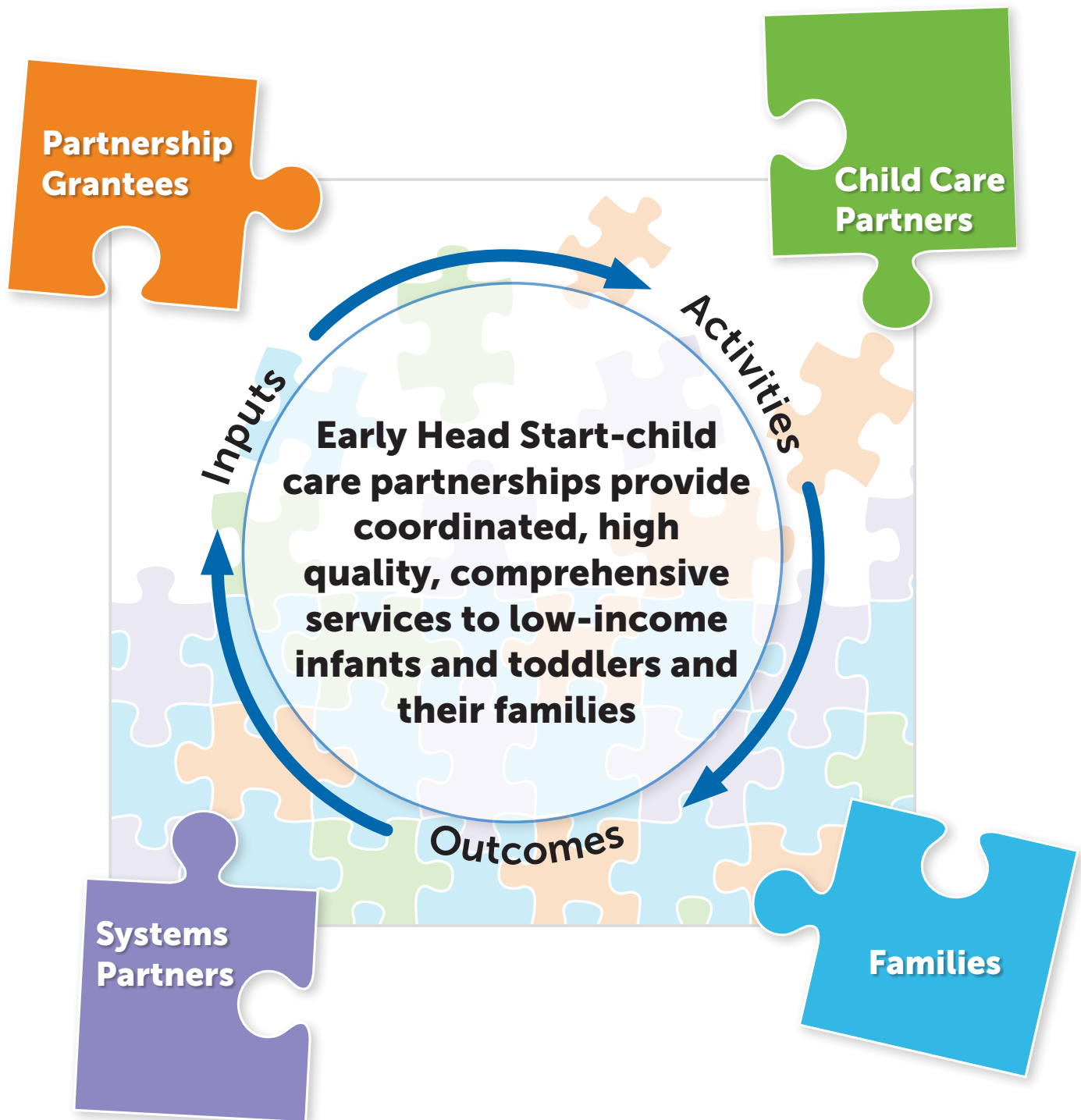


# Theory of Change for the Study of EHS-Child Care Partnerships



# INPUTS

## Partnership Grantees

- Partnership grantee type and prior service delivery experience
- Program size
- Motivation to partner and readiness to change
- Attitudes toward and experience with collaboration
- Knowledge and linkages to community child care providers
- Qualified staff to provide QI support to child care providers

## Child Care Partners

- Child care partner type (family child care or center), size, and regulatory status
- Hours of operation
- Age range of children served; ability to care for sibling groups
- Child care partner experience and staff credentials
- Motivation to partner and readiness to change
- Attitudes toward and experience with collaboration
- Openness to complying with the HSPPS
- Participation in QRIS or other QI initiatives

## Families

- Socioeconomic and demographic characteristics
- Child care needs and preferences (family configuration, work schedules, transportation, culture, language)
- Motivation to participate in partnership programs
- Eligibility for EHS and CCDF subsidies

## Systems Partners (National, State, Local)

- Policies, regulations, and standards (HSPPS, child care licensing, QRIS, other state initiatives)
- Funding (EHS grant funds, CCDF subsidies, other sources)
- QI supports (Head Start and OCC T/TA, QRIS, CCDF quality set aside, accreditation, other initiatives)
- Professional development (community colleges and other institutions of higher education)

# ACTIVITIES

## Partnership Programs: Partnership Development

- Partnership grantees actively recruit partners and child care providers express interest in partnering
- Partners jointly:**
- Discuss and clarify partnership expectations
  - Develop partnership agreements (contract, MOU), including funding arrangements

## Partnership Programs: Partnership Operation

- Partners jointly:**
- Assess strengths and needs of each partner
  - Develop QI plans to achieve HSPPS compliance
  - Seek other QI opportunities
  - Monitor implementation of QI plans and HSPPS compliance
  - Facilitate networking among infant-toddler service providers
  - Assess partnership quality
  - Regular communication to ensure continuity of care and smooth transitions for children
  - Recruit and enroll families
  - Implement family partnership agreements; provide families with comprehensive services and referrals
  - Provide flexible, high-quality child care that meets families' needs
  - Facilitate continuity of care and transitions between settings
  - Provide direct QI support and supplemental materials
  - Provide training and support to staff working in the partnership

## Families

- Enroll in EHS and child care subsidy program
- Communicate child care needs and preferences and select child care arrangements
- Develop and implement family partnership agreements
- Maintain communication with partnership programs for continuity of care and smooth transitions for children

## Systems Partners (National, State, Local)

- Identify rule misalignment challenges and consider rule accommodations to support partnerships
- Coordinate with partners to provide QI and professional development

# OUTCOMES



## Partnership Programs

### Short-Term Outcomes (within two years)

- Enhanced capacity to offer high quality service options that meet families' needs
- Organizational leadership that values and supports EHS-child care partnerships
- Staff attitudes that value each partner's contribution to the partnership
- Improved staff competencies to develop mutually respectful and collaborative partnerships, provide effective QI support, and provide developmentally appropriate infant-toddler care
- Improved quality of infant-toddler care and compliance with HSPPS
- Reduced isolation; increased membership in professional networks of infant-toddler service providers
- Increased professionalism and staff credentials
- Increased financial stability for partners

### Long-Term Outcomes (two years or longer)

- **Sustained, mutually respectful, and collaborative EHS-child care partnerships in place**
- **Increased community supply of high-quality infant-toddler care**
- **Improved family well-being**
- **Improved child well-being and school readiness**
- **Well-aligned infant-toddler policies, regulations, and QI supports at the national, state, and local levels**



## Families

- Stable access to high quality care and comprehensive services that meet families' needs
- Continuity of caregiving across settings where children receive care
- Parents more likely to be employed or in school
- Parents more involved in children's early learning



## Systems Partners (National, State, Local)

- Rule accommodations are implemented as needed to align requirements and stabilize funding
- QI and professional development supports are aligned to address needs of the partnerships

### 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