Researchers derived items in the instruments from nationally recognized surveys such as the *Cost, Quality, and Child Outcomes in Early Childhood Care and Education Study*, the *Investigating Partnerships in Early Childhood Education (I-PIECE) Study*, and the *Head Start Family and Child Experiences Survey (FACES)*.

supplies from Head Start. These resources can help partnership centers meet Head Start's rigorous program performance standards. While the resources are related to the number of Head Start children attending the center, centers use the funds in a variety of ways that can improve early education experiences for every child. For example, all children can benefit from classrooms with enhanced equipment, such as science centers or bookshelves, and supplies or additional art and curriculum materials. Furthermore, all children have the potential to benefit from better-trained teachers.

- **Staff:** Our findings reveal that partnership is a strong and statistically significant predictor of offering teachers more professional development and training opportunities and better compensation packages. Our data also indicate that partnership is a statistically significant predictor of teachers' usage of structured curricula and standardized assessments.
- **Services:** Our analyses indicate that partnership is a statistically significant predictor of centers' provision of additional screenings, referrals, and services to children and families. This finding is especially compelling given that the final evaluation of the federally funded Comprehensive Child Development Program (CCDP)—a program funded in 1997 at a level of \$15,768 dollars per family per year—found few differences in the services accessed by CCDP and non-participating control group families. That study found that control group families were able to access many of the services offered by CCDP. For example, equal percentages of CCDP and control group families visited a doctor for checkups, received acute medical care, and received dental services. In contrast, our findings indicate that families served by partnership centers are more likely to have access to services than comparison families. Furthermore, regardless of income, parents at partnering centers are more likely to receive comprehensive services for their children, more parent involvement opportunities, and services and referrals for their families. Thus, it is possible for centers in partnership with Head Start to leverage the benefits of the partnership to enhance the quality of care for all children and families at the center. The size of the differences between partnering and comparison centers indicates that partnership with Head Start is an important factor in a center's likelihood of offering screenings, referrals, and services (U.S. Department of Health and Human Services/Administration for Children and Families/Child Care Bureau, n.d.).<sup>5</sup>
- **Agreement, Goals, and Benefits:** While our findings indicate that the existence of a partnership predicts certain benefits to child care centers, it appears that the nature of partnerships is important. Centers that develop strong agreements and have consistent goals with their partners, and who report good communication, are the most likely to report improved benefits. These findings have implications for Head Start and Child Care Development Fund (CCDF) policies. Over the past decade, federal leaders have encouraged partnerships between Head Start and child care centers. At the same time, states have devoted CCDF quality dollars to a range of activities with the goal of improving quality. Our research demonstrates that partnership with Head Start is related to specific quality improvements. Thus, leaders might consider the implications of this finding for policies related to CCDF quality funds. Policymakers could consider ways to strengthen partnership agreements and communication among partners as they consider ways to encourage the development of these factors in partnerships.

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<sup>5</sup>This research and demonstration program—funded by the federal government—was designed to provide comprehensive services to low-income children and families. For additional information see: <http://www.abtassociates.com/reports/ES-D19940018.pdf>

## Conclusion

Study findings serve to bridge gaps in the literature and expand the current knowledge base on child care/Head Start partnerships. While researchers did not include random assignment—and the study cannot provide definitive answers about causation—the study’s findings provide a closer look at the nature and impact of partnerships and clearly reveal a strong relationship between partnership and desired outcomes.

As policymakers seek ways to leverage improvements in child care, we hope that these findings will serve to inform their deliberations. Federal and state leaders issuing regulations and guidance to programs in partnership might consider one of our study’s most important findings: partnership with Head Start is related to additional resources to a child care center and an increased likelihood that the center will offer the screenings, referrals, and services that researchers suggest make a difference for low-income children and their families.

Our study also leads to specific questions for future research. While the findings appear promising, questions exist about whether observations would confirm the quality differences reported by the directors, teachers, and parents. Furthermore, questions remain about whether the reported improvements in teacher practices, along with the additional services provided to children and their families, lead to improvements in children’s school readiness. To address these important questions, and to determine if differences exist in the school readiness of children served by partnering and non-partnering centers, we will continue our longitudinal study. In the upcoming years, we will collect classroom and child-level data from the sample of partnership centers and comparison centers using standardized observational tools.

## Endnotes

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