



## **Deciding the State Role in Early Head Start Expansion and Early Head Start– Child Care Partnership Grants: What Are the Different Levels of Potential State Involvement?<sup>1</sup>**

Jeffrey Capizzano and Kelly Boyle, Ph.D.  
*The Policy Equity Group, LLC*

June 20, 2014

The recently released \$500 million Funding Opportunity Announcement (FOA) for Early Head Start (EHS) Expansion and Early Head Start–Child Care (EHS–CC) Partnership grants provides an opportunity to increase the supply of high-quality infant and toddler care within states.<sup>2</sup> Through this initiative, eligible organizations are strongly encouraged to partner with center-based and family child care providers who agree to meet Early Head Start Program Performance Standards and provide comprehensive, full-day, full-year services for eligible infants and toddlers and their families. The initiative creates an opportunity for applicants to think creatively about bringing federal Early Head Start standards and funding together with state child care subsidy regulations and funding to improve the quality of care for infants and toddlers in child care settings.

The Partnership concept, and the implementation challenges that come with it, are not new. The \$1.1 billion expansion of EHS through the American Recovery and Reinvestment Act created similar partnerships, and more generally, Head Start programs have placed contracted Head Start slots within child care programs for many years. Although the concept is not new, this specific opportunity provides the various administrators working within a state’s early childhood system with the opportunity to think differently about how the state’s early childhood efforts to support infant and toddler health, development and care relate to the federal EHS program. Although the federal to local funding structure of Head Start has historically caused significant state-level coordination issues, state participation in this Partnership opportunity can build upon the work started by Head Start State Collaboration Directors to create stronger connections and alignment between EHS and state child care systems and can facilitate more streamlined implementation of the Partnership model on the ground. This brief outlines different ways in which states can participate in EHS–CC Partnership grants. While states cannot be grantees in the Head Start program (which serves children three- to five-years old), states are eligible to become Early Head Start grantees.

---

<sup>1</sup> The authors would like to acknowledge Michele Palermo, Judy Willgren, Joan Lombardi, Sherri Killins, and Susan Hibbard for their review and comments on earlier drafts of this document.

<sup>2</sup> Applicants have the option of submitting either an application for straight Early Head Start expansion, an application for an Early Head Start–Child Care Partnership, or an application proposing a mix of both approaches.

As a grantee, a state can choose to be the lead applicant for EHS–CC Partnership funding. If a state chooses not to apply, it can still be an engaged and supportive partner of local applicants. Early childhood state administrators, including those that administer TANF, health, Parts B and C of IDEA, child care subsidy, and other programs addressing the needs of infants and toddlers, bring a wealth of knowledge and resources that can work to support stronger applications. Additionally, although difficult to implement, the FOA notes that funding priority will be given to applicants that “can show evidence of broad-scale impact through changes in state policies, including licensing that supports higher quality infant and toddler care or [other changes] that reduce the likelihood of families losing subsidies when family conditions change...” Accordingly, state decisions to alter existing child care policies will put applicants at an advantage in the competition.

Regardless of a state’s level of participation, the discussion of how states can more effectively participate in the process must take place within the context of the application criteria. The Early Head Start Expansion and EHS–CC Partnership FOA includes five sections and a number of bonus-point categories. The table below is a section-by-section breakdown of the FOA and the points allocated for each. The mostly heavily weighted sections are those that focus on the community need, project design and approach, and budget.

**Table 1: Section-by-Section Breakdown of Points for the EHS Expansion and EHS—CC Partnerships FOA**

Section	Points
Community Need and Objectives (20) Providing services in high-poverty zip codes (5)	25
Project Design and Approach	30
Organizational Infrastructure and Management Systems	10
Staffing	10
Budget and Budget Justification	15
“Pure” Partnership Proposal (100 percent of children served through Partnership)	10
Bonus Points Serving Promise Zones (3) Serving more than 40 percent of children with a subsidy (3)	6
<b>Total</b>	<b>106</b>

Each section of the FOA contains numerous criteria that an applicant must address to receive the maximum number of points for the section. In Table 2 on the next page, the criteria associated with each section are outlined along with specific elements (in the second column) that the applicant must address in order to meet the criteria. If the state is the applicant, the second column, which describes the elements that an applicant must address, will be the most useful. The third column provides ways in which the state, if it is not the applicant, can be supportive of local organizations that do apply. The suggestions offered in this column derive from a number of state resources and roles, including:

1. Data gathered by the state, including information on children who are receiving subsidies; market rate surveys; and the quality of child care programs included in the state QRIS;
2. The role of the state in administering the Child Care and Development Fund and other social service programs that address application criteria;
3. Implementation of the state's quality improvement, workforce, and professional development initiatives;
4. Access to pre-existing collaborative structures, such as the State Early Childhood Advisory Councils and other early childhood committees; and
5. Relationships with other state institutions (like institutions of higher education and philanthropic organizations) and the power to convene relevant groups.

**Table 2: EHS–CC Partnerships Criteria and State Opportunities for Support**

Community Need and Objectives		
Maximum Points: 25 Points		
EHS–CC FOA CRITERIA	APPLICANT MUST...	STATES CAN...
<b>1.1. Geographic Location</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe precise geographic location and boundaries of the service area</li> <li><input type="checkbox"/> Define area(s) of greatest need using data from state, county, or community assessment</li> <li><input type="checkbox"/> Estimate number of EHS-eligible infants and toddlers in the service area</li> <li><input type="checkbox"/> Estimate number of infants and toddlers receiving child care subsidies in the service area</li> <li><input type="checkbox"/> If proposing Non-Partnership Expansion, justify why EHS–CC Partnership is not an option for proposed service area</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide access to or share information about state data resources that include demographic and socio-economic indicators at the community level</li> <li><input type="checkbox"/> If applicable, provide access to relevant data from the state longitudinal data system</li> <li><input type="checkbox"/> Provide data regarding special populations (e.g., children with disabilities, dual language learners, homeless infants, toddlers and pregnant women, children in foster care, etc.)</li> <li><input type="checkbox"/> Facilitate relationships between local applicants and state-level data partners (universities, think tanks, Annie E. Casey KIDS COUNT grantee, etc.)</li> </ul>
<b>1.2. High-Poverty Zip Codes</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Service areas in high-poverty zip codes (as identified in Section V.1 of the FOA) will receive 5 points</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide detailed information about the characteristics of need in the highlighted zip codes</li> <li><input type="checkbox"/> Provide applicants with other high-need zip codes not included in the FOA and detailed information about the need in those zip codes</li> <li><input type="checkbox"/> Formally submit additional zip codes for inclusion in the list of priority zip codes (and suggestions for the omission of certain zip codes) to the Administration for Children and Families (ACF) through the “Submit a Question” link on the ACF website</li> </ul>

<p><b>1.3 Existing Child Care Services</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify existing child care services in service area</li> <li><input type="checkbox"/> Describe current levels of quality and expected level of effort required to bring providers up to EHS Program Performance Standards</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide list of licensed/regulated center based and family child care homes by community</li> <li><input type="checkbox"/> If applicable, make QRIS data available on providers by community, including scores on subscales that align with specific EHS Program Performance Standards</li> </ul>
<p><b>1.4 Plan to Improve and/or Expand Services</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe whether applicant will: <ul style="list-style-type: none"> <li><input type="radio"/> improve services provided to infants and toddlers currently being served</li> <li><input type="radio"/> expand the number of infants and toddlers being served <b>OR</b></li> <li><input type="radio"/> both improve and expand services</li> </ul> </li> <li><input type="checkbox"/> Demonstrate that applicant will not supplant existing funding, including subsidies, or services with this funding</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide a clear description to applicants of how child care subsidy dollars can and cannot be used for Head Start children (e.g., some states only allow a subsidy to be used for wrap-around care with Head Start children)</li> </ul>
<p><b>1.5. Justification of Program Options</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Justify how the program option or combination (center or family child care, length of program day, etc.) is the best fit for the community</li> <li><input type="checkbox"/> Justification includes how applicant will meet requirement for full-day, full-year (48 weeks) services, including planned number of hours per day; days per week; weeks per year</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide information on patterns of labor force participation of low-income families by community, including those working non-traditional hours</li> </ul>
<p><b>1.6. Leveraging Funding</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe how applicant will leverage funds from other sources to maximize impact</li> <li><input type="checkbox"/> Plan to ensure that at all times <math>\geq 25\%</math> of total number of EHS-eligible children served in Partnership also have child care subsidies (not applicable to Non-Partnership Expansion applicants)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Host convening of applicants and local state-run social service agencies to support relationship building and articulate possible linkages</li> <li><input type="checkbox"/> Provide information on state-run social service resources such as health and mental health clinics, family support services, agencies and programs providing public benefits for families</li> <li><input type="checkbox"/> Provide information on the average length of time infants and toddlers receive a child care subsidy in the state and the turnover rate for these children over a 12-month period</li> </ul>

<b>1.7. Enrollment Plan</b>	<input type="checkbox"/> Enrollment plan with projected dates applicant will begin delivering services to children and when full enrollment will be reached	<input type="checkbox"/> Provide information on differences in ratios, class size, and health and safety standards between EHS and state licensing (the key EHS Standards that Partnership grantees must meet before they can begin to provide services)
<b>1.8. Recruitment and Selection Criteria</b>	<input type="checkbox"/> Describe recruitment and selection criteria to ensure children with greatest needs are being served <input type="checkbox"/> Describe how program will ensure that not less than 10 percent of total infant-toddler enrollment is comprised of children with disabilities	<input type="checkbox"/> Create or share pre-existing alignments between state child care subsidy eligibility requirements and EHS eligibility requirements including income thresholds, copayments, and redetermination <input type="checkbox"/> Create or update protocols for referring infants and toddlers eligible for both CCDF and EHS to the Partnerships <input type="checkbox"/> To the extent possible, enact policy or regulatory changes to better align subsidy policy to EHS requirements to support stable funding of continuity of care (the FOA requires that children continue to be served even if subsidy is lost)

## Project Design and Approach

Maximum Points: 30 Points

EHS–CC FOA CRITERIA	APPLICANT MUST...	STATES CAN...
<b>2.1 Service Delivery Plan</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe service delivery methods and justify plan to meet needs of children and families with highest need (using supporting data from community assessment)</li> <li><input type="checkbox"/> Plan must include education, health, nutrition, social, and family support services, and other service needs, including those of special populations applicant plans to serve</li> <li><input type="checkbox"/> Describe procedures to identify children with disabilities and plan to coordinate with other service providers</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Connect applicants to local social service delivery systems</li> <li><input type="checkbox"/> Connect applicants to initiatives conducted as part of the state Early Childhood Comprehensive System grants</li> <li><input type="checkbox"/> If applicable, connect applicants to early childhood mental health consultation networks</li> <li><input type="checkbox"/> Connect applicants to programs such as Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) for states with grants funded by the federal Substance Abuse and Mental Health Services Administration</li> <li><input type="checkbox"/> If applicable, connect applicants to the state infant/early childhood mental health association and to providers who have earned The Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E<sup>®</sup>)</li> <li><input type="checkbox"/> Direct applicants to resources on early childhood mental health consultation models such as the Georgetown Center for Early Childhood Mental Health Consultation (<a href="http://www.ecmhc.org">www.ecmhc.org</a>)</li> </ul>
<b>2.2 Ratios and Group Sizes</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide evidence that proposed ratios, group sizes, and staffing will meet relevant regulations and licensing requirements (must meet or exceed all federal, state/tribal, and local regulations and ensure all facilities are licensed)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Create alignment of group size and ratios from state licensing regulations and EHS Program Performance Standards</li> </ul>
<b>2.3 Curricula and Teaching Practices</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe plan to use research-based, developmentally appropriate curricula and teaching practices that are aligned to state early learning guidelines (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If applicable, share state-approved curriculum lists and documentation on the curriculum approval process</li> <li><input type="checkbox"/> Share alignments of approved curriculum to state infant and toddler early learning standards or guidelines</li> <li><input type="checkbox"/> Provide information on QRIS standards that include curriculum implementation</li> </ul>

<b>2.4 Involvement of Other Service Providers</b>	<input type="checkbox"/> Describe process of involvement of other providers and plan to avoid duplication	<input type="checkbox"/> See 2.1 above
<b>2.5 Continuity of Services</b>	<input type="checkbox"/> Describe plan to develop unified birth-to-school-entry continuum of care and education through linkages with Head Start and other programs (e.g., home visiting, state prekindergarten) <input type="checkbox"/> Describe systematic procedure for transitioning enrolled infants and toddlers to Head Start or other community-based preschool programs	<input type="checkbox"/> If applicable, share information on the state’s pre-kindergarten program, including location of pre-kindergarten sites <input type="checkbox"/> Provide any state resources that have been created to support children and families in the transition from infant and toddler care to Head Start or prekindergarten
<b>2.6 Link to Early Intervention Services</b>	<input type="checkbox"/> Describe plan to formally partner with other providers to ensure that children with disabilities receive all appropriate services in accordance with federal and state laws	<input type="checkbox"/> Direct applicants to programs that operate under IDEA and other relevant educational auspices, including the state interagency coordinating council, as established in part C of IDEA and the state agency responsible for administering section 106 of the Child Abuse Prevention and Treatment Act <input type="checkbox"/> Provide information about all key aspects of the state’s Part C program to applicants, including referral procedures, definitions and eligibility, and available resources
<b>2.7 Screening and Referral</b>	<input type="checkbox"/> Describe system for screening, referral, and follow-up to ensure appropriate developmental, sensory, and behavioral services are being provided for every enrolled child	<input type="checkbox"/> Provide information on state approved screening tools, including EPSDT for use by Medicaid providers <input type="checkbox"/> Provide information about resources, technical assistance, and community partners available to help applicants provide screenings
<b>2.8 Family Engagement</b>	<input type="checkbox"/> Propose plan for family engagement based on unique needs of families <input type="checkbox"/> Discuss how activities will be designed to encourage parents to participate in program decision-making and leadership	<input type="checkbox"/> Provide information on any state-level resources or programs that have been created to support family engagement or other two-generational strategies in early care and education programs <input type="checkbox"/> Share information on family engagement standards in the state QRIS
<b>2.9 Child Care Partners</b>	<input type="checkbox"/> Discuss how child care partner sites have been identified or describe plan, timeline, and criteria for identifying partners (not applicable to Expansion applicants)	<input type="checkbox"/> Assist applicants to identify child care partners who care for children receiving subsidies and who participate in the QRIS <input type="checkbox"/> To the extent practicable, support applicants in using QRIS scores (and subscale scores) to assess the potential of providers to implement EHS Program Performance Standards

## Organizational Infrastructure and Management Systems

Maximum Points: 10 Points

EHS–CC FOA CRITERIA	APPLICATION MUST...	STATES CAN...
<b>3.1 Organizational Structure</b>	<input type="checkbox"/> Describe proposed organizational and staffing structure to support full implementation of services across the entire program, including clearly defined roles and responsibilities of the grantee and the child care partner sites, and delegate agencies if applicable	<input type="checkbox"/> Provide information on any supports or management training available for non-profit organizations  <input type="checkbox"/> Provide information or support the development of advanced shared services models like Colorado’s Early Learning Ventures that provide back office support for child care programs
<b>3.2 Organizational Oversight</b>	<input type="checkbox"/> Provide evidence that senior management team and governing board have capacity to: <ul style="list-style-type: none"> <li><input type="radio"/> provide effective oversight and accountability</li> <li><input type="radio"/> involve the Policy Council in planning and decision making</li> <li><input type="radio"/> ensure representation of the diverse community served</li> <li><input type="radio"/> set and monitor overall agency priorities and operational systems</li> <li><input type="radio"/> conduct community assessment, annual self-assessments, ongoing monitoring, and outcome-based evaluations</li> </ul>	
<b>3.3 Program Governance</b>	<input type="checkbox"/> Propose plan to meet applicable program governance requirements of the Head Start Act  <input type="checkbox"/> Plan for supporting family involvement in governance through proportionate parent representation from child care partners on policy councils	
<b>3.4 Past Performance</b>	<input type="checkbox"/> Provide evidence of experience providing high-quality early childhood services and ability to effectively and efficiently administer proposed program	
<b>3.5 Fiscal Controls and Management</b>	<input type="checkbox"/> Describe plan to maintain strong fiscal controls and cost-effective fiscal management across all sites	<input type="checkbox"/> Make applicants aware of training and resources related to program and fiscal operations  <input type="checkbox"/> Share information about state shared services models or platforms that support bulk purchasing and other cost-saving measures

## Staffing

**Maximum Points: 10 Points**

EHS–CC FOA CRITERIA	APPLICANT MUST...	STATES CAN...
<b>4.1 Staff Qualifications</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrate that all teaching staff will meet qualification requirements within 18 months of receiving the grant</li> <li><input type="checkbox"/> All teachers funded by grant will have:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant Toddler or Family Child Care Child Development Associate (CDA) credential or comparable state certificate</li> <li><input type="checkbox"/> Been trained (or have equivalent course work) in early childhood development with an infant and toddler focus</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If applicable, provide information on a state’s early childhood workforce knowledge and competency standards, career pathway, and provider registry</li> <li><input type="checkbox"/> Create alignment of education and training requirements of early childhood providers across state licensing, subsidy, QRIS, EHS, home visiting, and any other state programs providing early care and education services</li> </ul>
<b>4.2 Staff Recruitment and Training</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe plan to recruit, train, and supervise a high-quality staff to ensure retention of staff and support proposed program design</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide information about state professional development opportunities and programs, particularly those associated with the QRIS that will help applicants develop and maintain a strong early care and education workforce</li> </ul>
<b>4.3 Professional Development</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe ongoing strategy for professional development, evidence-based coaching and mentoring, and supervision that supports reflective practice and meets specific needs of staff</li> <li><input type="checkbox"/> Must ensure that plan addresses all EHS–CC Partnership staff, including family child care providers (not applicable to Expansion applicants)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inventory and list availability of education and training offerings through state colleges and universities, community colleges, child care resource and referral agencies, and other supports to providers in attaining and maintaining EHS requirements</li> <li><input type="checkbox"/> Inventory and make available state grants, scholarships, or other funds to support educational attainment of early care and education providers</li> <li><input type="checkbox"/> Share information about state’s workforce registry that documents and acknowledges professional and educational achievements of individuals working in the field</li> </ul>
<b>4.4 Family Service Worker Caseloads</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Propose family service worker caseloads (not to exceed one family worker to 40 families) that reflect best practices, are tied to high-quality service delivery, and reflect state requirements that are more stringent than the EHS Program Performance Standards</li> </ul>	

## Budget and Budget Justification

Maximum Points: 15 Points

EHS–CC FOA CRITERIA	APPLICANT MUST...	STATES CAN...
<b>5.1 Cost Effectiveness</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrate that budget clearly aligns with proposed service delivery model and is cost-effective and reasonable</li> <li><input type="checkbox"/> Show evidence that staff positions are included to cover all comprehensive services and proposed ratios and group sizes</li> <li><input type="checkbox"/> Explain all programmatic and contract costs</li> <li><input type="checkbox"/> Include diapers and formula in the budget</li> <li><input type="checkbox"/> Demonstrate that a significant portion of funding will be directed to its child care partners (not applicable to Expansion applicants)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Share information about state shared services models or platforms that support bulk purchasing and other cost saving measures</li> <li><input type="checkbox"/> Share recent market rate survey results and methodology</li> <li><input type="checkbox"/> Share assumptions behind child care subsidy payment levels</li> </ul>
<b>5.2 Leveraging Funding</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe how applicant will use combination of federal EHS–CC Partnership funds as well as resources from other funding streams, including state, local, and private-sector funding</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Create or highlight existing resources on how to successfully blend or layer EHS and child care subsidy funding, as well as highlight successful models within the state</li> </ul>
<b>5.3 Child Care Subsidy Eligibility</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure that children with child care subsidies will continue to be served if their subsidies are lost (not applicable to Expansion applicants)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide information on the average length of time an infant and toddler receives a child care subsidy in the state and the turnover rate for these children over a 12-month period</li> </ul>
<b>5.4 Non-Federal Match</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrate that applicant will be able to meet the 20 percent required non-federal share match</li> <li><input type="checkbox"/> Explain valuation of non-cash sources</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facilitate connections between applicants and philanthropic organizations in the state and other funding partners that may be interested in collaboration</li> <li><input type="checkbox"/> Identify state funds that could be used for this purpose</li> </ul>
<b>5.5 Start-up Costs</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrate that start-up funds are justified, reasonable, and applicable</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Share alignment of state licensing standards and EHS Program Performance standards to ensure start-up funds, particularly for facilitates, will cover costs for changes that will need to be made to meet the EHS standards</li> </ul>

## State-Local Memorandum of Understanding

If a state decides not to be the applicant for an EHS–Child Care Partnership grant, it may wish to formally support local applicants through a Memorandum of Understanding (MOU). Such an MOU can more formally outline the resources and supports that the state would make available for local applicants during the implementation of the Partnerships and articulate the ways in which the local applicants would collaborate and share information with the state. The table below provides a number of items that could potentially be included in an MOU between the state and local applicants. The table does not contain an exhaustive list of items, but is designed to spur thinking and discussions about how the state can work collaboratively with local applicants through an MOU.

**Table 3: Example elements of an MOU between a State and Local Applicants Applying for EHS Expansion and EHS–CC Partnership Grant Funding**

Commitment of State	Commitment of Local Applicants
<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to state early childhood workforce and program quality initiatives and funding</li> <li><input type="checkbox"/> Facilitate grantee relationships with state-run social service agencies</li> <li><input type="checkbox"/> Share longitudinal QRIS data to support evaluation of Partnerships</li> <li><input type="checkbox"/> Review subsidy policies that disrupt continuity of care</li> <li><input type="checkbox"/> Explore state funding sources to meet grantee’s non-federal share requirement</li> <li><input type="checkbox"/> Commit/prioritize/share state resources that address program model elements in the application like family engagement, inclusion, and health and mental health</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate in the state (or local) QRIS</li> <li><input type="checkbox"/> Engage in other state early childhood initiatives, like provider registry</li> <li><input type="checkbox"/> Using the proper consent protocols, share the names of children in Head Start and their child assessment data</li> <li><input type="checkbox"/> Use state-approved curriculum, if applicable</li> <li><input type="checkbox"/> Use state-approved screening and assessment instruments, if applicable</li> <li><input type="checkbox"/> Set early learning and development goals for children that are consistent/aligned with state infant and toddler guidelines or standards</li> </ul>

## Conclusion

This is a unique moment in the history of early care and education in the United States. The EHS Expansion and EHS–CC Partnership grant opportunity provides state administrators with the opportunity to lead in an effort to expand high-quality early learning opportunities for young children through greater coordination of child care and Head Start funding. This brief has provided a number of suggestions for ways in which states can participate in this seminal work. The creativity with which states approach the implementation of the Partnership grants will no doubt be used at the national level to inform future systems-building work. Whether as an applicant or a supportive partner, states should take every advantage of this opportunity.