

EHS-CCP Sustainability Study

Sustained Partnership Provider 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 participate in Early Head Start-Child care partnerships 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. [REVIEW WHEN PARTNERSHIP WAS INITIATED FROM THE NATIONAL DESCRIPTIVE STUDY (NDS) SURVEY] To get started, it looks like the partnership with [EHS PROGRAM] began in [YEAR FROM NDS SURVEY]. Is that correct?
2. Did you have a prior relationship with [EHS PROGRAM] before the partnership begin? If so, tell us about your relationship with [EHS PROGRAM].
3. How has the partnership [EHS PROGRAM] evolved over time?
4. Let's talk about your background and role in the EHS-child care partnership.
 - A. How many years have you 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. Can you tell me a bit about how involved you are in the partnership with [EHS PROGRAM]? Specifically, can you tell me more about your responsibilities related to the following:

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 do you ensure they are carrying out partnership responsibilities with the program's philosophy and mission in mind?*
- *Being a "champion" or "advocate"—someone who actively and enthusiastically promotes partnering with child care providers? How do you promote the partnership? Who did you promote the partnership to?*
- *Ensuring the partnership was running smoothly? What tasks or activities did/do you carry out to ensure the partnership is running smoothly? How do you ensure mutual respect between your organization and the EHS PROGRAM? Is there shared decision-making? How do ensure collaboration?*
- *Communication with [EHS PROGRAM]? Do you meet with EHS PROGRAM staff? If so, who do you typically meet with? How often? For what purposes?*
- *Determining roles and responsibilities across you/your team and the EHS PROGRAM staff? What role did you have in working with the EHS PROGRAM to determine who would be responsible for activities such as oversight and reporting, coaching and other professional development for staff, conducting developmental screenings and 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 roles and responsibilities?*

- *Monitoring compliance with the HSPPS?* Do you work with the EHS PROGRAM to monitor compliance with the HSPPS? Who leads 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 do you 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: [FOR CENTERS]: Were other staff responsible for any of these activities? If so, who? How did the responsibilities for these activities change over time? [FOR CENTERS AND FCCS] How did these activities change over time?

II. Impact of COVID-19

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.

5. 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?

6. [IF SURVEY QUESTION F4 = 1] In the survey you indicated you received support from [EHS PROGRAM] related to the pandemic. Please tell me a little bit about the supports you received from [EHS PROGRAM]?

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?

7. How, if at all, has the partnership with [EHS PROGRAM] changed as a result of the pandemic?

We have a few more questions about how COVID-19 affected your program that we will discuss a little later on when we talk about enrollment and funding.

III. Supports and impediments

I'd also like to start by asking you about some characteristics of your partnership that supported its sustainability.

8. [REVIEW RESPONSE TO SURVEY QUESTION E9] In the survey you identified the three greatest strengths of the collaboration between your [center/FCC] and [EHS PROGRAM].

[REVIEW RESPONSES TO SURVEY QUESTION E9]

- THE EXTENT TO WHICH MY [CHILD CARE CENTER/FAMILY CHILD CARE HOME] FEELS LIKE A FULL PARTNER WITH [EHS PROGRAM]
- THE EXTENT TO WHICH MY [CHILD CARE CENTER/FAMILY CHILD CARE HOME] 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 [CHILD CARE CENTER/FAMILY CHILD CARE HOME] AND [EHS PROGRAM]
- THE LEVEL OF RESPECT THAT [EHS PROGRAM] HAS FOR MY [CHILD CARE CENTER/FAMILY CHILD CARE HOME]
- OTHER

Would you please talk a little bit more about each of these strengths?

PROBE: How did your [center/FCC] and [EHS PROGRAM] establish a partnership with these characteristics in place? Were these in place since the beginning of the partnership or did they develop over time? If so, how did they develop?

9. [ASK IF SURVEY QUESTION E10 OR E11=YES] In the survey you noted that you have or had an EHS-CC partnership “champion” or “advocate” for the EHS-CC partnership. Would you please tell me more about that person? Was that person you? If that person is you, let's talk about your role as a champion or advocate.

[IF PERSON WAS THE PARTICIPANT, SKIP TO B]

- A. What positions did these champions/advocates hold in your center or with [EHS PROGRAM]?
- B. Was this an official assignment, or did staff/you become champions/advocates through their/your shown enthusiasm for the partnership?

- C. What did/do the champions/advocates/you do to champion the partnership? Did it change over time?
- D. [IF NOT CURRENTLY ANY CHAMPIONS OR ADVOCATES] How has no longer having a champion or advocate change affected your partnership, if at all?
- 10.** [REVIEW RESPONSE TO SURVEY QUESTION E13, ASK IF E13 > 0] In the survey we also asked about the person overseeing your [center/FCC]'s EHS-CC partnership grant and how many times that person has changed. You indicated there were [NUMBER] changes since 2016.
- A. Why did the change(s) occur?
- B. Can you please talk a little bit about the transition of responsibilities when someone new took over the role?
- C. How do you think this change affected the sustainability of the partnership?
- 11.** In the survey you identified several factors that supported your EHS-CC partnership with [EHS PROGRAM].

[REVIEW RESPONSES TO SURVEY QUESTION F1 AND PROBE FOR THEMES INDICATED AS HAVING SUPPORTED PARTNERSHIP IN THE SURVEY]

- ALIGNMENT IN PROGRAM PHILOSOPHY AND MISSION
- CLARITY ABOUT ROLES AND RESPONSIBILITIES
- CLARITY ABOUT POLICIES RELATED TO FUNDING, STANDARDS, AND OVERSIGHT
- MUTUAL RESPECT WITH EHS PROGRAM
- SHARED DECISION MAKING
- SATISFACTION WITH FUNDING AMOUNT
- SATISFACTION WITH FUNDING ARRANGEMENT (OTHER THAN FUNDING AMOUNT)
- OPEN COMMUNICATION WITH EHS PROGRAM
- A COMMITMENT AMONG EHS PROGRAM LEADERSHIP TO PARTNER WITH CHILD CARE PROVIDERS
- A COMMITMENT AMONG MY[CENTER/FCC] LEADERSHIP TO PARTNER WITH EHS
- 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”)
- A PERSON AT MY [CENTER/FCC] WHO ACTIVELY AND ENTHUSIASTICALLY PROMOTED PARTNERING WITH EHS (SUCH AS EHS-CC PARTNERSHIP GRANT “CHAMPION” OR “ADVOCATE”)

- STABILITY IN LEADERSHIP AT [EHS PROGRAM]
- STABILITY IN LEADERSHIP IN MY [CENTER/FCC]

[ASK FOR EACH FACTOR IDENTIFIED AS HAVING SUPPORTED SUSTAINABILITY:]

- Would you please describe the [SUPPORT] in more detail?
- How did [SUPPORT] help sustain your partnership?
- How did your [center/FCC] and [EHS PROGRAM] establish a partnership with these supports in place? Were they in place since the beginning of the partnership or did they develop over time? If so, how did they develop?

12. In the survey you also noted factors that served as barriers to the sustainability of your EHS-CC partnership with [EHS PROGRAM].

[REVIEW RESPONSES TO SURVEY QUESTION F2]

- 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:]

- Would you please describe the [ISSUE] in more detail?

- B. When did the [ISSUE] start?
- C. Did the [ISSUE] change over the course of the partnership?
- D. How, if at all, have you communicated with [EHS PROGRAM] about [ISSUE]?
- E. Have you and the EHS PROGRAM put any strategies in place to address the issue? If so, what strategies have you tried? Have they been successful? What has worked and has not worked?
- F. Could something have been done to prevent [ISSUE] from happening?
- G. How did you think this issue could affect your partnership over time? Do you envision this or any other issue affecting your continued involvement in the partnership? Why or why not?

IV. Staffing

Our next set of questions is about staffing.

[REVIEWER NOTE: WHEN ASKING ABOUT STAFFING 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.]

- 13. In the survey you indicated that [RESPONSE TO SURVEY QUESTION C5] child development staff serving children birth to 3 left your program in the past 12 months. Do you usually have [RESPONSE TO C5] staff leave every year, or was this a unique year? If so, what were some of the factors that caused the [increase/decrease] in staff leaving?
- 14. Would you please tell me a little bit more about who the staff were that left your program this past year? Out of the [RESPONSE TO SURVEY QUESTION C5], how many were teachers, assistant teachers, aides, etc.?
- 15. Did any staff leave to go work for [EHS PROGRAM]?
- 16. [IF MORE THAN ONE TYPE OF STAFF LEFT PROGRAM] In the survey you indicated [one reason/a couple of reasons/a few reasons] why these staff left your program including:

[REVIEW RESPONSES TO SURVEY QUESTION C6]

- FOR A CHANGE IN CAREERS
- FOR HIGHER COMPENSATION OR A BETTER BENEFITS PACKAGE IN THE SAME FIELD
- BECAUSE THEY WERE FIRED OR LAID OFF
- FOR PARENTAL LEAVE
- FOR PERSONAL REASONS

- FOR REASONS RELATED TO THE COVID-19 PANDEMIC
- FOR ANOTHER REASON

Were the reasons for leaving generally consistent across different types of staff (for example, teachers versus administrative staff)? If not, how did the reasons vary?

17. On average, how long does it take you to fill vacant staff positions?
18. What vacancies are more difficult or less difficult to fill? Please give me some examples. Why do you think that is the case?
19. What is your [center/FCC] doing to reduce staff turnover?
20. How, if at all, has the partnership with [EHS PROGRAM] supported your ability to recruit and retain staff in any way? What role does [EHS PROGRAM] play in supporting staffing and/or making staffing decisions?

V. Enrollment and funding

Next, I'd like to discuss your [center/FCC]'s enrollment and funding.

21. [ONLY ASK IF SURVEY QUESTION A9=YES (ALL PARTNERSHIP SLOTS WERE UNFILLED)] In the survey you mentioned that there were periods of time when your [center/FCC] did not have any enrollment slots for children birth to age 3 funded through the EHS-CC partnership grant.

- A. When did this lack of enrollment occur?

PROBE IF AT RESPONDENT INDICATES MORE THAN ONE PERIOD OF INACTIVITY: Please think of the most recent period of time when this occurred.]

PROBE: Was it during the past year, between 1 and 2 years ago, between 2 and 3 years ago, between 3 and 4 years ago, between 4 and 5 years ago, more than 5 years ago?

- B. Approximately how many months did lack of enrollment last?

PROBE: Was it 2 months or less, 3-6 months, 7-9 months, 10-12 months, more than 12 months?

- C. In the survey you noted [a reason/a couple of reasons/several reasons] for this lack of enrollment. Please tell me a bit about how [REASON] led to the lack of enrollment.

[REVIEW RESPONSES TO SURVEY QUESTION A12, ONLY ASK OF RESPONSES SELECTED.]

- DIFFERENCES IN PROGRAM PHILOSOPHY AND MISSION?
- MISUNDERSTANDING ABOUT ROLES AND RESPONSIBILITIES?

- NO FAMILIES TO FILL SLOTS?
- INADEQUATE FUNDING?
- DISSATISFACTION WITH FUNDING ARRANGEMENT (OTHER THAN FUNDING AMOUNT)?
- DIFFICULTY MEETING CHILD-ADULT RATIO AND GROUP SIZE REQUIREMENTS?
- DIFFICULTY MEETING TEACHER/PROVIDER CREDENTIAL REQUIREMENTS?
- DIFFICULTY COMPLYING WITH OTHER THE HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS), BEYOND RATIOS AND CREDENTIAL REQUIREMENTS SUSPENSION OF CHILD CARE BUSINESS DUE TO A LICENSING OR REGULATORY VIOLATION?
- CHANGE IN LEADERSHIP AT [EHS PROGRAM]?
- CHANGE IN LEADERSHIP AT MY [CENTER/FCC]
- SUSPENSION OF CHILD CARE BUSINESS FOR SOME REASON OTHER THAN A VIOLATION?
- ANOTHER REASON?

22. [REVIEW RESPONSES TO SURVEY QUESTIONS B2 (ACTUAL ENROLLMENT) AND CORRESPONDING QUESTION IN THE NATIONAL DESCRIPTIVE STUDY (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 [FILL SLOTS]. I believe in 2016 your [center/FCC] had actual enrollment of [FILL SLOTS] infants and toddlers.

IF DECREASED SINCE NDS ASK: What are some of the reasons for this 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: Why do you think this increased?

23. [REVIEW RESPONSE TO SURVEY QUESTION B16] Finally, I'd like to turn to funding. In the survey you indicated that [PERCENT FROM B16] of your overall funding comes from [EHS PROGRAM]. Is that the case for the current year?

[PROBE IF PERCENTAGE IS DIFFERENT THEN SURVEY RESPONSE:]

- What caused this change?

24. [REVIEW RESPONSE TO SURVEY QUESTION B22, ASK IF B22=2] In the survey you mentioned that [EHS PROGRAM] provides funds earmarked for specific purposes including [RESPONSES TO SURVEY QUESTION B23]. Could you tell us more specifically, what the funds were used for? How did this funding arrangement work for your [center/FCC]?

- EARLY CARE AND EDUCATION SERVICES FOR CHILDREN IN PARTNERSHIP SLOTS

- ADMINISTRATION AND OVERHEAD
- STAFF TRAINING AND PROFESSIONAL DEVELOPMENT
- FUNDS FOR MATERIALS, SUPPLIES, FURNITURE, AND EQUIPMENT (DO NOT COUNT ITEMS THAT THE PARTNERSHIP EHS PROGRAM PURCHASED ON YOUR BEHALF)
- ENHANCED SALARIES AND/OR BENEFITS FOR STAFF
- OTHER (SPECIFY)

VI. Partnership agreements

Next, I'd like to ask you a few questions about your partnership agreement with [EHS PROGRAM].

[REVIEW RESPONSE TO SURVEY QUESTION E5] In the survey you indicated that you last updated the partnership agreement with [EHS PROGRAM] on [DATE].

25. Why did you update the agreement?

26. Would you please describe the process you and [EHS PROGRAM] took to update the agreement?

27. How, if at all, did this update played a role in supporting the sustainability of the partnership?

VII. Lessons learned

Now I'd like to ask about lessons learned.

28. What are some benefits of the partnership with [EHS PROGRAM]? And what are some disadvantages?

29. What do you think has helped your partnership with [EHS PROGRAM] last over time?

30. 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?

VIII. Closing

To wrap up, is there something we haven't discussed today that may have helped your partnership with [EHS PROGRAM] last longer or be more sustainable that you would like to discuss?

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.