

## EHS-CCP Sustainability Study

### Dissolved Partner Interview Protocol

#### Introduction

Thank you very much for completing the EHS-CCP Sustainability Study survey and agreeing to participate in this follow-up discussion. Your participation is very important to the study. My name is [NAME] and I work for Mathematica, an independent social policy research firm.

As you may know, we are conducting a study for the Office of Planning, Research, and Evaluation at the Administration for Children and Families within the U.S. Department of Health and Human Services to learn about the Early Head Start-Child Care Partnerships and both supports and barriers to sustaining these partnerships. We want to talk to child care providers who participated in Early Head Start-Child care partnerships that are no longer active, to hear more about their experiences. This interview will last approximately 50 minutes.

Participation is voluntary, and you can choose to not answer a question if you wish. Our report will describe the experiences and viewpoints expressed by those we interview, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name.

During the interview, I will be taking some notes about our discussion. To help me keep track of your responses to the questions, with your permission, I would like to audio-record our conversation. This information is meant simply to serve as a record of what you and I discussed and the recording will not be shared outside of the study team. Is that okay? [Note to interviewer: Start recording.]

Do you have any questions before we begin?

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn about dissolved Early Head Start–Child Care Partnerships. Public reporting burden for this collection of information is estimated to average 50 minutes, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 OMB number for this collection is 0970-0471 and the expiration date is MM/DD/YYYY. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME, ADDRESS; Attn: OMB-PRA 0970-0471.

## I. Background information

1. To get started, I'd like to confirm some details about the EHS-child care partnership with [EHS PROGRAM]. From the survey, it looks like the partnership with [EHS PROGRAM] ended [RESPONSE TO SURVEY QUESTION A10]. About how long did the partnership last?
2. Let's talk about your background and role in the EHS-child care partnership.
  - A. Could you tell me how many years you have been with [this center/your family child care home], what is your current role, and how long you have worked in your current role?
  - B. Now I would like to hear about your role in the partnership with [EHS PROGRAM] that dissolved. What was your role? What were your main responsibilities related to the partnership?

### PROBE ON:

- *Ensuring alignment in program philosophy and mission with [EHS PROGRAM]? How did you introduce the EHS program to your program's philosophy/mission? How did you ensure they were carrying out partnership responsibilities with the program's philosophy and mission in mind?*
- *Being a "champion" or "advocate"—someone who actively and enthusiastically promoted partnering with child care providers? How did you promote the partnership? Who did you promote the partnership to?*
- *Ensuring the partnership was running smoothly? What tasks or what activities did you implement to ensure the partnership was running smoothly? How did you ensure mutual respect between your organization and the EHS program? Was there shared decision-making? How do ensure collaboration?*
- *Communication with [EHS PROGRAM]? Did you meet with EHS program staff? If so, who did you typically meet with? How often? For what purposes?*
- *Determining roles and responsibilities across you/your team and the EHS program staff? Did you work with the EHS program to determine who would be responsible for oversight and reporting? Coaching and other professional development for staff? Conducting developmental screenings? Other health screenings and referrals for children? Working with families to identify and address needs? If so, how did you work with the EHS program to determine... [ASK FOR EACH YES RESPONSE]?*
- *Monitoring compliance with the HSPPS? Did you work with the EHS program to monitor compliance with the HSPPS? Who led these efforts? If so, how did you work with the EHS program to monitor compliance with the HSPPS?*
- *Establishing a funding arrangement with the EHS program? Did you work with the EHS program to determine the amount of funding this center/family child care would*

receive? If so, how did you work with the EHS program to determine the amount of funding?

*Supporting [EHS PROGRAM] in meeting child-adult ratios and group size requirements, or teacher/provider credential requirements? How did support the EHS program in meeting these requirements?*

*Identifying external supports [EHS PROGRAM] could access. What types of supports were you able to identify? Did they include professional development opportunities, or CDA programs? Did they include community resources such as lending libraries? How did you identify the supports?*

PROBES: [IF CENTER] Were other staff responsible for any of these activities? If so, who? How did the responsibilities for these activities change over time? [ALL] How did these activities change over time? What did they look like in the beginning of the partnership compared to when the partnership ended?

## II. Impact of COVID-19

[REVIEW RESPONSE TO SURVEY QUESTION A1 (CURRENTLY OPERATING); IF S1=YES, SKIP TO INTRO ABOVE II.4. IF S1=NO, ASK II.3]:

3. You mentioned in the survey that your [center/FCC] is no longer in operation. Could you tell me when your center closed?

[IF DATE IS FEBRUARY 2020 OR EARLIER, SKIP TO SECTION III.]

I'd like to ask you a couple of questions about your [center/FCC]'s experience during the COVID-19 pandemic. The COVID-19 pandemic caused large disruptions to many child care providers.

4. What kinds of changes did your [center/FCC] face and how did you cope with these changes? (examples of the types of changes are mandatory closure, open for essential workers only, decline in enrollment, new children/ new school-age children, loss of staff, changes in policies or procedures, such as drop-off/pick up, masks/social distancing)

PROBE: How has your [center/FCC] changed as a result of the pandemic? What did your [center/FCC] do to cope with these changes?

5. In the survey you indicated you received support related to the pandemic. Please tell me a little bit about the supports you received?

[REVIEW RESPONSES TO SURVEY QUESTION E8]

- LOANS OR OTHER FINANCIAL ASSISTANCE
- RENT DEFERRAL OR CANCELLATION
- SUPPORTS TO PROVIDE REMOTE LEARNING OR SOCIALIZATION FOR CHILDREN

- SUPPORTS FOR [TEACHER/PROVIDER] WELL-BEING
- SUPPORTS FOR [TEACHER/PROVIDER] CONTINUING EDUCATION OR PROFESSIONAL DEVELOPMENT
- SUPPORTS FOR THE INCREASED COSTS OF SECURING AND USING PROTECTIVE EQUIPMENT
- SUPPORTS FOR REMOTE CONNECTIVITY AND LEARNING FOR YOU OR THE CHILDREN YOU CARE FOR
- MATERIALS OR FOOD FOR FAMILIES
- TRAINING FOR STAFF ON REMOTE LEARNING
- OTHER (SPECIFY)

PROBES: How did these supports help you address the issue you were facing? What additional supports would have been helpful? When would have been helpful to receive these additional supports? What supports does your program still need?

PROBES: Have there been changes to who receives the services? How many children are enrolled? Who delivers the services? At what frequency the services are provided? Anything else?

### III. Reasons partnership ended

Next, I'd like to discuss reasons why the partnership ended.

6. What were some challenges you faced in maintaining the partnership with [EHS PROGRAM]?
7. Can you tell me why you think the partnership with [EHS PROGRAM] dissolved? In the survey you identified several factors that served as barriers to the sustainability of your EHS-CC partnership with [EHS PROGRAM].

[REVIEW RESPONSES TO SURVEY QUESTION E2]

- LACK OF ALIGNMENT IN PROGRAM PHILOSOPHY AND MISSION
- LACK OF CLARITY ABOUT ROLES AND RESPONSIBILITIES
- LACK OF CLARITY ABOUT POLICIES RELATED TO FUNDING, STANDARDS, AND OVERSIGHT
- LACK OF MUTUAL RESPECT WITH EHS PROGRAM
- LACK OF SHARED DECISION MAKING
- INSUFFICIENT FUNDING
- LACK OF COMMUNICATION WITH EHS PROGRAM
- CHALLENGES MEETING CHILD ADULT RATIO AND GROUP SIZE REQUIREMENTS
- CHALLENGES MEETING TEACHER/PROVIDER CREDENTIAL REQUIREMENTS

- CHALLENGES COMPLYING WITH THE HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS), BEYOND RATIOS AND CREDENTIAL REQUIREMENTS
- CHALLENGES MAINTAINING ENROLLMENT IN PARTNERSHIP SLOTS
- CHALLENGES MEETING ADMINISTRATIVE REPORTING REQUIREMENTS
- CHALLENGES RECRUITING QUALIFIED STAFF
- LACK OF STABILITY IN LEADERSHIP AT [EHS PROGRAM]
- LACK OF STABILITY IN LEADERSHIP IN MY [CENTER/FCC]

[ASK FOR EACH FACTOR IDENTIFIED AS A BARRIER TO SUSTAINABILITY:]

- A. Could you describe the [ISSUE] in more detail?
- B. When did the [ISSUE] start?
- C. Did the [ISSUE] change over the course of the partnership?
- D. Did you and [EHS PROGRAM] discuss [ISSUE]?
- E. Did you and the EHS program put any strategies in place to address the issue? If so, what strategies did you try? Were they successful? What worked and did not work?
- F. Could something have been done to prevent the [ISSUE] from happening?

#### IV. Services, quality supports, and program activities [For providers still in business]

Our next set of questions is about the current characteristics of your program.

[REVIEWER NOTE: WHEN ASKING ABOUT SERVICES OFFERED AND SUBSEQUENT SECTIONS, REFERENCE NOTES FROM SECTION II AND FRAME QUESTIONS AS FOLLOW-UP IF THE TOPIC WAS ALREADY DISCUSSED RELATIVE TO THE COVID-19 PANDEMIC.]

8. What services, supports, and program activities that we haven't discussed that you were able to maintain after the partnership ended? What factors facilitated your ability to continue to offer these services? For example, has your organization always offered these services (even before the partnership)? Did you find an alternative funding source to help you sustain these services? Did you identify referral sources with community partners?
9. What services, supports, and program activities are you no longer able to offer as a result of the partnership dissolving? What factors hindered your ability to continue offering these services? What strategies, if any, did you try in an effort to sustain these services? For example, did you seek additional funding sources? Did you seek to form partnerships with community organizations?

**PROBES to items 10 and 11 (12-18):**

**10. ENROLLMENT INCREASES AND DECREASES:** [REVIEW RESPONSES TO SURVEY QUESTIONS B4 (ACTUAL ENROLLMENT) AND CORRESPONDING QUESTION IN THE NDS SURVEY; ASK ONLY IF ENROLLMENT INCREASED OR DECREASED SINCE NDS] In the survey you indicated that your actual enrollment of infants and toddlers was [SLOTS]. I believe in 2016 your [center/FCC] had actual enrollment of [NDS SLOTS] infants and toddlers.

IF DECREASED SINCE NDS ASK: What are some of the reasons for the decrease? Was this decrease related to the COVID-19 pandemic? If so, how? Are there other reasons for the decrease?

IF INCREASED SINCE NDS ASK: What was the reason for this increase?

**11. TYPES OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES:** [REVIEW RESPONSES TO SURVEY QUESTION C11 AND CORRESPONDING QUESTION IN THE NDS SURVEY.]

- WORKSHOPS OR TRAININGS
- COACHING OR MENTORING
- A COMMUNITY OF LEARNERS, ALSO CALLED A PROFESSIONAL LEARNING COMMUNITY, FACILITATED BY AN EXPERT
- OTHER (SPECIFY)

It looks like in 2016, you or [EHS PROGRAM] offered [NDS PD ACTIVITIES]. In the recent survey, you indicated your program offered [RESPONSES TO SURVEY QUESTION C11] in the past year.

- A. Did [EHS PROGRAM] support your ability to offer [PD ACTIVITY]? If so, how?
- B. You noted that [PD ACTIVITY] was offered in the past year. How has this offering changed since the partnership ended? Why?
- C. [ASK GENERALLY ABOUT ALL CHANGES:] How did the end of the partnership affect these changes? What other factors affected your approach to delivering the [PD ACTIVITY]?

PROBES: More specifically, was it loss of funding, loss of shared services, or something else?

**12. SUPPORT ACTIVITIES:** [REVIEW RESPONSES TO SURVEY QUESTION C18 AND CORRESPONDING QUESTION IN THE NDS SURVEY.]

- OBSERVED STAFF TO ASSESS THEIR PRACTICES AND PROVIDED FEEDBACK

- MET WITH STAFF TO DISCUSS CURRICULUM (ENSURING A RICH CURRICULUM, LINKING CURRICULUM TO CHILDREN'S DEVELOPMENTAL NEEDS) OR LESSON PLANS
- DISCUSSED WITH STAFF STRATEGIES TO ENSURE TEACHING PRACTICE IS DEVELOPMENTALLY APPROPRIATE
- DISCUSSED WITH STAFF STRATEGIES TO ENSURE DEVELOPMENTALLY APPROPRIATE EMOTIONAL AND BEHAVIORAL SUPPORT
- REVIEWED PROGRAM DATA TO SEE HOW YOUR CHILD CARE CENTER IS DOING WITH RESPECT TO SPECIFIC GOALS OR OBJECTIVES
- COMPLETED CHECKLISTS TO MONITOR COMPLIANCE WITH THE HSPPS

It looks like in 2016, [EHS program] offered [NDS SUPPORTS]. In the recent survey, you indicated that you or someone in your organization provided [RESPONSES TO SURVEY QUESTION C18] to your staff in the past year.

- A. Did [EHS PROGRAM] support your ability to offer [SUPPORT]? If so, how?
- B. You noted that [SUPPORT] was offered in the past year. How has this support changed since the partnership ended? Why?
- C. [ASK GENERALLY ABOUT ALL CHANGES:] How did the end of the partnership affect these changes? What other factors affected your approach to delivering the supports?

PROBES: More specifically, was it loss of funding, loss of shared services, or something else?

**13. SALARIES AND BENEFITS:** Have you been able to maintain the level of salary and benefits you offered (for yourself and for your staff) during the partnership? If not, was the ending of the partnership a factor? What other factors affected this change? If so, how have you sustained this? If not, what did you cut (salary, benefits, both)?

**14. COMPREHENSIVE SERVICES TO CHILDREN:** [REVIEW RESPONSES TO SURVEY QUESTIONS D1 AND D2 AND CORRESPONDING QUESTIONS IN THE NDS SURVEY]

- VISION, HEARING, OR DENTAL SCREENING
- MENTAL HEALTH OBSERVATION/ASSESSMENT
- DEVELOPMENTAL SCREENING
- SPEECH SCREENING
- NUTRITIONAL SCREENING
- LEAD SCREENING
- SPEECH OR PHYSICAL THERAPY

- A. Thinking about comprehensive services to children, it looks like in 2016, your program offered/[EHS PROGRAM] provided) [NDS COMPREHENSIVE SERVICES]. In the recent survey, you noted your program offers [RESPONSES TO SURVEY QUESTION D1]...Did [EHS PROGRAM] support your ability to offer [COMPREHENSIVE SERVICE]? If so, how?
- B. You noted that your program offers [COMPREHENSIVE SERVICE]. How has this offering changed since the partnership ended? Why?

PROBES: How have you changed your approach to who receives the services? Who delivers the services? At what frequency are the services provided?

- C. [ASK GENERALLY ABOUT ALL CHANGES:] How did the end of the partnership affect these changes? What other factors affected your approach to delivering the services?

PROBES: More specifically, was it loss of funding, loss of shared services, or something else?

**15. COMPREHENSIVE SERVICES TO FAMILIES: [REVIEW RESPONSES TO SURVEY QUESTIONS D3 AND D4 AND CORRESPONDING QUESTIONS IN THE NDS SURVEY]**

- HEALTH CARE (ADULT, DENTAL, OR PRENATAL)
- HOUSING OR TRANSPORTATION ASSISTANCE
- EDUCATION OR JOB TRAINING/EMPLOYMENT ASSISTANCE
- SERVICES FOR DRUG OR ALCOHOL ABUSE
- FINANCIAL COUNSELING
- SERVICES FOR DUAL-LANGUAGE LEARNERS
- MENTAL HEALTH SCREENINGS OR ASSESSMENTS

Thinking about comprehensive services to families, it looks like in 2016, (your program offered/[EHS PROGRAM] provided) [NDS COMPREHENSIVE SERVICES]. In the most recent survey, you noted your program offers [RESPONSES TO SURVEY QUESTION D3]...

- A. Did [EHS PROGRAM] support your ability to offer [COMPREHENSIVE SERVICE]? If so, how?
- B. You noted that your program offers [COMPREHENSIVE SERVICE]. How has the delivery of [COMPREHENSIVE SERVICE] changed since the end of the partnership? Why?

PROBES: Have there been changes to who receives the services? Who delivers the services? At what frequency are the services provided?



- C. [IF SERVICES ARE BEING OFFERED DIRECTLY BY ORGANIZATION AT SURVEY QUESTION D4] Has the person delivering these services received any special training in order to provide the support?
- D. [ASK GENERALLY ABOUT ALL CHANGES:] How did the end of the partnership affect these changes? What other factors affected your approach to delivering the supports?

PROBES: More specifically, was it loss of funding, loss of shared services, or something else?

**16. Thinking about equipment and supplies, including:**

- Furniture (such as bookshelves, tables, chairs, cribs, or changing tables)
- Playground or other outdoor equipment
- Paper or other office supplies
- Curriculum materials
- Screening or assessment materials
- Art supplies
- Toys and/or materials for pretend play
- Books
- Information technology (such as a computer, internet access, or program management software)
- Facility upgrades (improvements to indoor or outdoor learning spaces)

Did [EHS PROGRAM] provide you with any of these items or provide you with funds to purchase these items directly? What happened to these items when the partnership ended?

## V. New funding sources

I'd also like to ask you about changes in your funding sources since your partnership with [EHS PROGRAM] dissolved.

- 17.** Did you add any new funding sources to offset the loss in partnership funds? If so, how are those new funds spent?
- 18.** [REVIEW RESPONSES TO SURVEY QUESTION B14, IF 4 OR MORE SELECTED IN SURVEY] What are your three largest sources of funding?
- A. TUITIONS AND FEES PAID BY PARENTS
  - B. STATE OR LOCAL PRE-K FUNDS FROM THE STATE OR LOCAL GOVERNMENT
  - C. CHILD CARE SUBSIDY PROGRAMS THAT SUPPORT CARE OF CHILDREN FROM LOW-INCOME FAMILIES (THROUGH VOUCHERS/CERTIFICATES OR STATE CONTRACTS FOR SPECIFIC NUMBER OF CHILDREN)

- D. OTHER FUNDING FROM STATE GOVERNMENT (E.G., TRANSPORTATION, GRANTS FROM STATE AGENCIES)
- E. OTHER FUNDING FROM LOCAL GOVERNMENT (E.G., GRANTS FROM COUNTY GOVERNMENT)
- F. FEDERAL GOVERNMENT OTHER THAN EHS PARTNERSHIP FUNDING (E.G., TITLE I, CHILD AND ADULT CARE FOOD PROGRAM, WIC)
- G. REVENUES FROM NON-GOVERNMENT COMMUNITY ORGANIZATIONS OR OTHER GRANTS (E.G., UNITED WAY, LOCAL CHARITIES, OR OTHER SERVICE ORGANIZATIONS)
- H. REVENUES FROM FUND RAISING ACTIVITIES, CASH CONTRIBUTIONS, GIFTS, BEQUESTS, SPECIAL EVENTS

## VI. Lessons learned

Now I'd like to ask about lessons learned.

- 19. What were some benefits of the partnership with [EHS PROGRAM]? And what were some disadvantages?
- 20. What do you think may have helped your partnership with [EHS PROGRAM] last longer or be more sustainable?
- 21. Has the dissolving of this specific partnership changed your approach to initiating new partnerships [REVIEW SURVEY ITEMS A14]? If so, how?
- 22. Would you consider partnering with an EHS program again? What would you do differently (if anything)? What advice would you give another [center/FCC] who was considering entering an EHS-CC partnership?
- 23. What types of supports or technical assistance could help sustain successful partnerships? How would these supports have helped your partnership?

## VII. Closing

Is there anything else that you'd like us to know about your experiences with the Early Head Start-Child Care Partnerships?

Thanks again for your time and your valuable insights.