Commonwealth of Virginia

Preschool Development Grant, Birth through Five

NEEDS ASSESSMENT

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Executive Summary

Young children who receive high quality early childhood care and education (ECCE) start life with an advantage. They are more likely to be on par with peers socially and academically and less likely to be involved in risky behaviors as a teen. Benefits also extend to their families and communities.[1] Conversely, poor or uneven quality care—particularly for vulnerable children—can have a negative effect on school performance, language, development,[2] and long-term health.[3]

Awareness of the importance of investing in children before they reach kindergarten has grown in Virginia, consistent with national trends. With that awareness has come an increased attention to the role of the public in supporting early childhood. **Since 2014, more than fifteen statewide reports, commissions, and councils** have examined various aspects of this support: early childhood environments, the capacity of state and local agencies to serve young children in need, available data on child outcomes, and the extent of collaboration and accountability at state and local levels. Each report has underscored the importance of the early years for a child's healthy development and learning overall. Cumulatively they have made a case for the impact of accessible, high-quality early care and education in improving the lives of Virginia's young children.

Virginia has made great strides in advocating for, coordinating, and building the foundations of an early childhood care and education system in the last decade. Still, the components are not aligned or unified; Virginia's approach remains "extremely diffuse" with "no single governance structure or authority charged

with implementing early childhood priorities."[4] As such, Virginia's lack of coordinated attention to quality, financing, governance, and policy infrastructure do not adequately reflect the Commonwealth's desired commitment to supporting early childhood, as it has been expressed in recent reports and plans. Because there is not an integrated structure or approach, the Commonwealth misses opportunities to improve the system.

Significant public and private efforts across Virginia are dedicated to supporting children under five, yet the lack of a unified state approach has resulted in fragmentation and gaps in service that hinder support for families. Publicly-funded early childhood resources are housed within **eight separate agencies**, each with respective regulations and requirements. Services are designed, funded, and implemented by distinct federal, state, and local bodies. **There is no common governance, oversight, or monitoring structure for Virginia's public programs and policies related to healthy early child development.** As a result, the Commonwealth's approach was rated as 37th out of 50 states in "creating a coordinated, integrated early care and education system" with Virginia described as having low levels of state funding, limited coordination between agencies, and lack of coordinated state leadership.[5]

Because structure influences early care and education in Virginia, this needs assessment goes beyond reporting on the numbers of children, teachers, and facilities—the "supply and demand" of early childhood care and education—and further addresses questions of governance and policy, system financing, coordination, workforce preparation, and data integration. These elements influence the management and delivery of early childhood services for children and families.

Data Sources and Guiding Questions

This needs assessment combines (1) the findings of recent state and national reports on ECCE, (2) administrative and demographic data from federal and state databases, (3) interviews with families of young children, community leaders, and other early childhood stakeholders, and (4) focus groups with child care center directors, educators, and child care providers. Together these sources support a nuanced examination of Virginia's needs pertaining to early childhood from three angles:

- **Who are the children?** The report describes the young children and families in Virginia households.
- **What are the public resources?** The report reviews the statewide public offerings for early childhood care and education, their accessibility and quality, and additional support services and resources that improve healthy child development.
- **What is the system for public ECCE?** Bringing resources and needs together, the report describes the level of coordination and oversight within Virginia, and how early childhood care and education is financed, monitored, and staffed.

A concluding section brings together the major gaps for each section of the report, and presents potential opportunities and practices for Virginia to consider in strengthening its system of early childhood development and care, identifying 15 opportunities for improvement.

The full report examines early childhood care and education in Virginia from four angles: Virginia's children, programs, system, and opportunities. Each area is briefly summarized below.

1. Who Are Virginia's Children Under Age Five?

As of 2017, an estimated 509,922 children under age five live in Virginia.[6] Of those:

- 60,297 (12%) live in rural areas[7]
- 182,325 (36%) live in low-income households[8]
- 339,770 (67%) live in households where all available parents are employed[9]
- 33,699 children (about 7%) have been identified as needing support for disabilities or delays and have received it through Early Intervention or Early Childhood Special Education[10]

Additionally, one in four children age five and under in Virginia are part of an immigrant family.[11]

Altogether, 40% of Virginia's kindergarten students (and 48% of economically disadvantaged children) enter school unprepared on at least one dimension of school readiness.[12]

It is estimated that Virginia's population will continue to diversify and grow. The number of children under age five is projected to grow by 9% between 2020 and 2030, primarily in urban and suburban communities, to reach more than 540,000 by 2020 and 590,000 by 2030. At the same time, Virginia's Asian population will expand by 44% and its Hispanic population by 51%.[13] Virginia's early childhood system is facing increased capacity demands alongside enhanced cultural, linguistic, and ethnic diversity among its youngest residents.

2. What Are Virginia's Public ECCE Resources?

The availability of supports for healthy development and school readiness is important for all children, especially those whose personal, family, or community characteristics put them at risk of being unprepared for kindergarten. Virginia's supports for early childhood are targeted to its most vulnerable, particularly in terms of

economic instability. They include quality, accessible ECCE and support for appropriate development, nutrition, and language acquisition for children.

Child Care Subsidies (Administered by the Virginia Department of Social Services)

The cost of child care in Virginia, as in the United States, is unaffordable to families with limited incomes. Virginia's Child Care Subsidy Program (CCSP) supports employment and education among low-income parents by reimbursing child care providers for the care of participating children. The program serves children under age 13 (and under age 18 if a child is physically or mentally incapable of caring for himself or herself). In 2018, 47% of the children receiving subsidy supports were under the age of five. The program's reach, however, is relatively small; only 3% of Virginia's children under age five are served, its waitlists are variable, and participation among families and providers has been declining. The Virginia Department of Social Services (VDSS) is actively working to improve program reach and accessibility by increasing its reimbursement rates, updating administrative policies and practices to extend support to families, providers, and the local departments administering the program, and operating a statewide enrollment drive in early 2019.

Public Preschool Programs (Administered by the Virginia Department of Education)

Virginia supports a number of public preschool programs for children from age two to kindergarten who are most at risk, each with unique criteria for determining eligibility and curricula. These programs—including the Virginia Preschool Initiative (VPI), VPI+, Title I, Early Childhood Special Education (ECSE), and locally established Pre-K programs—are in place to serve the children who are at greatest risk of underachievement in kindergarten. They are governed by a combination of federal, state, and local policies and funding requirements, but quality, accessibility, and implementation vary widely. Communities in rural areas and/or with higher levels of poverty are more reliant on public programs to provide capacity for early childhood than communities with denser or more economically stable populations.

Head Start (Administered by Local Grantees)

Head Start (for age 3-5) and Early Head Start (for age 0-2) primarily serve children in poverty, prioritizing those with the greatest need, such as children in foster care, children with disabilities, or children in families who do not speak English or are experiencing homelessness. Local grantees operate programs in most (116 of 133) of Virginia's localities, primarily serving children ages 3-5.

Supports for Children with Disabilities (Administered by the Virginia Department of Behavioral Health and Developmental Services and the Virginia Department of Education)

Early Intervention supports children from birth until age three who are not developing on schedule or who have a medical condition with a high likelihood of developmental delays. It provides families with coaching and guidance as well as referrals to a wide variety of health specialists, all on a sliding scale, with services free to families with annual incomes under $55,000.[14] Early Childhood Special Education (ECSE) supports public preschool for children with disabilities, which may be delivered in dedicated classrooms or integrated into general education classrooms (such as Head Start or VPI). Together, public preschool programs and Early Intervention served 33,699 children with disabilities in 2018, or about 7% of children under age five. The number of children accessing these services has steadily increased over time; Early Intervention served more than 20,000 children in 2018, compared to fewer than 12,000 in 2009.[15] But funding for both programs has failed to keep pace with increasing enrollment. In addition, it can be difficult to find the skilled health providers and qualified educators for children with disabilities that are needed to support healthy development and school readiness, particularly in rural areas of Virginia.

ECCE Nutritional Supports (Administered by the Virginia Department of Health)

The Child and Adult Care Food Program (CACFP) reimburses schools and child care providers for providing nutritious meals and snacks to children from lower-income homes. The program brought $59 million in federal funds to Virginia child care programs and served more than 28 million meals to children in FY 2018.[16] CACFP has rigorous administrative requirements and largely relies on non-profit organizations to sponsor participating child care programs, which can limit its reach in areas where many children and programs are likely to be eligible; for example, few home-based programs in Southwest and Southside Virginia participate. A recent partnership between the Virginia Department of Social Services and the Virginia Department of Health is addressing administrative capacity and licensing requirements and promises to draw down additional resources.[17]

Home Visiting (Administered by Virginia Department of Health, Virginia Department of Social Services, and Private Organizations)

Virginia has seven home visiting models, which coordinate efforts to serve pregnant women and families of children from birth through age five. Home visiting programs support child health, development, and school readiness through connection to medical care and screenings and guidance to parents on child development and parenting. Home visiting

services are present in 122 communities across the Commonwealth. Home visiting programs in Virginia have a history of collaboration in partnership with Early Impact Virginia (EIV). In 2018, the General Assembly recognized EIV as the lead convener for home visiting, granting them authority to coordinate evaluation, lead strategy, and report on progress for the programs in Virginia. While increased public expenditures in the last decade have allowed home visiting efforts to expand, funding remains heavily dependent on federal allocations. A lack of stable, predictable funding from year to year limits the home visiting programs' ability to develop joint strategies.[18]

What Are Gaps in ECCE Resources?

Combining both public and private ECCE programs, there are about three formal child care seats for every four children under age five in Virginia. The most significant gaps in ECCE resources are:

- **Infant and Toddler Care.** The vast majority of ECCE capacity is for children age three and older. Only one public ECCE program (Early Head Start, which has 2,395 seats) is focused solely on infants and toddlers, and child care subsidies support infant and toddler care. Title I and Early Childhood Special Education (ECSE) programs allow for limited participation of two-year-olds. Similarly, private programs offer greater capacity and options to families of preschool-age children (ages 3-4) than to infants and toddlers. Among private programs, just under half of those serving young children accept infants (45% of programs and up to 49% of seats), while 80% of these programs (and up to 95% of seats) accept four-year-olds.[19]
- **Child Care Deserts.** "Child care deserts" are areas with inadequate child care opportunities, defined as less than one seat for every three children. A county-level analysis of child care in 2018 found that 47% of Virginians live in a child care desert, including 50% of Hispanic/Latino families, 61% of people in low-income neighborhoods, and 63% of people in rural areas.[20]
- **Rural Areas.** For 11 of Virginia's 133 localities, the entire locality is a child care desert, and nine of these localities are rural. Rural areas together have one child care seat for every two young children, compared to three seats for every four children across the Commonwealth. Such lack of formal care can mean that some families in these communities will not be able to access affordable, quality care through either public preschool or public subsidies. Further, programs operating in rural areas that require specialized skills (supporting children with disabilities or dual-language learners) can have a difficult time finding and retaining qualified staff, or struggle to maintain a sufficient number of children to cover the costs of operating a program.

- **Children with Disabilities.** Educators and families interviewed noted that it can be difficult to find programs that are inclusive of children with disabilities, developmental delays, or behavioral issues, or that have teachers who are knowledgeable about working with young children with disabilities. Virginia's public classrooms currently include children with Individualized Education Programs (IEPs) at a much lower rate than the national average—34% of children with IEPs, compared to 46% nationally.[21]

- **Hours and Transportation.** Families, educators, and community leaders commonly pointed to the hours of operation public programs offer and, relatedly, the need to drop off and pick up children during a traditional work day, as posing a barrier to accessibility. This limits the number of options that are truly available to families who do not have flexibility to provide or arrange for child care and transportation on schedules that conflict with parental work or education requirements.

Many of these gaps are interrelated, such that families of children in a rural area with disabilities or who speak a language other than English at home may have greater challenges obtaining the care that will help them succeed. Similarly, families with infants living in child care deserts may have greater barriers to finding appropriate, accessible, affordable, quality care.

Who Are ECCE Staff and Teachers?

Whether they care for children in homes, child care centers, or schools, early childhood educators shape learning environments and are important adult figures in the life of each child in their care. These early educators are an essential element of a program's quality, contributing to young children's development, learning, and healthy adjustment to school.

Workforce Challenges. Key challenges within Virginia's early education workforce include substandard wages, wage and training disparities between program types, barriers to accessing professional development, and limited state policies to address these challenges. Low compensation also contributes to teacher turnover in Virginia; 25% of programs (particularly private centers, programs with lower wages, and programs serving at-risk children) reported high staff turnover in 2017.[22] According to the Center for the Study of Child Care Employment, Virginia is stalled in three areas of early childhood workforce policies, having (1) no minimum required educational attainment or educational supports for teachers in private programs, (2) inadequate paid professional development, planning and preparation, and salaries with benefits, and (3) no compensation standards or guidelines or public financial relief for the early childhood workforce.[23]

What Is Known About ECCE Quality in Virginia?

Public early childhood and education resources are most effective when they are high quality and accessible, able to enroll and then support the children of working families who need them. What is striking about Virginia's publicly-funded resources is how small a proportion of the population is able to take advantage of these quality programs due to a range of factors: insufficient local resources for expansion, lack of public awareness, inability to access opportunities, and variable program quality.

Virginia Quality. Virginia Quality is the state's quality rating and improvement system (QRIS). It is a voluntary, cross-sector program that sets five quality levels, assesses programs on set features, and provides guidance and professional development to help programs improve. Administered jointly by VDSS and the Virginia Early Childhood Foundation (VECF), Virginia Quality is a relatively young system that began as a pilot in 2008, expanded to operate statewide in 2013, and progressed through a standards and process revision in 2015 with the launch of online quality improvement tracking in 2016-2017. But as of April 2019, just 1,194 programs are enrolled in Virginia Quality, only about one quarter of eligible programs.[24]

Virginia's commitment to quality in early childhood programs is growing. In 2018, the state legislature dedicated over $10 million to supporting high quality early childhood programming and entry into kindergarten, including funding for full implementation of a multi-dimensional assessment of school readiness (the Virginia Kindergarten Readiness Project) and for the Virginia Preschool Initiative, increased per pupil funding, support for teacher licensure and professional development, support for observations and feedback in all VPI classrooms, and technical assistance and monitoring for all school divisions.

Altogether, about 49,500 ECCE seats are quality-rated, representing about 13% of ECCE capacity. A majority (59%) of children served by public preschool, Head Start, and child care subsidies through social services and the Department of Defense are in a quality-rated program. Preschool-age children are twice as likely as two year-olds, and more than four times more likely than infants, to be in a program with known quality, due largely to the emphasis on participation in Virginia Quality among publicly-funded preschool programs.

Other Quality Measures. In addition to Virginia Quality, there are state, local, and national early care and education models that build in evaluation or measurement across performance standards. Research on quality specific to Head Start, VPI, VPI+, and Early Childhood Special Education programs in Virginia can inform efforts to ensure that the education children receive facilitates healthy development and school readiness. Broadly speaking, program quality is variable both within and across public preschool programs, with public programs prominently participating in Virginia Quality's efforts to assess, improve, and communicate quality to families.

3. What Is the System for Public ECCE?

The goal of creating a system from a myriad of public programs and funds supporting distinct aspects of early childhood care, services, and education has gained strength among policy makers nationally for two primary reasons: (1) desire for adequate and sustainable funding for young children and (2) accountability for the funds and programs that exist.[25] Fully supporting early childhood extends beyond ECCE to encompass support services and engagement through social services and health, helping families and their young children thrive.

Since 2015, the governor's office in Virginia has elevated the importance of school readiness and early intervention and supported greater coordination among state departments through the establishment of interagency councils and cabinets and through the greater investment of resources. These efforts have resulted in system improvements, including:

- Increased communication between early childhood and care agencies at the state level
- Leveraging of additional federal dollars to bring more Pre-Kindergarten services to Virginia children and families
- Investment in establishing a position and hiring a chief school readiness officer in 2018
- Partnering with the General Assembly, Virginia Early Childhood Foundation (VECF), the Virginia Chamber of Commerce and others to discuss state legislation in 2019, aimed at further unifying ECCE efforts.

These state government efforts to coordinate and unify services are supplemented by robust public and private partnerships at the state and local levels. The most focused on early childhood development education and care include Smart Beginnings hubs in eighteen regions in the Commonwealth, covering nearly 90% of the population. These community partnerships bring together public and private leaders and organizations to increase capacity to reach young children and their families with quality early care services and education. The backbone for these regional coalitions is VECF, a public-private entity with a history of non-partisan support for school readiness, local capacity and systems building, supporting research and data, and scaling innovative practices for broader impact across the Commonwealth.

Despite years of commission and council reports and recommendations calling for greater system integration, Virginia remains relatively segmented in its approach to funding and managing early childhood care and education resources. There are institutional, regulatory, financial, and policy barriers to creating a more efficient ECCE system in Virginia, all resulting in a complex set of programs and regulations that do not always work together to

	Barrier	Potential
Accountability and Measurement	☐ Program administrators are incentivized to prioritize funding requirements over collaboration across programs. ☐ State interpretation and implementation of requirements influences willingness to share data across agencies.	☐ Shared data and clear accountability across programs and agencies can support planning, targeting services, evaluating outcomes and public investment, and advocating for resources.
Coordination and Communication	☐ No statutory responsibility, sufficient resources, or accountability to coordinate across programs and the public and private sectors. ☐ Informal collaborative structures rely on personal connections and relationships to change systems. ☐ Benefits of increased coordination and communication are never brought to scale. Change is slow and hard to measure. ☐ Lack of coordination between agencies leaves gaps for serving vulnerable children.	☐ Opportunity to prevent risk and minimize resources spent on remediation by identifying families and children who will benefit from support prior to, during, and after entering an early childhood program. ☐ More formal means of coordination and communication for the transition from ECCE to K-12 expands responsibility and coordination rather than relying on inclination of individual leaders. ☐ Integrating elements of early care and education in policies and practices facilitates more comprehensive and seamless delivery of services and attention to quality early care and education across state agencies and programs.
Finance	☐ Funding is inadequate to support high-quality ECCE for all vulnerable children, particularly infants and toddlers. ☐ Funding lacks a cohesive early childhood system or funding structure. ☐ Funding is driven by federal priorities. ☐ Funding is fragmented across programs, agencies, and sources. ☐ Funding does not equitably support children under age five, but prioritizes children around age four. ☐ Funding implementation incentivizes underutilization. ☐ Funding approach does not incentivize quality.	☐ Increased state funding levels can support resources for more than 30% of eligible children. ☐ Designated leadership can support programs and communities in utilizing funding in optimal and innovative ways. ☐ Pilot mixed-delivery systems can model effective system change. ☐ Reimbursement rates can be connected to program quality and outcomes.
Data and Outcomes	☐ No unified system to understand program quality, children's levels of school readiness, available opportunities, and program outcomes. ☐ Lack of data makes accountability for outcomes and scaling of strong practices difficult to determine and support. ☐ Virginia Longitudinal Data System (VLDS) has insufficient collaboration across agencies to be comprehensive. ☐ Not currently possible to measure program outcomes over time.	☐ Individual programmatic and integrated data can provide insight on family service use. ☐ Shared data can identify what programs or combinations of programs best serve children and families. ☐ Shared data can support preventive assistance that minimizes remediation and supports positive outcomes for children and families.

support child development or a strong ECCE market. Lack of coordinated attention to Virginia's infrastructure for ECCE can hinder engagement of families and providers. For each barrier, research and stakeholder interviews uncovered potential changes to improve the current system.

4. What Are Opportunities for Improvement?

The needs assessment identifies gaps in services and resources for Virginia children, their families, educators, and policy makers. It details ways in which other states and local Virginia communities have addressed them, and shares family and educator perspectives on the system's impact and effectiveness on the ground. In a concluding section, we highlight 15 considerations for policy makers in strengthening the system, based on the needs assessment findings.

Who Are the Children?

1. **Obtaining an accurate count of the supply, enrollment, and availability of publicly-funded care for children ages 0-5** will facilitate more targeted planning, allocation, and greater choice for families.

2. **Creating an integrated data system can increase understanding of the accessibility and quality of ECCE programs and child and family outcomes,** particularly when it includes longitudinal data extending beyond early childhood, as well as information on family circumstances.

3. **Expanding the capacity to serve children during the early years, ages 0-3,** is an important starting point to make quality early care truly accessible and affordable to vulnerable families, reap the benefits of quality instruction and care, and support working parents.

4. **Targeting public resources to the geographic areas with capacity gaps** puts children on a level playing field with their counterparts in more populous or resource-rich areas of the state.

5. **Increasing the participation of families in guiding early childhood care and education policies and practices at the program, community, and state levels** supports meaningful inclusion and accountability to families.

What Are the Public Resources?

6. **Supporting increased awareness about ECCE options and their value in preparing children for school, and coordinating program enrollment processes** makes it easier and more affordable for families to enroll locally.

7. **Supporting efforts to share information about quality and access with programs and parents** can improve informed decision making in support of children.

8. **Coordinating its administrative processes for CACFP** can provide more funds to centers and enhance nutritional supports.

9. **Advocating for competitive wages and implementing incentives for staff and educators** to achieve higher levels of quality supports a more stable and skilled workforce.

10. **Incentivizing participation in Virginia Quality, implementing measures of quality and child outcomes across more programs, and supporting the use of contracts and other means to reward and promote quality care** will put in place structural mechanisms that increase progress toward quality goals.

What Is the System for Public ECCE?

11. **Designing an early childhood governance system with identified leadership and oversight that is optimal for children and their families, with clear measures of accountability,** would signal commitment to families and children, and support cohesive progress toward child well-being across programs and agencies.

12. **Adjusting funding and reimbursement models to account for costs and quality, providing flexibility to maximize the benefits of existing programs and funds, and aligning strategies and oversight through enhanced interagency governance** can more effectively target and support the principles of an effective early childhood development system.

13. **Providing technical assistance to local school divisions and other public and private providers to braid, or integrate, diverse funding streams** will enhance resource efficiency.

14. **Engaging the private sector** can support and scale innovative private and public efforts to improve access and quality and maximize existing funding.

15. **Coordinating interpretation and implementation of policies** offers the opportunity to rise above policy limitations that limit serving children to the full capacity funded.

The Commonwealth of Virginia has the information decision makers need and the assets in place to change the life trajectory for today's young children. A high-quality early care and education experience, with community and family support, makes a qualitative and quantitative difference in a child's ability to do well in school. Over the last several years, policy makers have agreed that it is timely to act. The PDG B-5 initiative provides a catalyst to tackle this change and invest in a quality early childhood care and education system on a statewide scale.

The Commonwealth's leaders have demonstrated a long-standing investment in expanding access to public preschool among vulnerable children and a recognition of the importance of early childhood. To date, these efforts have operated as pockets of innovation and stand-alone programs. This approach will not get Virginia to a place where all children, particularly those most vulnerable, are ready for school. When 40% of young children are identified as not ready for school, more transformational change and investment is needed. The Commonwealth can re-shape its own destiny by championing a vision, establishing an innovative and responsive governance structure, and committing the leadership, resources, and determination to prepare each child for healthy development and success.

Introduction

"Rapid brain development means that early childhood is a time of great opportunity, but also great vulnerability, for a child's development. Early childhood experiences can have positive, negative, or minimal effects on brain and skills development. Children learn in whatever environment they are placed, and it is not a question of whether a child's environment affects brain and skills development; it is a question of what effect that environment has."[26]

During the sensitive developmental periods of early childhood (from birth to age 5), healthy and supportive experiences are critical. In the first years of life, brain development occurs at an unmatched rate as infants and children constantly absorb new information and experiences. Their brains are commonly referred to as "plastic" in this stage, meaning they are the most flexible they ever will be, building pathways and fundamental wiring. Young children develop a sense of the world and their place in it. They create strong attachments to their families and caregivers, and they learn quickly, particularly before they reach the age of three. Enriching environments and supportive, engaging relationships with

caregivers are the building blocks that enable children to feel secure and have strong foundations for development and learning over their lifetimes.

Supportive relationships and environments are strengthened by knowledge of child development, quality care, and adequate financial and nutritional resources. In communities and households where resources are strained, children—particularly those who need additional assistance—are less likely to receive the kind of care that fully supports their development. Yet these children are precisely those who most need support for a strong start in life. Ensuring that Virginia's communities have the capacity to foster healthy early childhood development through early childhood care and education (ECCE) programs is foundational to achieving safe, nurturing, and stimulating learning environments for all children.

Children who are enrolled in high quality early childhood care and education start their educational trajectory with an advantage. They are more likely to be successful in school, be on par with peers socially and academically, and less likely to be involved in risky behaviors as a teen. Benefits extend to their families and communities.[27] Conversely, poor or uneven quality care—particularly for vulnerable children—can have a negative effect on school performance, language, and development,[28] and long-term health.[29]

More than one in three children under age five experience economic insecurity that affects their readiness for school. Parents are increasingly employed outside the home, and young children spend much of early childhood in the care of others.

Significant public and private efforts across Virginia are dedicated to supporting early childhood, and the responsibility for governing and managing early childhood care and education is diffuse. Publicly-funded early childhood resources are housed within eight separate agencies, each with respective regulations and requirements. Services are designed, funded, and implemented by federal, state, and local bodies. As a result, the extent, accessibility, and quality of the care Virginia's children receive is reported across multiple programs. Virginia does not have a reliable snapshot of children's experiences or readiness for school. For a period of such potential as early childhood, appropriate investment, coordination, and accountability can shape the future.

Purpose

In commissioning this needs assessment, the Commonwealth's policy makers seek to understand the current state of early childhood care and education in Virginia and what it will take to provide Virginia's children with quality care, support, and a strong start in life. Virginia's School Readiness

Committee, established in Code by the 2016 state legislature and designated in 2018 by Governor Northam as Virginia's State Advisory Council, is charged with strengthening a statewide system that prepares young children for school and healthy development. The committee seeks to make access and participation in the early childhood care and education system equitable, particularly for vulnerable children.

In 2019, the federal Preschool Development Grant Birth through Five (PDG B-5) offers the opportunity to understand conditions for Virginia through a needs assessment and, with this information, to set goals for improvement. This needs assessment is designed to compile the insights of recent Virginia research on early childhood supports and services and supplement it with the most recent social, economic, and program data for Virginia. The needs assessment explores systemic barriers and resources and gathers the voices and perspectives of families, teachers, and others who are providing, accessing, or seeking early childhood care and education.

Because structure influences early childhood care and education in Virginia, this needs assessment goes beyond the numbers of children, teachers, and facilities—the "supply and demand" of early childhood care and education—and further addresses questions of system financing, coordination, governance, workforce preparation, and data integration. These elements form the infrastructure–weak or strong—that underlies early childhood services for children and families.

The PDG B-5 needs assessment is accompanied by a strategic plan, based on the findings, which lays out guiding principles for an effective early childhood care and education system. It sets bold goals and strategies for Virginia and identifies measurable indicators for monitoring the Commonwealth's progress toward achieving the goals of PDG B-5.

Background

Awareness of the importance of investing in children before they reach kindergarten has grown in Virginia, consistent with national trends. With that awareness has come increased attention to the role of the public in supporting early childhood. Since 2014, more than fifteen statewide reports, commissions, and councils have examined various aspects of this support: early childhood environments, the capacity of state and local agencies to serve young children in need, available data on child outcomes, and the extent of collaboration and accountability at state and local levels. Each report has underscored the importance of the early years for a child's healthy development and learning overall. Cumulatively they have made a case for the impact of accessible, high-quality early childhood care and education in improving the lives of Virginia's young children.

During this same period, however, the overall conditions for young children in Virginia have not changed substantially. Virginia remains a Commonwealth where 40% of children are not ready for school.[30] The Commonwealth of Virginia does support a range of early childhood and education services, many of which are described in this report, **but these public resources reach only a fraction of children in need. Publicly-funded programs serve just 30% of eligible children.[31] These resources also fail to constitute an organized, comprehensive system where families can truly access affordable quality care and support when and where they need it.**

Approach

This report examines needs pertaining to early childhood from three angles:

- **Who are the children?** The report first describes the young children and families in Virginia, as well as their households and communities.
- **What are the public resources?** The next sections review the statewide public offerings for early childhood care and education, their accessibility and quality, as well as additional support services and resources that improve healthy child development.
- **What is the system for public early childhood care and education?** Bringing resources and needs together, the third portion of the assessment report describes the level of coordination and oversight within Virginia, and how early childhood care and education is financed, monitored, and staffed.

A concluding section brings together the major gaps for each section of the report, along with potential opportunities and practices for Virginia to consider in strengthening its system of early childhood development and care, and identifies 15 opportunities for improvement.

Scope

This needs assessment captures only formal early childhood care and education, including programs administered under the auspices of public schools, the Virginia Department of Education, and Head Start. Also included are private programs in homes, centers, and community-based organizations that are licensed or registered under the auspices of the Virginia Department of Social Services. Together these programs have capacity to serve approximately 73% of infants and children under five. Many families use informal "family, friend, and neighbor" (FFN) care for their children; capturing the extent of informal networks of care in Virginia is beyond the scope of this needs assessment.

Definitions

This report establishes a common language with a set of terms to guide the Commonwealth's work on early childhood care and education, as defined below.

These definitions will serve as a cornerstone for an integrated policy and approach to targeted populations across Virginia agencies serving children under age five, and contribute to greater coordination and alignment of practices. While these definitions do not differ substantially from those used in the past, what is unique is that each of these has "accessible" definitions that are intended to communicate with a broader public. Because they are grounded in public policy and regulations, no challenges are anticipated in adopting them as part of the PDG B-5 process.

Term	Definition
Vulnerable children	Children who are at increased risk of being unprepared for success in kindergarten due to disability or developmental delay, trauma or adverse childhood experiences, being English language learners, health concerns, and/or environmental conditions such as insufficient income, housing, parental education, or safety at home.
Rural	Any geography not included in an urbanized area (50,000 or more people) or urban cluster (between 2,500 and 50,000 people).
Kindergarten readiness	"A ready child is prepared socially, personally, physically, and intellectually within the developmental domains addressed in Virginia's six Foundation Blocks for Early Learning: literacy, mathematics, science, history and social science, physical and motor development, and personal and social development. Children develop holistically; growth and development in one area depends upon development in other areas."[32]
Quality ECCE	The National Association for the Education of Young Children (NAEYC) suggests that a "high quality early childhood program provides a safe, nurturing environment that promotes the physical, social, emotional and cognitive development of young children while responding to the needs of families." Quality for early childhood care and education for children age 0-5 is multidimensional and dynamic, including curriculum and assessment, teacher-child interaction, teacher preparation and professional development, a safe environment, child to adult ratios, and family engagement.[33]
ECCE availability	ECCE availability refers to the extent to which sufficient, inclusive opportunities for children to enroll in quality care exist in a given geographic area. It also encompasses the degree to which the types of services needed are offered at the hours, locations, quality level, and affordable price points that meet families' needs and support the children's development, within reasonable limits of effort and affordability.

I. Virginia's Children

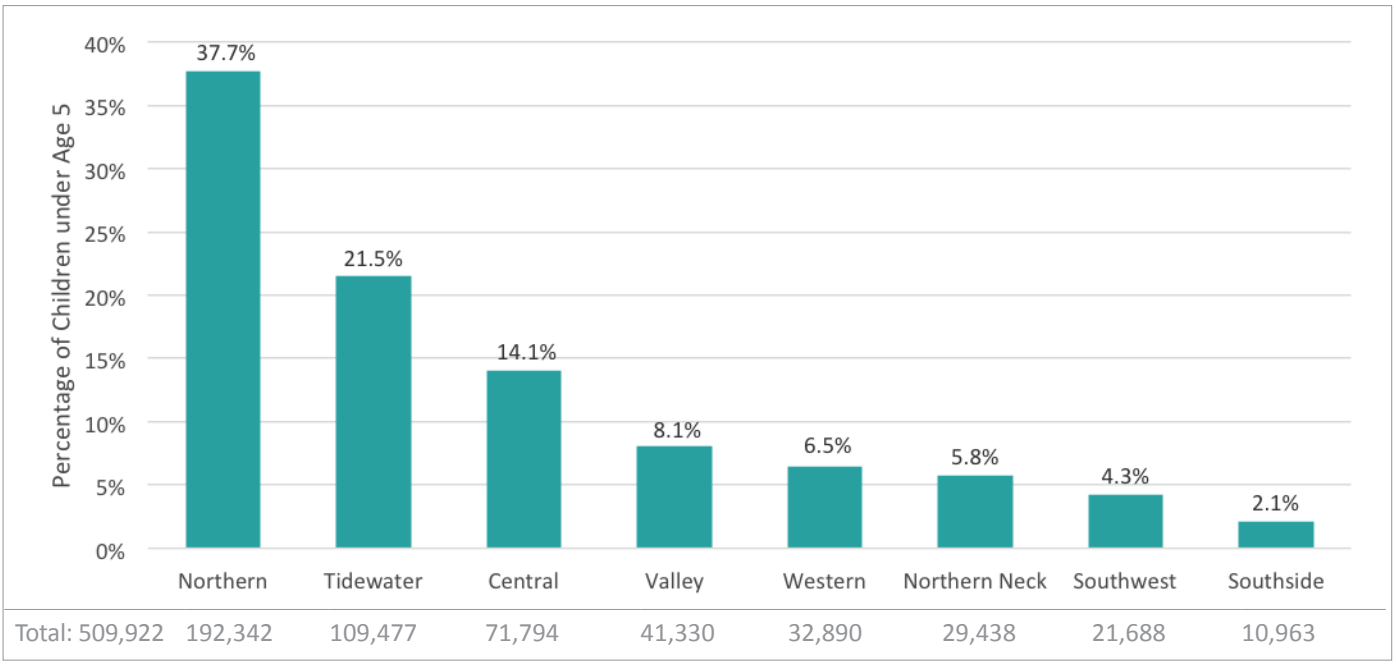
A sizable body of research has demonstrated that certain experiences and characteristics in early childhood have significant effects on a child's continued development and success in school. Household income, child and parent health, food security and nutrition, a supportive home environment, and high-quality child care are all important influences on school readiness.[34] Children in families that lack the monetary, nutritional, or educational resources that provide a stable and supportive environment face greater challenges to school readiness. Children in families that are otherwise financially stable and physically healthy may face additional challenges to school readiness if they live in rural communities with limited care or homes where English is not spoken, or if the child has a developmental delay or disability.[35]

As of 2017, an estimated 509,922 children under age five live in Virginia.[36] Of those:

- 60,297 (12%) live in rural areas[37]
- 182,325 (36%) live in low-income households[38]
- 339,770 (67%) live in households where all available parents are employed[39]
- 33,699 children (about 7%) have been identified as needing support for disabilities or delays and have received it through Early Intervention or Early Childhood Special Education[40]

Additionally, roughly 13% of children age 5-17 in public schools are considered English language learners.[41]

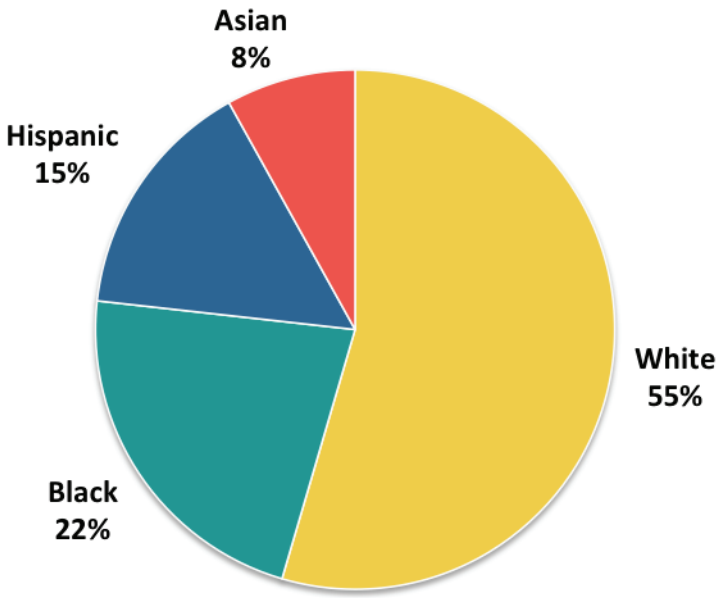
Figure 1. Where Virginia's Children Under Age Five Live, by Region (2013-2017)[43]



Altogether, 40% of Virginia's kindergarten students (and 48% of economically disadvantaged children) enter school unprepared on at least one dimension.[42]

This needs assessment presents information on children and programs in terms of the Virginia Department of Education's eight geographic regions. Young children are disproportionately concentrated in the regions with major urban centers and the highest populations. More than one third of children under age five live in Northern Virginia; in contrast, only 2% live in Southside Virginia (Figure 1).

Figure 2. Race/Ethnicity of Children Under Age Five (2017)[44]



While the majority of Virginia's population of children under age five are White (54%, Figure 2), Black, Hispanic, and Asian children all constitute substantial portions of the population. Less than one percent of Virginia children are of American Indian or Pacific Island heritage.

Understanding how the early childhood population is changing can also help support a system that is capable of serving all children. Since 2012, the number of Hispanic children under age five in Virginia has increased slightly, along with the share of non-native, foreign-born children under age five. Currently, one in four children age five and under in Virginia is part of an immigrant family.[45] The Weldon Cooper Center at the University of Virginia projects that Virginia's population of children under age five will continue to grow, and the broader population will diversify. The number of young children is projected to grow by 9% between 2020 and 2030—primarily in urban and suburban communities—to reach more than 540,000 in 2020 and more than 590,000 by 2030. At the same time, Virginia's Asian population (across all ages) will increase by 44%, and its Hispanic population will increase by 51%.[46] Virginia's early childhood system will be faced with greater capacity demands and enhanced cultural, linguistic, and ethnic diversity among its youngest residents.

Selected Characteristics

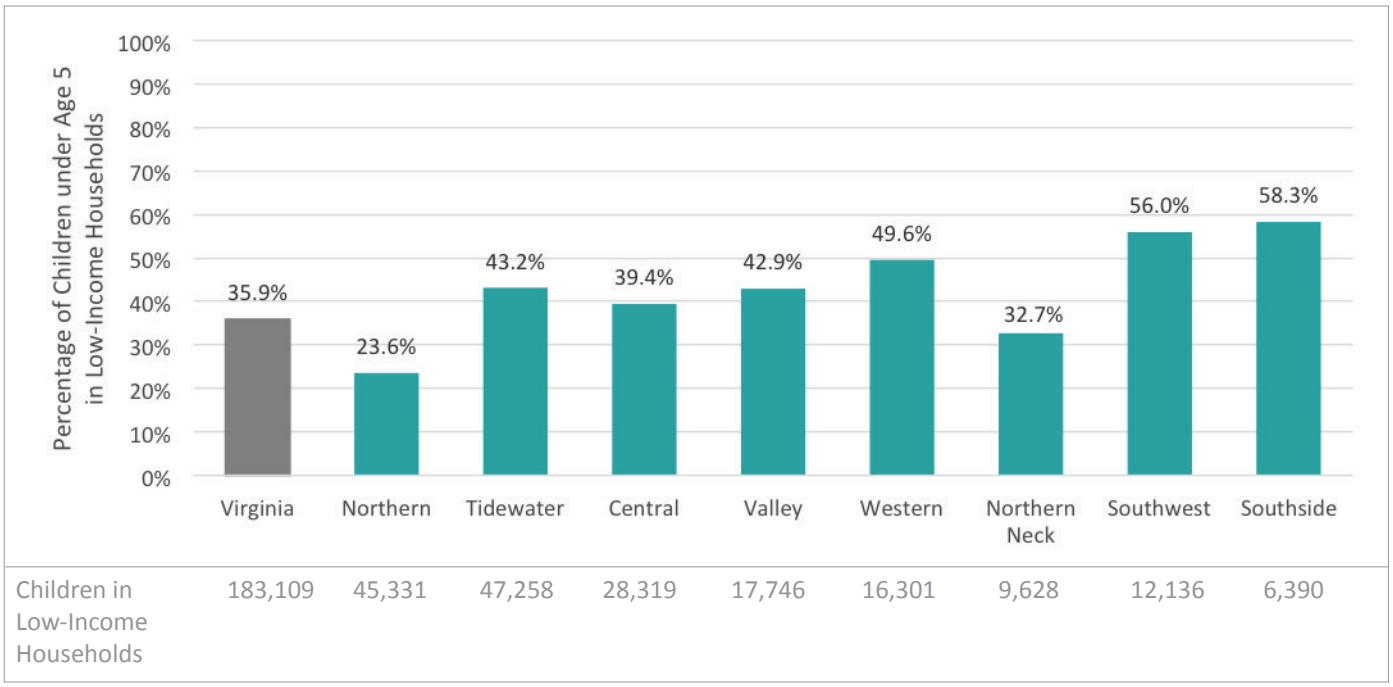
Income and Poverty

Households with an income within double the poverty standard set by the U.S. Department of Health and Human Services are considered low-income across many public programs and social analyses.[47] This threshold provides for a basic standard of living and does not account for costs such as child care and health care. While it is a standardized measure of need, it conservatively estimates the financial requirements on households.[48]

That said, 26% of Virginia households are low-income (having incomes within 200% of poverty guidelines). Within that, 11% of households are impoverished (having incomes within 100% of poverty guidelines). Children are more likely than adults to experience economic hardship.

- 36% of children in Virginia under age five live in low-income households
- 51% of Virginia's low-income households are in the populous Northern and Tidewater regions
- 53% of young children in Virginia's Western, Southside, and Southwest regions live in low-income households, demonstrating that the economic strain is geographically concentrated (Figure 3)
- 9% of Virginia's White residents of all ages are likely to experience poverty, as compared to 15% of Hispanic residents and 19% of Black residents, demonstrating that income and race/ethnicity are interrelated[49]
- 39% of Virginia's rural residents of all ages are likely to experience poverty, as compared to 24% of residents of all ages in urbanized areas, demonstrating that income and geography are interrelated

Figure 3. Percentage of Children Under Age Five in Low-Income Households, by Region (2013-2017)[50]



Among Virginia's most economically secure localities—those with the lowest poverty rates—about one in five young children live in low-income households. Among its least economically secure localities—those with the highest poverty rates—well more than one in two young children (63% across the 10 highest poverty localities) live in low-income households (Figure 4).[51]

Figure 4. Economic Need across Virginia Localities (2017)[52]

Lowest Poverty Communities		Highest Poverty Communities	
Locality	% children under 200% of poverty guidelines (Virginia average 36%)	Locality	% children under 200% of poverty guidelines (Virginia average 36%)
Loudoun County	11.4%	Prince Edward County	71.3%
Falls Church City	17.5%	Emporia City	70.6%
Stafford County	23.8%	Greensville County	72.9%
Poquoson City	27.8%	Richmond City	61.7%
York County	25.9%	Danville City	63.0%
Hanover County	19.0%	Lexington City	59.1%
Powhatan County	15.9%	Dickenson County	62.6%
New Kent County	20.2%	Buchanan County	66.8%
Fauquier County	19.8%	Lee County	60.8%
Arlington County	20.7%	Radford City	45.8%

Child Health and Development

Prenatal and Birth Outcomes. While poverty is a predictor of school readiness, prenatal exposure to tobacco and low birth weight each independently have negative effects on school readiness as well.[53] From 2013–2017, approximately 8% of babies born in Virginia had low birth weights.[54] Over the same period, approximately 6% of Virginia-born babies were born to mothers who reported having smoked at some point while pregnant. While the Tidewater region had the largest number of children born to mothers who reported smoking while pregnant, the Southwest and Southside regions had notably higher rates of maternal prenatal smoking—24% and 13% of mothers, respectively, reported smoking while pregnant.

Disabilities and Developmental Delays. Infants and children may also experience medical conditions, atypical patterns of growth, or disabilities that can impact appropriate child development. Many disabilities are not readily apparent in infants and young children, but are diagnosed as the child grows. Because many children are not yet identified as having a disability or delay before age five, data on disabilities and developmental delays in early childhood is limited. The best approximation of the number of young children with disabilities or developmental delays comes from the number of children served by Virginia's statewide Early Intervention program (for children age 0-2) and public preschool students (age 2-5) with an Individualized Education Program (IEP). This is all within the limitation that such a count includes children who participate in a program, rather than all children across the Commonwealth. In 2018, 13,497 children in public preschool had an IEP and 20,202 children age 0-2 received Early Intervention services across Virginia.

Dual Language Learners

Young children entering English-speaking classrooms from homes where a different primary language is spoken face challenges to learning and communication that their English-speaking peers and teachers do not. At an age where they have not fully mastered their primary language, they become dual language learners (DLLs) who must master two languages at once to navigate their lives. While, in the long run, they may have greater potential capacity and brain development due to multi-lingual exposure, their immediate challenges are significant.

Virginia has an estimated 81,608 limited English-speaking households. Due to the relatively small number of households, locality estimates of the number of young children in limited English speaking households are unreliable. The U.S. Census Bureau's American Community Survey (ACS) estimates indicate that 63% of limited English-speaking households are located in Northern Virginia, and there are very few such households in Southwest and Southside Virginia, a meager 1% combined. Other analyses have posited that the ACS appears to undercount children who are learning English, yet no Virginia-specific count of dual language learners currently exists. As points of comparison, an

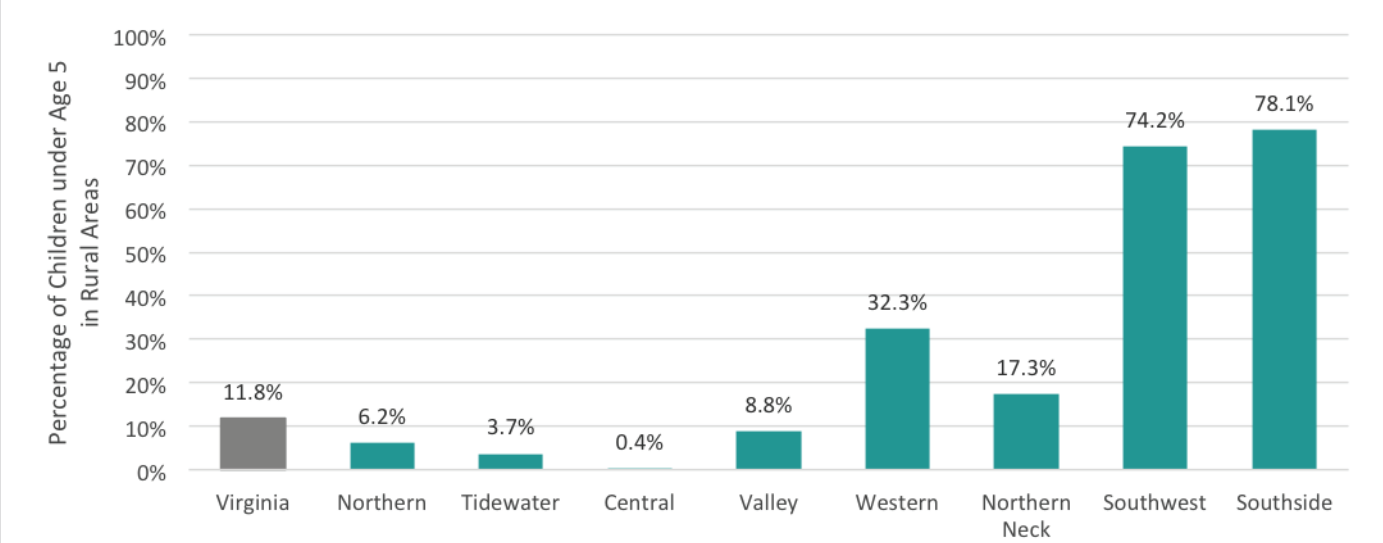
estimated 17% of children age 5-17 in Virginia speak a language other than English in the home, and about 13% of all students enrolled in Virginia public schools are classified as English learners.[55]

Rural Location

Research has demonstrated that many young children in rural areas enter elementary school behind in reading and math skills.[56] Fifty-seven of 133 Virginia localities are wholly or primarily rural. These communities are home to 12% of Virginia's children under age five and can be found across all regions of the Commonwealth. For example, densely populated Northern Virginia has 20% of Virginia's rural infants and young children.

A disproportionate share of Virginia's young, rural population resides in the Western, Southwest, and Southside regions of the Commonwealth. Southwest and Southside Virginia are home to only 6% of Virginia's children age five and under but have 40% of Virginia's rural children (Figure 5).

Figure 5. Percentage of Children under Age 5 in Rural Areas, by Region (2013-2017)[57]



	Virginia	Northern	Tidewater	Central	Valley	Western	Northern Neck	Southwest	Southside
Kids Under 5 in Rural Areas:	60,297	11,945	4,035	293	3,624	10,639	5,101	16,098	8,562

> "It's not even listed as a town in the county, because it's so small. But everybody knows everybody and they all check up on me. And so it's a very safe neighborhood. And you know, all my family lives right here around the corner."
>
> –Parent of 4-year-old, Rural Area in Tidewater Region

Rural communities experience disproportionate poverty; the quintile of localities with the lowest poverty rates includes only one rural locality (King George County), while the highest poverty quintile includes 17 rural localities. The cultural and racial/ethnic composition of rural communities across Virginia is varied. For example, the Valley and Tidewater regions host agricultural migrant workers, while mountainous Southwest Virginia has a predominantly White population and an economy that has historically relied on coal. Data on the population in rural areas—including language, immigration status, health and disability—is limited to what the U.S. Census Bureau produces.

Trauma and Adverse Childhood Experiences

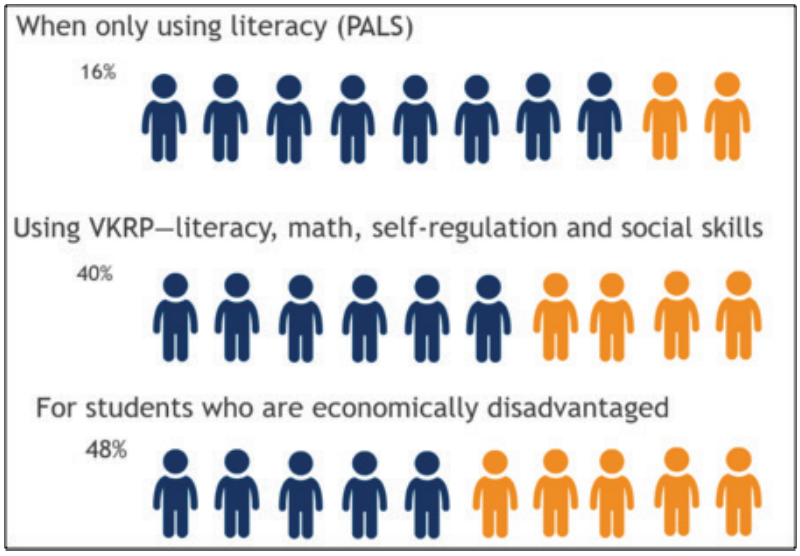
Data from the Virginia Department of Social Services show that founded reports of child maltreatment disproportionately involve children age three or younger. In many cases, child maltreatment is not officially reported, so official figures reported by social services are a conservative representation of maltreatment and trauma within communities. In SFY 2018, 33% of children in founded investigations of maltreatment in Virginia and 83% of deaths as a result of abuse or neglect were children age three or younger.[58]

Exposure to trauma, abuse, and violence can contribute to children's emotional and behavioral problems.[59] Without supportive adults, significant or repeated stress in a child's first three years can impair development.[60] Children are resilient, but adverse childhood experiences (ACEs) increase the risk of developmental difficulties and below-average cognitive and behavioral outcomes in kindergarteners, as well as poor outcomes long-term.[61] ACEs can include any form of child maltreatment, witnessing domestic violence, parental substance use, death, abandonment, jailing, or divorce.[62] In the United States, ACEs occur across the full population, but they are more common among people who are Black, Hispanic, or multiracial or who have less education and income.[63] In Virginia, 19% of children under age 17 have experienced two or more ACEs,[64] most commonly economic hardship and parental divorce or separation. This is consistent with national incidence.[65]

Preparedness for Kindergarten

According to school readiness screening focused on literacy only, 16% of children are not ready for kindergarten. However, when additional domains defined by the Virginia Department of Education are included—social, personal, physical, and intellectual development beyond literacy—40% of Virginia's kindergarteners, and 48% of economically disadvantaged students, are not ready to be successful in school (Figure 6).

Figure 6. Children Entering Kindergarten Not Ready to Be Successful (2017)[66]



Virginia has an extended history of supporting early literacy screening. In 1997, the state legislature established the Early Intervention Reading Initiative, which currently provides funding for 100% of eligible children in kindergarten through third grade who need reading support. The program is implemented in nearly all Virginia school divisions, using a literacy screening to identify kindergarten children who are unprepared for the literacy requirements of school and need literacy support. In all divisions except for Fairfax County Public Schools, the assessment used is the Phonological Awareness Literacy Screening (PALS).[67]

In recognition that school readiness encompasses more than early literacy, Virginia has taken steps in the last decade to create a broader assessment of school readiness to supplement PALS. The Virginia Kindergarten Readiness Program (VKRP) assesses students across

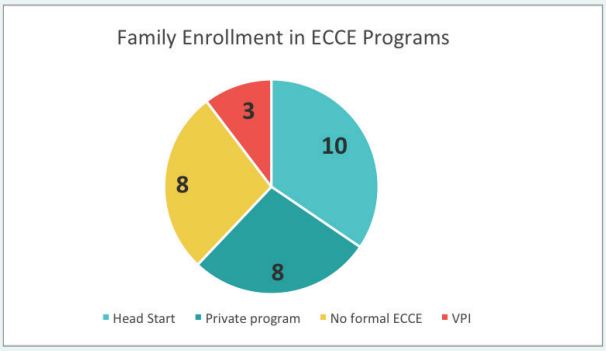
"When he gets home, he's wanting to read a book. He wants to. He tells me all about his day and what he did and what letters that they learned about today and what sounds they make and just everything. It's really awesome."

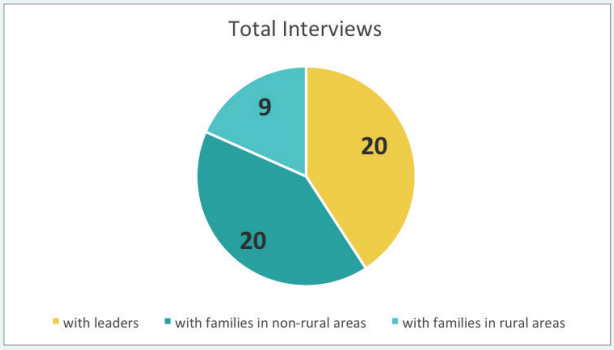
–Parent of 4-year-old, Urban Area in Valley Region

three additional dimensions: mathematics, social skills, and self-regulation. While these dimensions are not fully comprehensive of children's school readiness (e.g., the measures do not assess motor skills), they provide a broader look at predictors of school success. VKRP was first piloted in classrooms in 2014, and in 2019 it will roll out for statewide participation.[68] This broader assessment of school readiness is intended to facilitate efforts to identify children who are at risk of being unprepared for kindergarten prior to entry.[69]

Voices from the Field – Families with Young Children

At the end of many sections of this report, a "voices from the field" component presents perspectives gathered from more than 100 families, educators, and community leaders, complementing and adding depth to findings from administrative data and pre-existing reports. In order to gather diverse perspectives, the study team collaborated with staff members in eleven Smart Beginnings regions across the Commonwealth to recruit participants for interviews and focus groups.





A total of six focus groups were conducted with educators, including an urban and a rural group for each of the following: center directors of public ECCE programs, lead educators of public ECCE programs, and family day home providers participating in the child care subsidy program. Methodological details are available in Appendix A.

II. Early Childhood Program Capacity and Accessibility

A strong body of evidence demonstrates that quality early childhood care and education supports children's cognitive development (i.e., language, literacy, and mathematics) and can improve children's social behavior and emotional knowledge.[70] These cognitive and social-emotional skills are important elements of school readiness, and their influence extends beyond early childhood; appropriate math, literacy, and attention skills at kindergarten entry are the strongest predictors of a child's later achievement.[71] The availability of programs that support healthy development and school readiness is important for all children, especially those whose personal, family, or community characteristics put them at risk of being unprepared for kindergarten.

To support Virginia's ability to reach vulnerable young children with high quality, accessible programs and services, it is important to understand existing programs, their coverage, and their accessibility to families.

ECCE Accessibility

Child care is a common family necessity: two-thirds of Virginia's children under age five have all available parents working outside the home. For these families, child care ideally supports household economic stability as well as healthy child development, but available options do not always align to support both. Ultimately, families tend to prioritize cost, convenience, and hours in making their child care selections.[72]

Child Trends defines access to child care as requiring that care be (1) easy to find and reasonably geographically close, (2) affordable, (3) supportive of children's healthy development, and (4) able to meet parents' needs and desires.[73] Systemic as well as practical factors influence these dimensions in Virginia and whether or not children are able to participate in accessible, quality ECCE. This section will examine the coverage and capacity of Virginia's public and private ECCE programs, identifying promising efforts and areas of innovation, as well as challenges and barriers to connecting all infants and young children in the state with quality, accessible care and education that supports families and child development.

Easy to Find and Reasonably Close. Virginia is working to make quality options easier for families to find and access, within the limitations of public resources, but accessibility barriers persist. Virginia's public programs have limited capacity and, due to barriers such as a lack of public awareness and funding limitations, child care subsidies reach only a fraction of eligible families. On top of capacity limitations, there are areas of Virginia (particularly in rural communities) where formal care options are sparse. For families living in these areas, child care can be in shorter supply and farther away. For children who would benefit from specialized services (such as children with disabilities or whose first language is not English), appropriate ECCE options are even less accessible in terms of proximity and availability.

Smaller programs, often home-based, offer flexibility in terms of accessible locations. Yet in many cases, families may find that informal ("family, friend, and neighbor") child care arrangements are easiest to arrange. Nationally, this is particularly the case among families of children with disabilities or infants, or who speak a language other than English.[74] In Virginia, the extent to which families choose these options out of preference for them or because of limited accessibility to the type of care those children require is unclear, as is the extent of informal child care arrangements.

Affordable to Families. Child care in Virginia, as in the United States, is generally unaffordable to families. According to the U.S. Department of Health and Human Services, for child care to be affordable, it should cost no more than 7% of household income. By that standard, affordable care for a family of four living in Virginia at 100% of the federal poverty guideline should cost no more than $150 per month.[75] In contrast, the average cost of center-based infant and toddler care in Virginia is more than $1,000 per month—more than public college tuition.[76] In some cases, before- and after-school care and summer care are additional costs for families. Programs such as Head Start, VPI, and the Child Care Subsidy Program (CCSP) all work to make quality ECCE affordable to families with the greatest economic need. Still, there are

many families in Virginia who do not qualify for Head Start or VPI based on their income, and find it difficult to afford the cost of quality child care.

Families with lower incomes, multiple children, or single parents face greater challenges to ECCE affordability. Without a subsidy, the cost of child care exceeds the affordability benchmark for 95% of low-income parents. Families and children of color are particularly vulnerable to these challenges, as they are more likely than White families to have low incomes. Nationally, 13% of White, 32% of Black, and 40% of Hispanic working parents are low-income.[77]

Supportive of Children's Healthy Development. Quality care supports child development and school readiness, and narrows opportunity gaps. Information on program quality in Virginia is limited, particularly among private programs (see Section III). Virginia Quality, the state's Quality Rating and Improvement System (QRIS), is the state's primary effort to capture better data on quality and support improvement across all types of ECCE programs, but it has limited participation. Some individual programs have their own additional quality standards and improvement efforts, but few private programs have the capacity to undertake formal efforts to capture quality apart from Virginia Quality.

Nationally, children of color (especially Black students) have less access to quality care.[78] Data on racial differences in children's access to quality care is not available for the Commonwealth of Virginia.

Meets Parents' Needs and Desires. In addition to cost, location, and quality, families often have additional needs of ECCE, such as flexible hours of operation (to accommodate non-traditional work schedules), transportation assistance, and specialized educator experience. Often families need educators trained to care for young children, children with disabilities, or children of a specific language or cultural background. ECCE programs that are not inclusive of child and family care and scheduling needs are not fully accessible. Programs with strict availability limitations in terms of hours, language capability, and inclusive care for children with disabilities can inadvertently exclude children who might greatly benefit from quality care.

If Virginia follows the national pattern, private home-based programs can offer families greater flexibility for non-standard hours of care than public programs or private child-care centers, and unpaid care (likely by family, friends, and neighbors) offers the greatest flexibility. While public preschool and many center-based programs operate on a predetermined, shared weekday schedule (and preschool is often shorter than the parental work day), many home-based programs provide more flexible options to families.[79]

Early Childhood Program Capacity and Gaps

Combining both public and private ECCE programs, there are about three formal child care seats for every four children under age five in Virginia.[80] The shape and extent of

Figure 7. Virginia's Child Care Capacity, by Sector and Region (2019)[82]

Region	Total Estimated Capacity	Public Enrollment	Head Start Capacity	Private Capacity	Seats per 100 Children
Northern	139,119	9,806 (7%)	2,915 (2%)	126,398 (91%)	72
Tidewater	79,896	8,858 (11%)	2,617 (3%)	68,421 (86%)	73
Central	65,418	4,374 (7%)	1,736 (3%)	59,308 (91%)	91
Valley	26,239	3,178 (12%)	1,442 (5%)	21,619 (82%)	63
Western	25,255	2,993 (12%)	1,721 (7%)	20,541 (81%)	77
Northern Neck	19,373	1,785 (9%)	951 (3%)	16,637 (86%)	66
Southwest	11,968	2,286 (19%)	2,039 (17%)	7,643 (64%)	55
Southside	5,526	1,372 (25%)	577 (10%)	3,577 (65%)	50
State Total	372,794	34,652 (9%)	15,168 (4%) *	324,144 (87%)	73

*seats exceed regional sum due to reporting differences

capacity vary by community. For example, Northern Virginia has a robust early childhood market, including 46% of all formal private providers and 65% of day home programs that are registered with the state; in this region, the public sector is only 9% of total ECCE capacity. Southside Virginia, in contrast, relies on public ECCE for 35% of all ECCE capacity. A pattern generally holds statewide: rural or lower income communities rely more heavily on public programs to provide accessible care (Figure 8). The extent of informal FFN networks in communities across the state is unknown.

In Virginia, key gaps in availability of care include options for infants and toddlers, formal private care in rural areas, before and after care (i.e., care beyond preschool

Figure 8. Community Reliance on Public Preschool (2019)

	Public ECCE	Private ECCE
Rural Non-rural	30% 11%	70% 89%
Lowest poverty quintile Highest poverty quintile	8% 22%	92% 78%

hours), and inclusive care for children with disabilities. There are significant gaps in the form of communities with inadequate formal ECCE options of any kind. Availability of information about the condition of child care facilities is also limited. Each of these is discussed below. In addition to these gaps in **availability**, the families, stakeholders, and community leaders consulted for the creation of this needs assessment reported **access** gaps in (1) affordable care for families who do not qualify for public preschool or subsidy programs, (2) students with disabilities, as the availability of licensed early childhood special education teachers can be limited, and (3) students with behavioral problems, as these issues can be manifestations of behavioral or developmental problems that have not yet been diagnosed in young children.

Areas that have higher poverty or few students (i.e., rural) tend to have a higher share of public ECCE, while the formal private sector has a stronger presence in urban and wealthier areas (Figure 8).

Figure 9. ECCE Capacity in High- and Low-Poverty Communities (2019)

Lowest Poverty Communities			Highest Poverty Communities		
Locality (% poverty)	Ratio ECCE seats per 100 children under 5	% ECCE capacity that is public	Locality (% poverty)	Ratio ECCE seats per 100 children under 5	% ECCE capacity that is public
Loudoun County (3.0%)	87	5%	Prince Edward County (23%)	55	30%
Falls Church City (3%)	146	6%	Emporia City (23%)	63	24%
Stafford County (5%)	69	11%	Greensville County (24%) *		
Poquoson City (5.0%)	94	6%	Richmond City (24%)	68	18%
York County (5.0%)	99	12%	Danville City (24%)	85	20%
Hanover County (5%)	92	5%	Lexington City (25%)	174	16%
Powhatan County (5%)	137	9%	Dickenson County (25%)	40	61%
New Kent County (6%)	58	12%	Buchanan County (28%)	53	63%
Fauquier County (6%)	74	11%	Lee County (28%)	42	46%
Arlington County (6%)	86	12%	Radford City (29%)	119	14%

**Greensville County Public Schools includes Emporia; capacity is presented jointly*

> "[W]e do have preschool programs available, but you have to be a certain age for that. So, finding infant care could probably be difficult. There are just a few daycares that I'm aware of that take infants. Finding child care, I think, is an issue."
>
> –Community Leader in Social Services, Rural Area in Western Region

Infant and Toddler Care. While there are programs such as Early Intervention and child care subsidies for working families that provide supports to infants and toddlers, the vast majority of public ECCE seats are intended for children age three and older. Only one public ECCE program (Early Head Start) is focused solely on infants and toddlers, and public child care subsidies support infant and toddler care. Title I and Early Childhood Special Education (ECSE) programs allow for limited participation of two-year-olds.

Private programs similarly offer greater capacity and options to families of preschool-age children than to infants and toddlers. Among private programs, 45% accept infants, while 80% of these programs accept 4-year-olds.[81]

Child Care Deserts. Many areas of Virginia have been identified as "child care deserts," meaning they have inadequate child care opportunities for the number of children who live there. In 2018 the Center for American Progress conducted a detailed estimate of child care deserts in communities across the United States, defining child care deserts as "any census tract with more than 50 children under age five that contains either no child care providers or so few options that there are more than three times as many children as licensed child care seats." Their analysis of Virginia found that 47% of Virginians live in a child care desert, including 50% of Hispanic/Latino families, 61% of people in low-income neighborhoods, and 63% of rural families.[82]

Care in Rural Communities. In general, child care deserts are small portions of a community, such as census tracts. In urban areas, residents may travel beyond their immediate neighborhood to access care, but doing so is more difficult in less densely populated areas. For 11 of Virginia's 133 localities, the entire locality is a child care desert (Figure 10), and nine of these localities are rural. Rural areas together have one child care seat for every two young children, compared to three seats for every four children across the Commonwealth as a whole. Such lack of formal care can mean that some families in these communities will not be able to access affordable, quality care through either public preschool or public subsidies. A recent examination of Virginia's child care coverage found that the supply of child care for infants and toddlers and for children with disabilities is particularly limited in some rural areas.[83]

"[The school doesn't] have transportation for her right now. So I actually have to take her myself, and she goes five days a week. So that's been kind of rough being a single parent with my income. But I make sure that she gets there and I pick her up.... It's been kind of a challenge...I'm glad I got a job that I can do that. They work with me." -Parent of 4-year-old, Rural Area in Tidewater Region

Figure 10. Whole-Locality Child Care Deserts (2019)[84]

Locality	Rural?
Northern Region	
Page County	Yes
Southside Region	
Buckingham County*^	No
Charlotte County^	Yes
Lunenburg County^	Yes
Southwest Region	
Bland County	Yes
Valley Region	
Bath County	Yes
Bedford County	No
Highland County	Yes
Louisa County*	Yes
Rockbridge County	Yes
Western Region	
Pittsylvania County	Yes

* No home visiting programs
^ No quality-rated programs

Hours and Transportation. Interviews with families revealed that hours of care and transportation issues were barriers to accessibility. For families to participate in programs that have limited transportation and after-care hours, parents must have the flexibility to drop off and pick up children during the traditional work day. Families and community leaders spoke of parents' top choice of programs operating during hours that would require parents to leave work early to pick children up, and therefore being challenging for some and inaccessible to others. As a result of limited hours and transportation requirements, desirable programs can be inaccessible to some families.

Programs that Include Children with Disabilities. Educators and families interviewed noted that it can be difficult to find programs that are inclusive of children with disabilities, developmental delays, or behavioral issues, or that have teachers who are knowledgeable about working with young children with disabilities. Virginia's Early Childhood Special Education Coordinator, based in the Virginia Department of Education, reports regularly hearing from parents of children with disabilities who have been turned away or removed from programs, and Virginia's public classrooms include children with IEPs at a much lower rate than the national average—31% of children in Virginia's public classrooms have IEPs, compared to 46% nationally. Limitations to serving children with disabilities include a shortage of teachers who are skilled at delivering specialized instruction, limited regulation and guidance on how to include children with disabilities in typical classrooms, and continued reliance on self-contained

special education classrooms across many school divisions.[85]

Many of these gaps are interrelated, such that families of children in a rural area with disabilities will have greater challenges obtaining the care that will help them succeed, or families with infants living in child care deserts will have greater barriers to finding a center or home offering care.

Information about Facilities. In addition to capacity and accessibility gaps, Virginia has information gaps surrounding early childhood facilities. For programs operated in public schools, stakeholders report that Virginia's public preschool programs receive the last and least attention in selecting space within public facilities,[86] which are commonly in need of expensive repairs and upgrades. News coverage and commissioned research frequently point to deteriorating or non-compliant K-12 facilities in school divisions across Virginia, with heightened need for repairs in schools with higher student poverty or more non-White students.[87] Estimates put the facilities cost of providing and maintaining adequate public K-12 schools at $1,264 per student, noting that Virginia's actual facilities spending is about 60% of that standard.[88]

Preschool programs in public facilities, however, are a small portion of the total capacity of facilities serving children under five. Private programs that are licensed or registered with VDSS—including both center- and home-based facilities—are monitored through regular inspections. VDSS conducts semiannual inspections of all licensed child care programs and annual inspections of unlicensed, registered facilities. Beginning in fall 2018 VDSS has begun to phase in annual inspections of religious exempt programs as well.[89]

At present, VDSS data systems collect limited aggregate data on facilities. All violation history documenting health and safety violations is captured in the VDSS data system, but according to stakeholders, it can be cumbersome to view the big picture and determine systemic patterns. Licensing staff report awareness of the limitations and note that VDSS is in the process of procuring updated computer systems that may have the capacity to more easily run reports on facility violations in the future.[90]

Of the 7,481 inspections of licensed programs the VDSS Division of Licensing has completed since January 2018, the most common violations found across programs were largely compliance issues (such as record keeping and health screening requirements) and, across both center- and home-based programs, facility safety issues were among the top issues cited (Figure 11).

"He was having severe troubles in the first preschool he started out in...[A]fter he turned three he was a menace to the class and it was really a lot...They suggested [another] preschool...and I'm in love with all of them. They are truly a wonderful, wonderful school with wonderful people and I'm immensely grateful that I have this opportunity." -Parent of 4-year-old, Urban Area in Central Region

"So, the biggest issue that we have is the number of placements that are in organizations that take small children—whether that's child care or Head Start, or the Virginia Preschool Initiative—and access to those spaces. So for most, it's the waiting list. The waiting list is long." -Community Leader in Social Services, Urban Area in Central Region

Across all facilities, the condition and configuration of classrooms and outdoor spaces affect safety and influence children's physical, social, and cognitive development. Learning facilities may fail to meet children's needs by (1) exposing them to health and safety hazards (such as lead, asbestos, mold, accessible outlets, open windows, or unsafe drinking water), (2) being built or repurposed without the needs of young children in mind, or (3) being all together unavailable.[91] Nationally, facility safety issues are widespread; a 2015 federal investigation spanning 10 states found that 96% of home and center-based child care facilities did not meet all health and safety requirements or had hazardous conditions.[92]

Public Early Childhood Care & Education Programs

Virginia supports a number of public preschool programs for children, primarily serving children from age two to kindergarten who are most at risk for not being prepared for kindergarten, each with unique criteria for determining eligibility and curricula. These programs include Head Start and Early Head Start, the Virginia Preschool Initiative (VPI), VPI+ (funded from the original federal PDG that ended with the 2018-19 school year), Title I, Early Childhood Special Education (ECSE), and locally established Pre-K programs. These programs target children who are at greatest risk of underachievement

Figure 11. Top Facilities-Related Licensing Inspection Violations (2018-2019)[92]

Child Day Center Program Inspections (n=4,803)	Family Day Home Program Inspections (n=2,678)
Of the top 10 inspection violations, the following were related to facilities: ☐ Safety requirements for areas and equipment ☐ Storage of hazardous substances and inaccessibility to children	Of the top 10 inspection violations, the following were related to facilities: ☐ Safety requirements for areas and furnishing of the home ☐ Storage of potentially poisonous materials and inaccessibility to children

"Getting into Head Start [is a problem], because I know last semester I tried to get in there, it's just the waiting list and then they have it to where they base it off of points...I think they need to open another facility or move to a bigger one so they can have more teachers and students." -Parent of 4-year-old, Urban Area in Northern Neck Region

in kindergarten and are governed by a combination of federal, state, and local policies and funding requirements. Together they currently serve 30% of eligible students.[93] Additional public support for children through child care subsidies and Early Intervention is addressed in Section IV.

Virginia's public ECCE programs and Head Start have the potential capacity to serve nearly 50,000 students and account for 13% of total ECCE capacity statewide. **These opportunities are primarily available to preschool age students (3-5, with the majority targeted to age four). Public capacity for children under the age of three is limited.**

Head Start and Early Head Start

As a federal program implemented in the 1960s War on Poverty (adding Early Head Start in 1995), Head Start is Virginia's oldest and second largest (after VPI) child development effort. It primarily serves children in poverty, prioritizing those with the greatest need (such as children in foster care, children with disabilities, or children in families who do not speak English or are experiencing homelessness). Head Start is federally funded and locally operated by public and private providers who serve children age 0-2 (Early Head Start) and age 3-5 (Head Start). Program customization can include tailoring a program for the children of migrant workers (programs in Accomack and Northampton) or offering center and home-based options, which can be found in communities across the Commonwealth.

Federal Head Start funds are delivered directly to the community providers that operate local programs. These providers represent a variety of organizations; in

2017-2018, 49 Head Start providers operated programs in Virginia, including:

- 15 community action agencies (CAA)
- 14 public school systems
- 12 private or public non-profits (non-CAAs)
- 5 government agencies (non-CAA)
- 1 migrant seasonal[94]

Coverage

Head Start programs almost exclusively serve children who have at least one characteristic that puts them at risk of not being ready for school. In particular, Virginia's Head Start programs are able to reach children from families with poverty-level incomes and households that do not primarily speak English.

Head Start has programs in most (116 of 133) of Virginia's localities, and most of these are available to available to 3- and 4-year-old children. Early Head Start programs are available in just over one-third of localities and constitute one-fifth of Head Start students overall (Figure 12). Further, there are areas of the state with less of a Head Start presence than others; for example, about one-fifth of localities in the Tidewater and Southwest regions lack any Head Start presence.

Turnover is common among Head Start students for a variety of reasons, including family income rising beyond the program eligibility threshold and unavailability of child care subsidy slots for the hours needed. In 2017-2018, Virginia served 17,610 children with just 15,168 seats. All Head Start programs maintain waitlists and are required to fill any vacancies within 30 days. As a result, these lists are kept on an ongoing basis, with Virginia programs reporting longer waitlists and public interest at the beginning of the school year and through the fall. Recent figures from Virginia's Head Start Collaboration Office show that all 28 Virginia Head Start grantees surveyed report having some waitlist, for a total of 1,774 children. As these programs represent about half of Virginia grantees, this is a partial representation of Head Start waitlists across the state.[95]

Figure 12. Selected Characteristics of Children Served by Head Start (2017)[96]

Total	17,610	
Family Poverty	12,997	(74%)
Early Head Start	3,532	(20%)
Dual Language Learner	3,451	(20%)
Migrant Seasonal Head Start	103	(1%)
Homeless	766	(4%)
Foster Care	238	(1%)
With an IEP*	1,611	(9%)
With an IFSP^	450	(3%)

* IEP: Individualized Education Program
^ IFSP: Individual Family Service Plan

Virginia Preschool Initiative (VPI)

The Virginia Preschool Initiative (VPI) was created in 1994 to serve vulnerable 4-year old children who were not being served by Head Start. Children are eligible to attend a VPI classroom based on income (under 200% of federal poverty guidelines), homelessness, limited parental education, disability or special education (under 350% of federal poverty guidelines), or other qualifying criteria (for up to 15% of seats) set by the local school division, such as including children who have experienced abuse/neglect or whose parent is incarcerated or on military deployment. Income is children's primary qualifier for participation in VPI; for the 2018-19 school year, 92% of students in VPI reported incomes within 200% of the federal poverty guidelines.[97] The program focuses on serving children with risk of poor academic and developmental outcomes, and who have the greatest need for effective preschool. It does so by directing funds to areas with greater need and insufficient Head Start participation.[98]

Coverage

VPI is a major element of Virginia's investment in young children, receiving one third of all state spending on early childhood outside of Medicaid.[99] All geographic areas of Virginia are considered in VPI's funding formula, and 94% are allocated some VPI seats. VPI utilization is widespread but uneven across localities, resulting in underutilization in some areas and waitlists in others. Statewide, more than 30% of the 24,705 seats funded for 2018-2019 were unused, and an additional 15% of that capacity—nearly 4,000 students—were on waitlists where capacity was full. School divisions are required to report waitlists for VPI, which are self-reported and are not verified by the Commonwealth.

Because of a lack of local funding, classroom space, and waitlists in communities with more allocated seats than enrolled students, the program is not used to its full extent. Nearly all Virginia school divisions are eligible for and participate in VPI. Eligible school divisions that provide less than half of their allocated capacity or decline to offer VPI cite lacking funds for the required local match (63%), lacking classroom space (47%), or having served all interested children (37%). In 2017, JLARC estimated that VPI served approximately three quarters of students who would be eligible based on poverty, with the possibility for more students to qualify based on other criteria, such as disability status.[100]

Figure 13. Reasons for VPI Non- or Under-Participation (2018)[101]

	No local match	No classroom space	No wait list
Non-participating school divisions	Frederick County* Mathews County Middlesex County West Point+	Mathews County New Kent County West Point+	N/A
School divisions using <50% of seats	Chesterfield County* Colonial Heights City Dinwiddie County Henrico County* Patrick County Prince William County* Spotsylvania County Stafford County	Chesterfield County* Dinwiddie County Henrico County* Loudoun County Prince William County* Stafford County	Fairfax City* Hanover County King George County Loudoun County Patrick County Poquoson City Winchester City*

* Six school divisions obtained additional seats through participating in VPI+.
+ Also indicated having a minimal number of students eligible for VPI.

The waitlist for VPI programs is twice as high among non-rural schools, relative to the number of seats allocated (16% of allocations, versus 8% in rural areas). Relative to state allocations, waitlists are largest in Central and Western Virginia, and lowest in Southside Virginia (Figure 14).

Though state funding for VPI has increased in the past two decades, the funding has not kept up with inflation and enrollment expansions. Per-student spending has experienced a steady decline. From 2002 to 2018, enrollment increased from 6% to 18% of 4-year-olds.[102,103] Despite receiving 33% more base funding in 2018 than 2002, Virginia's inflation-adjusted preschool spending decreased from $5,154 to $3,845 per student. The amount spent per student in the Commonwealth is well below the national average of $5,008 per student.

Figure 14. VPI Waitlist Size (2018)[104]

Region	Seats Allocated	Waitlist	
Regions			
Central	4,055	1,001	(25%)
Western	1,998	490	(25%)
Valley	2,103	295	(14%)
Northern	7,214	945	(13%)
Tidewater	5,973	729	(12%)
Southwest	1,285	115	(9%)
Northern Neck	1,236	104	(8%)
Southside	841	46	(5%)
Urbanicity			
Non-Rural	20,791	3,422	(16%)
Rural	3,914	303	(8%)

VPI classrooms are also supported by local matching funds, and local school officials may engage additional private, federal, or local resources to the extent that they have the capacity to do so.

Virginia Preschool Initiative Plus (VPI+)

The Virginia Preschool Initiative Plus (VPI+) is a four-year pilot project funded from 2015-2019 by the U.S. Department of Education's first Preschool Development Grant (PDG) to support improvements in preschool quality, access, and impact by integrating best practices in high-need communities. VPI+ is distinct from VPI and builds on the VPI model to add elements such as coaching for teachers, evidence-based curriculum, and family support. In some cases, new VPI+ classrooms were created through funds from the first PDG, while in other communities existing VPI classrooms were improved through a slate of enhanced supports for teachers and families.

In VPI+ classrooms, resources and requirements support provision of high quality education across all sites. The curricula used are evidence-based, teachers receive training in formative assessment, coaching, and professional development, and classrooms participate in Virginia's quality rating and improvement system (Virginia Quality). The children in these classrooms (as well as their families) receive comprehensive services, including vision and hearing screenings, mental health and nutrition support, adult education, and referrals to additional community services. Family engagement coordinators serve families who are difficult to reach and help connect them to services in the community. Further resources may include teacher curriculum training, libraries, enhanced literacy materials, hands-on learning materials, and instructional technology for classrooms.

Figure 15. Lessons Learned from VPI+[105]

Implementation Successes	Implementation Challenges
☐ Building capacity across system levels (classroom, school division, system) ☐ Communicating and aligning approaches across and within programs and school divisions ☐ Using data at all levels	☐ Finding classrooms that both were convenient to target families and met high-quality standards ☐ Transportation in urban and rural areas ☐ Difficulty getting families to apply, complete paperwork, and fill waitlist seats quickly ☐ Chronic absenteeism ☐ Responding to children with challenging behavior ☐ Addressing gaps for children with disabilities and non-White children

In addition to these resources, VPI+ has specific requirements for teacher and teaching assistant credentials, child to staff ratios, salaries, length of programs, family engagement, and inclusivity accommodations to support all children's participation in all activities.[106] Each of these supports and requirements were selected based on their incorporation in high-quality preschool programs.

Coverage

As a grant-funded pilot project, VPI+ has limited reach. Over the grant's four years, VPI+ has operated in thirteen school divisions across the Commonwealth and has served 5,562 students in new VPI+ classrooms.[107] In the most recent school year (2018-2019), 82 VPI+ classrooms served 1,485 students and 43 additional pre-existing classrooms were "brought up to VPI+ standards" with funding from the original PDG.[108]

Because VPI+ is a time-limited pilot project whose federal funding will soon expire, it will not continue as a separate project in perpetuity. The lessons learned from the program have informed the development of Virginia's plan for VPI, including a phased-in approach to implementing quality initiatives in VPI classrooms statewide beginning in fall 2019.[109]

Early Childhood Special Education

Under the Individuals with Disabilities Education (IDEA) Act, Early Intervention (EI, or IDEA Part C) and Early Childhood Special Education (ECSE, or IDEA Part B) are programs that serve children with disabilities before kindergarten. These programs fund services that are locally delivered to support children with disabilities and their families to enhance their development and decrease the amount of intervention needed later. In Virginia, EI is administered by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and implemented by local Community Services Boards (CSBs), and ECSE is administered by VDOE and implemented by school divisions. Each program has its own criteria for eligibility, and as locally-administered programs, there is variation across communities in how the programs operate. EI is discussed in Section IV.

Figure 16. Eligibility for ECSE in Virginia

AGE 2-5 BY SEPTEMBER 30,[112] NOT YET IN KINDERGARTEN AND:

- An evaluation has determined the child has a disability that necessitates special education and related service.
- Eligibility includes but is not limited to autism, deaf-blindness, deafness, developmental delay, emotional disability, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairments, and other health impairments and specific learning disabilities.

Virginia is unique among states in allowing two-year old children to access ECSE. In 2018, school divisions across Virginia served 13,497 preschool children with disabilities—10,330 in ECSE classrooms, and 3,167 in other public settings.[110]

Coverage

Unlike Head Start and VPI, which have fixed capacity and maintain waitlists of additional students when a classroom is full, school systems are required to serve all children who are found eligible for ECSE services with no limit to capacity. Once a child has been evaluated for a disability and a team of parents, educators, and other relevant school staff develop an Individualized Education Program (IEP) for the child, the school must begin delivering services "within a reasonable period" after parental request for enrollment.[111] In the early childhood years, diagnosis is a first step to receiving supports. Many children younger than age five have not yet been diagnosed with disabilities or delays that are beginning to present themselves.

Across the Commonwealth, fall 2018 enrollment in ECSE was concentrated in more populous geographic areas. The 10 school divisions serving the most children through ECSE each enroll more than 200 children in the program, for a total of 60% of all children served by the program. In contrast, 31 school divisions serving fewer than 10 students each serve a total of 109 students, or 1% of all children served by ECSE. (Ten of these divisions do not report serving any students under ECSE.) These 31 divisions—a majority of which serve rural localities—exist in areas with 5% of Virginia's children under age five.

Inclusion remains a challenge across the state; in the 2017-18 school year, only 34% of children served by ECSE were primarily in inclusive settings.[112] Administrative and logistical challenges, incorrect perceptions among parents and educators, insufficient preschool capacity, and a shortage of educators with early childhood special education licensure may all be challenges to inclusion.[113] Virginia has taken steps to address misconceptions and administrative challenges through technical assistance to school divisions, but these barriers persist.[114]

Title I and Locally Funded and Operated Programs

In addition to the opportunities described above, an additional 3,394 children were enrolled in Title I or other public preschool programs operated by local education agencies (LEAs). Schools serving a high percentage of low-income children receive federal Title I funds to support students at risk of academic underperformance. These funds can be used for preschool opportunities in Title I schools in order to address or prevent achievement gaps before kindergarten. Some LEAs also operate additional preschool programs or fund supplementary VPI seats beyond what the state formula for VPI funds provide.

"And then the at-home care givers—everybody that I wanted her to go to—were full, or didn't take infants at the time. So, that didn't really work out."

-Parent of 5-month-old Infant, Urban Area in Western Region

Private ECCE Programs

Across the state, private early childhood education and day care homes and centers provide the majority of care for Virginia's working families. Virginia has more than 5,000 privately operated center- and home-based programs serving children before kindergarten, which together provide more than 324,000 seats—87% of Virginia's total ECCE capacity.[115] These include all private programs that are in some way licensed, registered, or approved with the Virginia Department of Social Services: child day centers, religious exempt programs, family day homes, certified preschools, and voluntary registered and unlicensed/unregistered family day homes (Figure 17).

Day centers and religious exempt programs provide the vast majority of program capacity across Virginia. Licensed family day homes—which can serve no more than 12 children per program—comprise more than a quarter of all private program sites across the state, although they provide only 4% of total ECCE capacity statewide due to their small size.

Coverage

The amount of private care available in a community varies widely based on location, urbanicity, and age of the child. Among private programs, 45% accept infants, while 80% accept 4-year-olds for up to 95% of seats.[117] Child care options through formal

Figure 17. Types of Private Child Care Programs Serving Children under Age 5[116]

	Center-Based	Family Day Home-Based
Licensed	Child day centers ☐ Capacity of 225,679 ☐ 70% of total private capacity	Family day homes ☐ Capacity of 14,321 ☐ 4% of total private capacity
Unlicensed, but Regulated or Registered	Religious exempt child day centers ☐ Capacity of 81,983 ☐ 25% of total private capacity	Unlicensed providers in the child care subsidy program, including voluntarily registered family day homes, programs approved by system or local ordinance, and unlicensed family day homes ☐ Capacity of 2,161 ☐ 1% of total private capacity
Total Private Capacity	**307,662 center-based seats (95% of total private capacity)**	**16,482 home-based seats (5% of total private capacity)**

providers are also limited in rural areas, where there are seats for roughly 50% of children under age five, compared to seats for 75% of children under age five statewide. Because families in these limited-option areas work at similar rates to families across the rest of Virginia, families in rural areas may rely on informal care to a greater extent.

Formal private capacity is more robust in urban and suburban areas of Virginia. There are about 300,000 private child care seats for 450,000 children under age five in non-rural areas, compared to 23,000 seats for 60,000 children under age five in rural areas—not far above the child care desert threshold of one seat for every three children. Private center-based child care—both day care and religious exempt programs—is proportionate to the number of children under age five in rural areas. However, voluntary registered and family day homes are relatively sparse in rural Virginia, comprising 8% and 7% respectively of all such programs statewide. It is beyond the scope of this study to quantify informal non-licensed care, and it is possible that more rural home-based programs exist than those registered in some capacity with social services offices. Instead they may operate as informal family, friend, and neighbor networks.

Voices from the Field – ECCE Accessibility

Families enrolled in public ECCE programs spoke positively about them. The top program strength, mentioned by more than half of families, was having dedicated, caring teachers. Parents also reported that they like how the programs provide their children with creative and enriching activities, and that they see tangible results in their children.

Figure 18. Private Child Care Capacity by Region (2019)[118]

Region	Private ECCE Capacity	Center-Based Capacity	Home-Based Capacity
Northern	126,398	115,443 (91%)	10,955 (9%)
Tidewater	68,421	66,775 (98%)	1,646 (2%)
Central	59,308	57,994 (98%)	1,314 (2%)
Valley	21,619	20,933 (97%)	686 (3%)
Western	20,541	19,972 (97%)	569 (3%)
Northern Neck	16,637	15,840 (95%)	797 (5%)
Southwest	7,643	7,263 (95%)	380 (5%)
Southside	3,577	3,442 (96%)	135 (4%)
State Total	**324,144**	**307,662 (95%)**	**16,482 (5%)**

"...Transportation is a huge barrier. For a family to be able to make it to work or get their child to and from child care, that can be a challenge." -Community Leader in Social Services, Rural Area in Western Region

A weakness of ECCE programs in Virginia that surfaced in the interviews is accessibility, especially in regards to availability of infant and toddler care and aftercare. All eight families not enrolled in any formal care or education program had children ages two and under, and approximately one-third of the families interviewed mentioned a need for supplemental care beyond what their program offered. Often times families must piece together child care using their own family's support network. Getting to and from programs posed a challenge to accessibility. Almost all community leaders cited transportation as a barrier to families taking advantage of quality care and education.

While irregular or nontraditional work hours were not specifically mentioned by the families interviewed, family day home provider focus group participants indicated that receiving their first drop-offs between 4:00 a.m. and 6:00 a.m. was not uncommon.

With regard to child care subsidies, a number of challenges surfaced in the interviews and focus groups with both providers and families. Lack of awareness of the child care subsidy and the child support compliance requirement surfaced as barriers to family participation. When asked, only seven of 24 families interviewed reported being aware of the child care subsidy. The few interviewees who are were using the program found out about it through social services, their child care provider, or a peer.

Providers reported the subsidy program being a business opportunity for them and additional benefits include training and ability to participate in a supplemental federal food program. However, providers receiving subsidies perceived the administrative procedures for the program as cumbersome; most individuals in the focus groups reported at least one type of payment or reimbursement issue.

Transition Supports from Early Childhood to K-12

A smooth transition from an early childhood care and education program to kindergarten can contribute to a child's healthy development and engagement in school. Large scale research has demonstrated that smooth transitions from early childhood into kindergarten are associated with stronger social emotional competence at the start of kindergarten and improvements in academics and family involvement throughout the year, with children living in poverty experiencing

the greatest benefits from a smooth transition.[119]

Every state is required to have a plan that addresses providing a quality plan for educating all students under the Every Student Succeeds Act (ESSA), including incoming kindergarteners. Virginia's ESSA plan does not include a comprehensive statewide effort to facilitate the transition into kindergarten or engage families in the transition.[120] The existing plan's mandated early-learning provisions focus on supports to young children experiencing homelessness (Figure 19),[121] and efforts are underway to develop a course of training for early education teachers that supports their ability to teach children who are dual language learners. But because Virginia's plan does not describe a systematic framework for supporting entry into kindergarten, transition supports may be variable across programs.

Transition supports are relatively strong in many Head Start programs, as school divisions are required by federal law to work with Head Start to support transitions into kindergarten. For other ECCE programs, both public and private, Virginia does not have a requirement. Transition efforts rely on the leadership of school officials in both the public K-12 system as well as child care providers and administrators to create the relationships, processes, and opportunities to facilitate smooth transitions on a case by case basis. As a result, for many communities (and for private programs in particular) supports are not in place to facilitate coordinated transitions between one early learning environment to the next.

Figure 19. Provisions Specific to ECCE Transitions in Virginia's Plan[122]

Plan Addresses…	Plan Does Not Address…
☐ Academic enrichment and family supports (Title IV) ☐ Homelessness (Title IX) ☐ Migrant education (Title I, Part C)	☐ Economic disadvantage (Title I) ☐ Professional development (Title II) ☐ Rural areas (Title V) ☐ Programs for Native American students (Title VI) ☐ Children in private schools (Title VIII)

Figure 20. Strategies for Promoting Smooth Transitions into Kindergarten[123]

Child and Family Strategies	Program-Level Transition Planning Strategies
☐ Child visits to kindergarten classrooms ☐ Kindergarten teacher visits to ECCE classrooms ☐ Teacher visits homes ☐ Parental networking opportunities ☐ Schoolwide events for families and children ☐ Kindergarten orientation before school begins ☐ Parent-child learning hosted in schools	☐ Common transition forms across programs and schools ☐ Transition teams/liaisons in districts and schools ☐ Joint professional development across ECCE and K-3 ☐ Data sharing and aligned measurement ☐ Teacher-to-teacher conferences

Voices from the Field – Transitions

Local community leaders were asked about supports that exist for helping transition students into the K-12 system. Responses were mixed regarding the availability of such supports. For example, while a number of interviewees spoke positively about the work that Head Start does to help families with registering for kindergarten, others reported a lack of support in helping families transition to kindergarten. According to stakeholders, supports for transitioning to kindergarten vary according to where the child's care and arrangement is in the year prior to kindergarten, with more support for children in public programs than for those who are in private care and a particular lack of transition support for children in home-based care.

More assistance with transition to kindergarten for children in public programs is consistent with what educators shared in focus groups. Early childhood educators in private centers or home-based programs reported few transition resources. Educators in VPI, Head Start, and other publicly-funded preschool classrooms indicated much smoother coordination across levels, due to co-location of programs and staff familiarity. Transition approaches included field trips to kindergarten classrooms, classroom observations, and support to children with IEPs.

III. Early Childhood Program Quality

Quality early childhood care and education can have a profound positive effect on immediate- and long-term outcomes for children and their families, and can narrow gaps at school entry between vulnerable children and their peers. Research suggests that the opportunity gap between low-income children and their peers can be narrowed by 30-50% if low-income children participate in high quality preschool. In reality, due to inconsistent implementation of quality programs in the field, preschool narrows the gap by only about 5%.[124]

The term "quality" in child care and education is multidimensional, encompassing health and safety, curriculum, teacher-child interactions, and more. All of these components are focused on supporting healthy child development. Many states assess the quality of a program through objective measurements, such as a quality rating and improvement system. In addition to measurement, there are several avenues through which **states support quality improvement** across the diversity of early childhood care and education programs, including the following:

- **Technical Assistance and Professional Development**– assistance with QRIS enrollment and participation, coaching or mentoring, professional development, and expert consultation
- **Financial Incentives** – monetary assistance to programs to increase or maintain higher quality, or rewards to programs of higher quality through grants, awards, or tiered subsidy reimbursement

"...It's kind of twofold...families would have to be knowledgeable about quality early childhood care and education of thinking about where they are sending their children for the day.... Secondly, the people who are offering early education or early child care need to be knowledgeable about what they're doing. Those two things really have to come together."

-Community Leader in Education, Urban Area in Western Region

- **Workforce Development**– supports or incentives for staff to pursue appropriate credentials through scholarships, wage enhancement, and retention bonuses[125]

Virginia supports quality through technical assistance, coaching, and limited workforce development supports; financial incentives are not offered for higher quality programs with state funds, though some programs provide incentives with local, federal, or private funding.

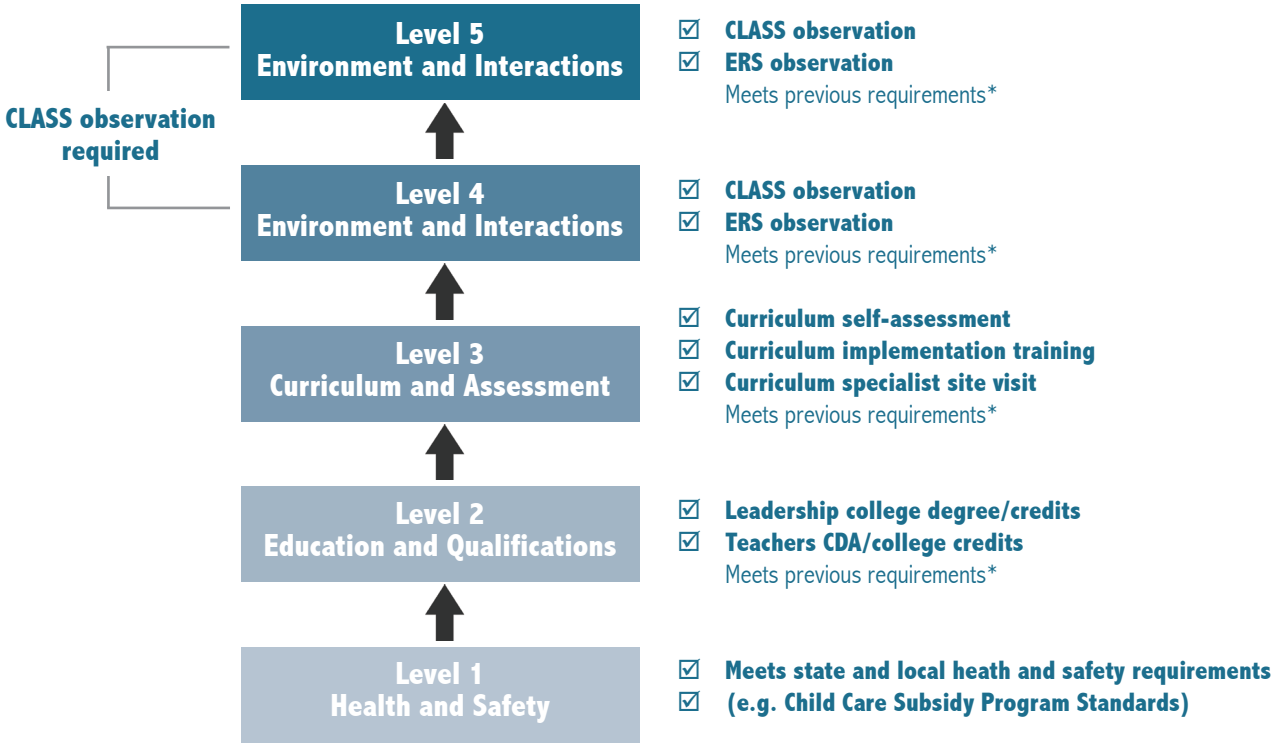
Virginia Quality

Virginia Quality, the state's quality rating and improvement system (QRIS), is a voluntary continuous quality improvement system that sets five quality levels, assesses programs on set features, and provides guidance and professional development to help programs improve. Administered jointly by VDSS and the Virginia Early Childhood Foundation (VECF), Virginia Quality is a relatively young system. It began as a small pilot in 2008, began operating statewide in 2013, and progressed through a standards and process revision in 2015, with the launch of online quality improvement tracking in 2016-17. Each year since its statewide expansion, Virginia Quality has targeted areas to both increase participation and improve the quality of data collection. Beginning in 2017-2018, the program targeted expanded participation of programs serving infants and toddlers (including children with special needs or from households with low incomes). In 2018-2019, VECF and VDSS worked to increase participation by programs receiving public funding, including through child care subsidies, nutritional supports, and public preschool.[126]

Virginia Quality has statewide standards and protocols, while the implementation is administered independently in each of eight regions. The lead agency for each region is selected via an open application process administered by VDSS. Regional lead agencies include two United Ways, a community college, a hospital family connection system, a county government, and other nonprofits.[127] These agencies have discretion in how to recruit for participation, deliver Virginia Quality's supports to programs, and staff the program locally. Each agency works to achieve the following.

1. Ensure the availability of high-quality ECCE in the region
2. Provide programs with information and support to improve their quality

Figure 21. Levels in Virginia Quality[129]



Graphic from Joint Legislative Audit and Review Committee, "Report to the Governor and the General Assembly of Virginia, Improving Virginia's Early Childhood Development Programs"

3. Provide families with information to understand quality ECCE and select the best program for their child

4. Increase the number of programs participating in the system, with particular focus on infants and toddlers, vulnerable children, and children with disabilities[128]

Virginia's QRIS process is set up to be supportive of many types of programs, from care in homes to established centers. It has separate requirements for home- and classroom-based programs, offers professional development to participants, and has a "fast track" option for programs that have already had their quality assessed (such as for nationally accredited facilities or public programs with independent evaluations). This is to encourage participation and reduce administrative burdens. The goal is both to engage programs in the system and to support them in continuously improving to progressively higher levels of quality (Figure 21). As an opt-in system with a limited percentage of programs currently participating, Virginia Quality offers a partial view of the quality of ECCE across the Commonwealth.

Virginia Quality's decentralized structure allows for innovation and customization based on local needs and resources. Periodic statewide training and convening of regional coordinators offer opportunities for regions to learn from one another and field test approaches to supporting quality. Where one region's lead agency may be well-positioned to reach out to programs serving vulnerable populations, another may find success among home-based programs.

At the same time, there is limited centralized authority over how the program is implemented. Operating on a contract model can result in lack of cohesion across regions. Contractors have struggled to find and retain regional coordinators, and the program has seen high turnover. Statewide goals are conveyed to regional leads, with implementation being variable across geographies. Lead agencies perceive their roles distinctly—some implementing broad regional efforts, others more localized.

Children Served by Virginia Quality-Rated Programs

Altogether, about 49,500 ECCE seats are quality-rated, representing about 13% of ECCE capacity. Of children served by public preschool, Head Start, and child care subsidies through VDSS and the Department of Defense, 59% are in a quality-rated program.

While a small portion of the population of young children is in a program with a quality rating of any level, preschool-age children are twice as likely as two-year-olds and four times more likely than infants to be in a program with known quality. This is largely due to the emphasis on participation in Virginia Quality among publicly-funded preschool programs.

Figure 22. Percentage of Children in Quality-Rated Programs, by Age (2019)[130]

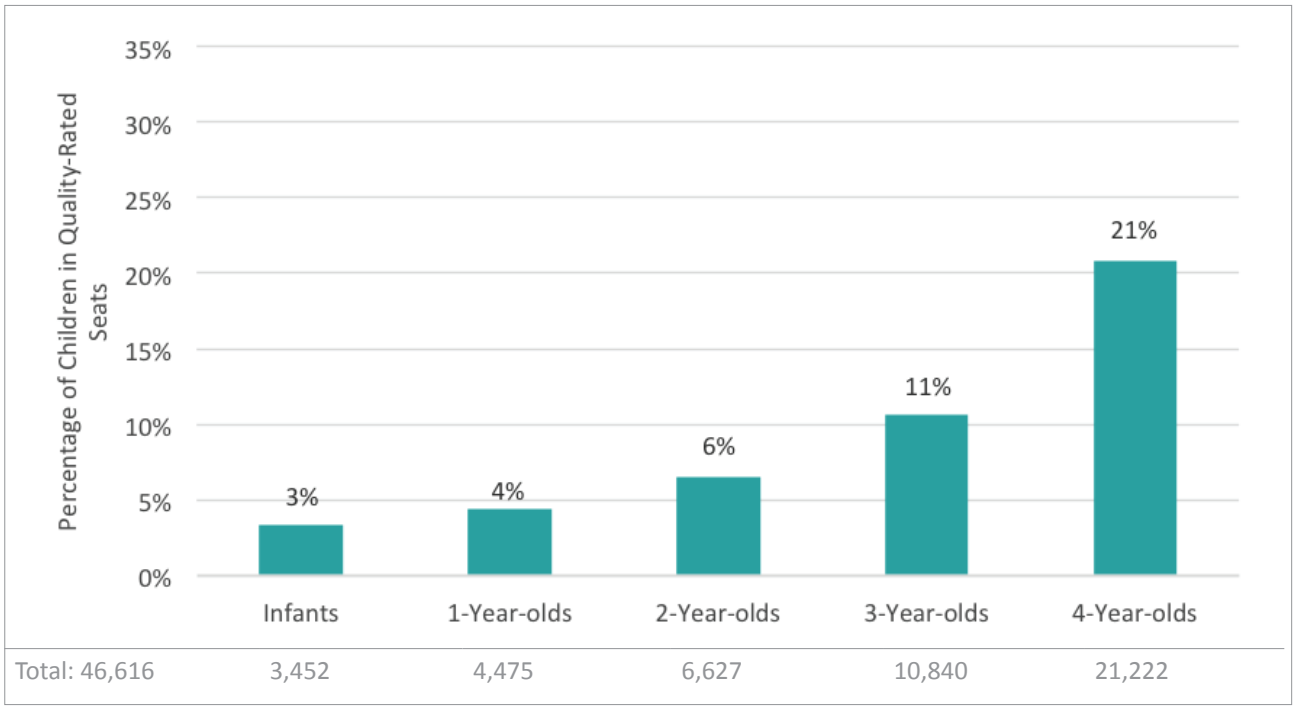
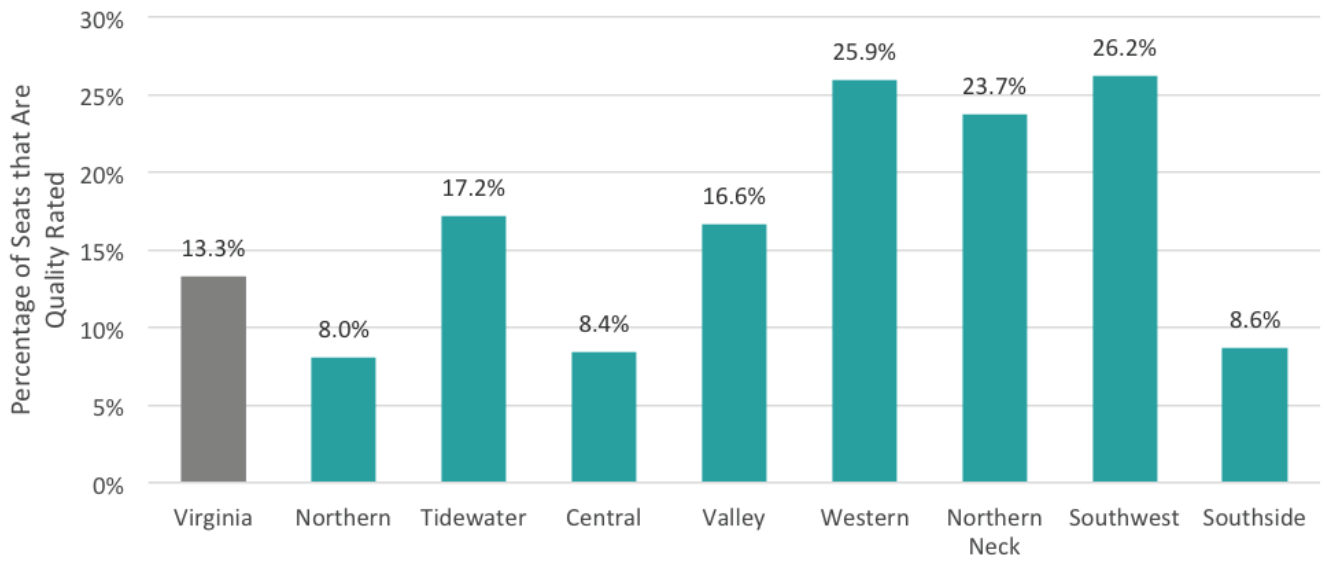


Figure 23. Quality-Rated ECCE Seats, by VDOE Region (2019)[131]



	Virginia	Northern	Tidewater	Central	Valley	Western	Northern Neck	Southwest	Southside
Quality-Rated ECCE Seats	49,517	11,183	13,737	5,476	4,356	6,551	4,600	3,137	477

Regions align with the Virginia Department of Education's regions, as used throughout the needs assessment, and not with the regions defined for Virginia Quality.

Programs Participating in Virginia Quality

Virginia Quality contains the only statewide information on the quality of private ECCE programs. A few programs are required to participate, including early participants in VPI+, the current round of mixed-delivery grantees, some local level grantees (as determined by regional lead agencies), and beginning in fall 2019, all Head Start programs. Overall, Virginia does not require participation of programs, nor does it provide reimbursement incentives for participation.

As of April 2019, 1,194 programs are enrolled in Virginia Quality, about one quarter of eligible programs.[132] The system has expanded its coverage rapidly, moving from 933 participating providers in June 2017 to nearly 1,200 in April 2019.[133] In setting a bar for quality in Virginia, the Commonwealth's strategy for expanding participation in Virginia Quality has focused on programs receiving public funding. A strong majority of enrolled programs receive public funding, reflecting the success of the system's 2018-19 push to enroll more programs receiving public subsidies. **The result is that 88% of all programs participating in the QRIS received some sort of public funding.** Of the private

programs that participate in Virginia Quality, a majority (73%) are child care centers (Figure 25), and very few religious exempt and unlicensed/unregistered day homes participate. Information about the quality of private programs that are not partnered with public programs is not readily available.

Across all regions, Level 3 is the most common quality rating, with 45% of participating programs receiving it. Most programs that have higher quality ratings are Head Start or public preschool programs. Only 53 private programs across the state have a

Figure 24. Participation in Virginia Quality, by Program Type (2019)[134]

Program Type	Programs in QRIS	Programs in Virginia	
Public			
VPI+	62	73% of	85 (schools)
Head Start/Early Head Start	321	67% of	480
VPI	264	38% of	686 (schools)
Private			
Licensed child day center	615	29% of	2,122
Licensed family day home	194	11% of	1,821
Religious exempt child day center	32	4% of	917
Voluntary registered family day home	3	<1% of	431

Figure 25. Private Programs in Virginia Quality (2019)[135]

Program Type	Number of DSS Licensed/Registered*	Number (%) in QRIS
Licensed Child Care Center	2,128	615 (29%)
Licensed Family Home	1,821	194 (11%)
Religious Exempt	917	32 (3%)
Voluntarily Registered Family Day Homes	431	3 (<1%)
Unlicensed/Unregistered Family Day Homes	53	0 (0%)
Total	5,350	844

*Number of licensed/registered programs that serve children under age 5.

quality rating above Level 3, and all but one are licensed child care centers. This is not to infer that the quality of home-based and religious exempt programs is low, but rather reflects (1) the nature of Virginia Quality's fast track system, (2) that Virginia Quality, in its early stages, has not reached as many private programs, and (3) that there are a limited number of accredited programs in the Commonwealth. Further, receiving these quality levels depends upon formal classroom observations, which are more common in preschool classrooms than in family care.

Children living in the Northern, Central, and Southside regions are less likely to attend a quality-rated program than children elsewhere in the state. In these areas, fewer children participate in the QRIS than would be expected based on the population. There are 11 localities that have no programs, public or private, that currently participate in the QRIS and eight of the 11 are in rural areas. In contrast, children in the Western region are twice as likely to be in a quality-rated program.

Strength of Virginia Quality Data

Data in Virginia Quality is currently limited by a lack of standardized indicators and funding constraints. As of 2017, assessment of quality levels was hampered by inadequate policies to ensure comparable quality assignments across sites and regions and standardized guidance on conducting site visits. These factors limit the reliability of data on program quality. Further, strong teacher-child interactions are proven to be central to quality programs, but determining this dimension of a program (at Levels 4 and 5) requires greater resources, including classroom observation. It is much simpler to verify teacher education levels and curriculum than conduct classroom observations, which could be cost prohibitive or perceived as intrusive by some providers.[136]

Program-Specific Quality

In addition to Virginia Quality, there are state, local, and national early childhood care and education models that build in evaluation or measurement across performance standards. Research on the quality specific to Head Start, VPI, VPI+, and Early Childhood Special Education programs in Virginia can inform efforts to ensure that the education children receive facilitates healthy development and school readiness.

Head Start

As federal programs that partner directly with grantees, Head Start and Early Head Start programs in Virginia provide both the structure and quality requirements of large, established programs, as well as the ability to innovate and engage with local communities in flexible ways. With a combination of field guidance on program management and flexibility for customization to community context, Head Start programs across the country have been leaders in effective education and family support, and innovators in how ECCE can support children and families. As a result of its scale and relative sophistication, Head Start programs have

been studied to offer lessons to the field on how to achieve strong outcomes (Figure 26).

At the same time, Head Start outcomes can be uneven. All Head Start programs are held to Head Start Performance Standards regarding governance, administration, services, and operations. But there is wider variation in program effectiveness and child outcomes among Head Start programs than between K-12 public schools nationally; children in some programs learn more than children in others.[137] Ongoing areas for improvement among effective Head Start programs nationwide include support for dual language learners and their families, preventing and handling disruptive behavior, and teacher retention.[138]

Quality standards remain an area of focus for Head Start in Virginia. Two-thirds (321 of 480) of Head Start programs participate in Virginia Quality, and only 10% of Head Start programs in Virginia Quality have a quality rating under Level 3; these are programs operated in private centers that are not on a fast track to achieve a Level 3 quality rating. Beginning in fall 2019, all Head Start programs in Virginia will be required to participate in the state's QRIS.[139] Stakeholders interviewed for the needs assessment were particularly positive about the impact of family engagement in Head Start, citing parent policy councils required by federal funding and a parent-focused approach in planning, management and service delivery.[140]

Figure 26. Factors Contributing to Quality Head Start Programs Nationally[141]

Policies	☐ Appropriate teacher to child ratios ☐ Head Start Early Learning Outcomes Framework and stated early learning standards ☐ Inclusion of children with disabilities
Program Practices and Characteristics	☐ Systemic and integrated quality instruction ☐ Research-based, developmentally appropriate curriculum ☐ Professional development and supports and investment in teachers ☐ Continuous quality improvement ☐ Family engagement
Enabling Conditions	☐ Strong leadership teams and structures ☐ Additional funding ☐ Operations at scale

VPI

Evidence from the Phonological Awareness and Literacy Screening (PALS) indicates that children in VPI classrooms have stronger literacy skills in kindergarten than children who attended other publicly-funded preschool programs (including Head Start) or no preschool at all. However, there is presently insufficient information to determine VPI's ability to promote kindergarten readiness in areas beyond literacy, including mathematics, physical control, and social-emotional learning. There is also inadequate information about the quality of teacher-child interactions across all VPI programs, which has not changed since JLARC determined in 2007 that most VPI teacher-child interactions were of medium or high quality, but with no assurance and irregular classroom observation and scoring. The program would benefit from stronger quality assurance mechanisms and professional development supports, and limited Virginia funds have been allocated for this purpose.[142]

Beginning in fall 2019, VDOE and local school divisions will begin implementing a plan to address adjustments to VPI that will integrate these and other quality improvements in VPI classrooms statewide.[143] It includes VDOE guidance on curricular choices and observation of implementation, with support for corrective action as needed, individualized professional development, and regular CLASS observations.[144]

VPI+

VPI+ builds on the VPI's foundational goal of quality for all students by formalizing guidance to VPI providers on appropriate curriculum, providing individualized professional development and coaching for teachers, instituting regular classroom observations with feedback, assessing child outcomes in multiple domains (in addition to literacy), collecting data to inform leaders and support continuous improvement, requiring a full-day program and inclusion of children with disabilities, and providing enhanced family engagement and nutrition services. These efforts build on VPI by providing local partners with guidance and requirements in key areas for quality care and education.

All VPI+ programs are required to participate in Virginia Quality. The VPI+ program has additionally been the subject of rigorous evaluation over the course of the pilot period. Results of classroom observations indicated that the focus on curriculum, teacher-child interactions, and instructional support for teachers supported classroom improvements in instruction. External evaluation of VPI+ outcomes demonstrated "enhanced kindergarten entry skills and accelerated growth in preschool learning," as well as an ability to close gaps for dual language learners.[145] For example, economically disadvantaged children who attended VPI+ closed the kindergarten readiness gap with non-economically disadvantaged children.[146]

Figure 27. VPI+ Quality Components[147]

Components Associated with Quality Successfully Implemented in VPI+
Developmentally appropriate classrooms ☐ 9:1 child to adult ratio ☐ Class size limited to 18 children ☐ Evidence-based curricula ☐ 5.5 hour day (full day)
Well-trained and compensated teachers ☐ Teachers with bachelor's degrees ☐ Salaries commensurate with kindergarten teachers'
Ongoing observation and feedback ☐ Monthly coaching ☐ CLASS observations at least every other year ☐ Regular training
Supports for children beyond the classroom ☐ Vision, hearing, and mental health screenings ☐ Annual home visits ☐ Referrals to additional community services

"I can call and say, 'I've got a problem with the teacher,' and somebody talks to me about how to handle it." -Roanoke Center Director Focus Group

Based on the support of participating families and educators, and successful child outcomes in the evaluation, many quality elements of VPI+ will be integrated into VPI classrooms through a phased roll-out beginning in fall 2019.

ECSE and Early Intervention

Data reviewed by JLARC in 2017 indicates that children served by IDEA programs (both Early Intervention and ECSE) make development gains and learn new skills. JLARC reported that "nearly all children in the ECSE program demonstrated improvement in their social-emotional, cognitive, and self-care skills" (92 percent, 94 percent, and 92 percent, respectively).[148] ECSE and Early Intervention are locally implemented, which can pose a barrier to reaching all children in need with quality supports. Child outcomes and use of data collected to support improvement are both inconsistent across communities. For example, in 2016 more than 75% of children in three Early Intervention programs improved their social-emotional skills, but fewer than half of children in seven other programs improved.[149] Schools are similarly inconsistent in using evidence-based practices for children with disabilities, and in the professional development requirements and supports they have for educators of children with disabilities. Supporting improved services comprehensively is challenging, as little is currently known about the approaches taken across school divisions.[150]

"They help you out with clients, they do CLASS observations. They help me out with PALS. They do technical assistance, they provide training for our staff." -Roanoke Center Director Focus Group

Voices from the Field – Perceptions of Quality

When families were asked what they value in ECCE programs, they spoke about how programs should equip children with the necessary social, life, and/or academic skills to succeed. Parents of children who were not enrolled in care almost all cited an interest in enhanced social or life skills, followed by the individual attention students may receive in small classes. Several mentioned safety as a concern when considering future enrollment in programs.

For educators, perceptions of a quality program varied slightly according to their roles. Center directors cited a wide breadth of components of quality, including curriculum, quality teachers with good teacher and child interactions, having a balanced schedule and routine, providing a clean environment with safe and accessible materials, encouraging positive age-appropriate behaviors, and understanding children's health and mental health needs. Center directors also reported that community partnerships, peers, and Virginia Quality help support quality in the classroom.

Teachers described quality as providing an opportunity for the children to develop, grow, and form positive, trusting relationships. They largely credited being able to count on people around them as the biggest support of quality, inclusive of their peers, center directors, administrators, superintendents, and support staff.

Center directors and teachers both reported trainings and technical assistance as important supports to maintain or enhance quality. Center directors specifically mentioned the help that their local Smart Beginnings provided, particularly in providing technical assistance, coaching, and CLASS observations.

Family day home providers' views of quality centered on having love for the children, one-on-one care and attention, and comfortable, clean environments.

ECCE Workforce

Whether they care for children in homes, child care centers, or schools, early childhood educators shape learning environments and are important adult figures in the life of each child they engage. Referred to as child care or day care providers or preschool teachers, these early educators are an essential element of a program's quality, contributing to young children's development, learning, and healthy adjustment to school. When educators have effective interactions with the

children they serve and are better prepared to guide children in developmentally appropriate ways, children benefit.[151]

There are significant challenges nationally to achieving the workforce quality and stability that promote strong child outcomes across programs. The field is characterized by low and stagnant wages, limited career advancement, and a diverse workforce. Low wages result in high turnover, which is both expensive for employers and disruptive for children, who benefit from consistent adults in their daily lives. Variable training means some educators are more prepared than others to meet the unique developmental needs of children under five.

Attention to the question of how state support for the early education workforce can enhance program quality is increasing. Researchers and policy makers have found that supporting quality, accessible early childhood programs and a strong workforce cannot be resolved without public engagement.[152]

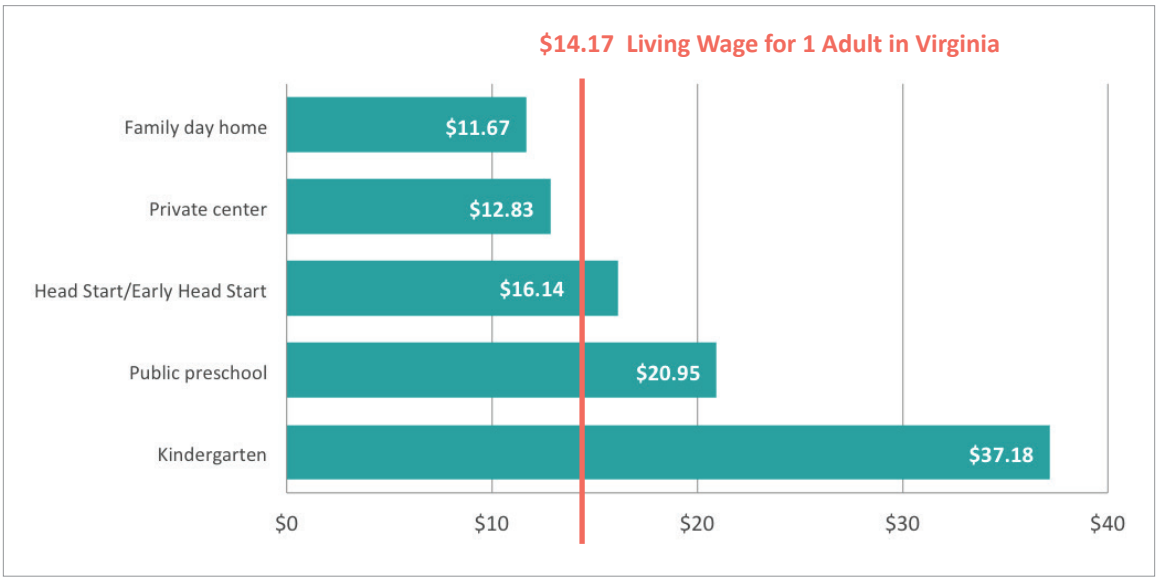
Virginia's early education workforce has a similar profile to the rest of the country. In the Commonwealth, key challenges are substandard wages (particularly for child care workers), wage and training disparities between program types, barriers to accessing professional development, and limited state policies to address these challenges. A majority of Virginia's children under age five are served by private programs and informal care arrangements in which teachers have less training for working with young children, lower wages, and higher turnover.

Educator Compensation and Turnover. For many of Virginia's approximately 26,000 early childhood educators, substandard pay is a feature of the profession. Of families supported by a child care worker, 51% participate in public income support programs, such as Medicaid and food stamps, because wages are not sufficient to support their own families.[153] More than half of Virginia ECCE teachers in single-income homes have incomes of less than $25,000.[154]

Low compensation also contributes to teacher turnover in Virginia. A quarter of programs reported high staff turnover in 2017.[155] This is particularly true of private centers, programs with lower wages, and programs serving vulnerable children. Further, one in five Virginia ECCE teachers indicated that they were likely to leave the field in the next three years, with wage levels and lack of benefits serving as prime factors in this decision. Teachers who reported lower wages and teachers who worked with infants and toddlers were especially likely to report an intent to leave the profession, with a substantial portion of potentially exiting educators specifying concerns about their growth and advancement within the profession.[156]

Educational Differences within the Profession. In Virginia, educators with the greatest formal qualifications for teaching young children and the highest wages are concentrated in public programs. Efforts have been successful in placing highly qualified educators in classrooms with vulnerable children and to support them professionally

Figure 28. Average Hourly Wages for Lead Teachers[157]



and economically. These teachers, however, serve a small portion (about 18%) of infants and children from low-income families.[158] In contrast, only half of teachers in private centers and one third of those in family day homes hold a bachelor's degree.[159] A majority of Virginia's vulnerable children under age five are served by private programs and informal care arrangements in which teachers may have less training for working with young children, lower wages, and higher turnover.

According to a 2017 survey of Virginia's early childhood educators, across all types of programs (home- and center-based care and preschool) 57% of lead teachers held at least a bachelor's degree, 16% had an associate degree, and 27% had a high school diploma. Preschool teachers paid with public funds are required to hold a bachelor's degree.[160] In contrast, only about half of teachers in private centers and one third in family day homes do.[161] Teachers in public and Head Start programs are also more likely to hold degrees in early childhood education.[162] Correspondingly, Virginia teachers in these programs command higher wages.

Current State Policies. Public policies contribute to the shape, the preparation, and the conditions for the ECCE workforce. For example, Head Start's policy requiring college degrees raised the wage premium for early childhood associate degrees within its programs relative to other Virginia programs.[163] In its 2018 Early Child Workforce Index, the Center for the Study of Child Care Employment at the University of California, Berkeley, determined that the Commonwealth of Virginia is stalled in all three areas of early childhood workforce and family and income support policies:

- It does not have minimum required educational attainment for teachers in private programs
- Center and home care sites do not necessarily provide educators paid professional development, planning and preparation, or salary (vs. hourly wage) and benefits
- It lacks compensation standards or guidelines or public financial relief for the early childhood workforce[164]

The policies Virginia does have in place regarding the early education workforce are for teachers employed in public programs. There are no provisions regarding salaries, benefits, or professional development in the private sector workforce, aside from having the same in-service professional development requirements for both public & private Pre-K teachers.[165]

There is limited coordination and support to address the quality of the workforce, particularly in the private sector. Most recently, this issue is being addressed by Virginia's School Readiness Committee. Largely the workforce responsible for providing quality care in a nurturing environment live in or near poverty themselves, with little to no support for ongoing professional development or specialized training and limited access to employer-sponsored benefits. This is a significant hurdle in the Commonwealth for maintaining quality programs.

Voices from the Field – ECCE Workforce

Education Requirements and Supports. Educators recognize the role that their learning and professional development play in supporting a quality learning environment for children. Educators consistently named professional development as key to a quality program; home-based providers indicated that opportunities for training and learning from a community of colleagues are valuable elements of their participation in the subsidy program. At the same time, home-based providers in focus groups noted barriers to continued education and credentialing, such as time, cost, and the absence of incentives or supports to participate in programs.

Quality and the Workforce. Center directors indicated that adequate funding to pay and retain qualified staff and language barriers in communicating with families were top elements that kept their centers from attaining their vision of quality. At the same time, center-based and public preschool educators recognized their own role in maintaining positive relationships and ensuring the quality of care in their classrooms. They identified their role as encompassing the ability to understand and reach children, a willingness to continue learning and attending training, and being educated about child development and elements of quality care.

Resources. Center directors and home-based providers reported that funding—whether through the subsidy program (for home-based providers) or other means (for center directors)—is a key driver of improving the quality of and access to early childhood for families. Educators mentioned inadequate institutional or public funding as a barrier to having the capacity, staffing, and general resources for a quality program. Virginia's efforts to devote resources to supporting the workforce delivering early childhood care and education include scholarships through the Virginia Department of Social Services and Project Pathfinders, as well as efforts to establish an articulated education pathway connecting early childhood credentials across levels of certification and licensure.

"Provide the tools to train staff on quality and pay them adequately."
-Roanoke Center Director Focus Group

Data and Accountability

Having an understanding of monitoring, outcomes, and program participation—who is receiving services, where, and for how long—is foundational to determining if a public investment is efficient, effective, and sustainable. While states have been collecting disparate data about children participating in public programs, the quality of ECCE programs, and the ECCE workforce, combining data into an integrated database or shared system is a relatively new effort.[166] Throughout the country, state-level policy-makers have found they do not have the data they need to analyze child outcomes and determine the holistic effectiveness of ECCE policies and programs. Further, most states (Virginia included) are not presently able to coordinate data across programs and agencies.[167]

According to states that have integrated data systems,[168] there are challenges both on the personnel side and the technical side to initiating a data system which tracks child outcomes over time. Training stakeholders, standardizing data fields, and developing common terminology take time and resources.[169]

VLDS: Virginia's Integrated Data System

In Virginia, there are data gaps that limit collaboration across programs and services, particularly for early childhood and education programs. According to stakeholders interviewed for the needs assessment, it is not possible to accurately and efficiently measure program outcomes over time. One data expert described this as the need to understand the "recipe for success" for vulnerable children: for example, which program, or combination of programs (e.g., home visiting + Medicaid + Head Start), is the most important contributor to positive child outcomes?

The Virginia Longitudinal Data System (VLDS) is designed to address these gaps. Initially funded by a federal grant awarded in 2009, VLDS is the Commonwealth's platform for integrating data from multiple agencies safely and securely. It provides de-identified and aggregated data to researchers so that they may conduct population-level studies. VLDS is governed by the Data Governance Council and "complies with or exceeds state and federal privacy laws and guidelines."[170] Four subcommittees guide decision-making around technical, legislative, communications, and research concerns, respectively.

Agencies participating in VLDS include State Council of Higher Education for Virginia, Virginia Employment Commission, Virginia Department of Social Services, Virginia Community College System, Virginia Department for Aging and Rehabilitative Services, and Virginia Department of Health

Professions. While data from these agencies includes VPI participation, high school graduation rates, college degree attainment, and employee wages, linkages between data sets are not in place. For example, it is not possible to see if a child enrolled in VPI is also benefiting from the child care subsidy program. Figure 29 shows which early childhood data are included in VLDS and how many states in the country link similar data into their own statewide integrated data systems.

According to VLDS experts, the challenges in onboarding more agencies center around real and perceived barriers related to privacy and data security:

- HIPPA (the Health Insurance Portability and Accountability Act of 1996, which governs health data) and FERPA (the Family Educational Rights and Privacy Act of 1974, which governs educational data) have their own requirements for individual records and confidentiality.
- There is a lack of understanding of privacy laws and regulations, which can preclude the agency from participating, even if VLDS complies with all state and federal privacy and data security laws and regulations. Agencies sign a restricted use data agreement, which defines allowable uses of the data, but this is often not understood or trusted by agencies.
- Agency heads serve as data owners and have the final say in authorizing agency participation in VLDS.
- Technical challenges around data transfer, data storage, and data use are inherent in building complex longitudinal systems.

According to VLDS experts, there are real and perceived barriers around funding for an integrated data system, and skepticism about whether data sharing can help programs become more cost-effective overall or improve child outcomes among agencies.

Figure 29. Early Childhood Integrated Data System Elements[171]

Sector	Linked in VA?	# of states with linkage
Early childhood care and education	No	22
Health	No	8
Supportive services	No	11
School readiness	Yes	22

Unduplicated Count of Children in Public Programs

While VLDS is Virginia's primary integrated data collaboration effort, at present it is not ready to support an Early Childhood Integrated Data System (ECIDS) that captures children served or awaiting service or tells the complete story of the impact of services on children, families, and Virginia's workforce pipeline. To build a successful ECIDS, Virginia requires a more robust technical infrastructure and enhanced user supports with greater resources than it currently has.[172]

As the PDG B-5 Needs Assessment goes to press, VECF is in the final stages of working with the University of Virginia to complete an unduplicated count of all children under five in public early care and education programs. Data are being pulled from the VLDS to complete an unduplicated count. The charge is to "integrate data to generate a distinct count of children birth to five served by one or more early childhood programs and/or services, as a foundational metric for a range of future early childhood policy and programmatic analyses and uses."[173] While VLDS has only a very limited portfolio of shared early childhood data, linked data that are currently available through VLDS include VDOE student records, VDSS services by year, and Office of Community Services. (Key early childhood data, such as birth outcomes, Medicaid, child care subsidy, child care quality rating and improvement system, and child welfare are not currently shared in VLDS). Data in process includes Part B and VPI enrollment records. The team has assessed VLDS and believes it is poised to be built out to become fully capable of capturing high quality data on the enrollment numbers of all publicly-funded ECCE programs (some of which are currently available in VLDS) and analyze demographic patterns of children over time. To demonstrate the potential of VLDS and an unduplicated count, analysts have produced an initial composite index, combining nutritional and behavioral assistance rates per county in Virginia. The unduplicated count is expected to be finalized in fall 2019.

Voices from the Field – Data Systems and Measurement

According to data experts, indicators used to report on programs include the number of children served in each program, the number of providers receiving the child care subsidy, and the number of children screened for certain conditions. ECCE programs also track demographic data and program satisfaction data (e.g., asking clients if they would you recommend the program). Stakeholders note that these indicators focus on outputs (numbers served) versus outcomes (changes in conditions or behaviors), and have limited use in tracking progress related to children's development and school readiness over time.

One measure reported by data experts that begins to look at outcomes is the number of providers in Virginia's QRIS. With a fully integrated data system, one could analyze how participation in programs or combinations of programs correlate with academic outcomes. Currently, Virginia has limited ability to describe the current conditions experienced by vulnerable, underserved and rural populations at the child and family level. Community-level data exist, and many community assessments are conducted, but integrated data that would help better understand conditions, needs, and, most importantly, outcomes of certain populations at the individual/family level is not available.

In addition to barriers to data sharing, there are also barriers to accurately and efficiently collecting, analyzing, and reporting on data from individual programs.

"I truly believe that in quality [early childhood education] we are looking at a curriculum, we're looking at evidence-based research practices,"
-Community leader in education, Urban Area in Northern Region

IV. Support Services for Young Children and Families

"I would make sure that the parents know all the resources that are out there for their child."

-Tidewater Educator Focus Group

Healthy child development is influenced by home and community atmosphere, including physical safety, parent-child interactions, and access to adequate nutritious food and financial resources. Regular access to health care, and support for needs (such as disability, atypical development, or dual language learning) contribute to a child's learning and development. Stakeholders noted the importance of these supports for the families they serve. Loss of a job, transportation barriers, or sickness can impact parents' ability to enroll their children and keep them in quality care. Early childhood educators are often called upon to help connect families with services. Those who have knowledge and networks can sometimes link families to needed services, or to an intermediary organization. Yet not all educators are aware of resources or have the ability to link families with the supports they need.

Virginia has multiple state and local programs and systems in place to support a child's development and to support families. Figure 30 presents a selection of Virginia's largest programs that support healthy children and families.

Figure 30. Programs Supporting Healthy Children and Families in Virginia

Program	Child/Family Focus	Age Served	Operator
Child Care Subsidy Program	Child and Family	Children age 0-17	Virginia Department of Social Services
Early Intervention	Child	Children age 0-2	Virginia Department of Behavioral Health and Developmental Services
Home Visiting Programs Early Impact Virginia CHIP of Virginia Early Head Start Healthy Families Healthy Start/Loving Steps Nurse Family Partnership Parents as Teachers Resource Mothers	Child and Family	Pregnant mothers, children age 0-5	Independently operated by seven home visiting programs in communities across the state and supported by Early Impact Virginia
Child and Adult Care Food Program (CACFP)	Child, Adolescent, Older Adults	Children age 0-5, school age children in after care, older adults	Virginia Department of Health

Child Care Subsidy Program (CCSP)

Virginia operates a child care subsidy program (CCSP) supported by the state and federally funded Child Care Development Fund (CCDF) and administered by the Virginia Department of Social Services. The child care subsidy enables families of limited means to place their children in child care while they pursue employment or education. In Virginia, child care for qualifying children may be fully or partially subsidized, based on local market rates.[174]

Historically, the CCSP was designed to support parental employment and training. As understanding of the importance of early childhood development has increased, the regulations and policies governing the CCSP have shifted toward an intent to support higher quality of care. Change in large, jointly-administered programs is not immediate, and many CCSP policies and monitoring activities remain focused on health and safety standards rather than components of quality care and education, but shifts are underway.[175] The Virginia Department of Social Services' 2019-2021 plan for using CCDF resources aims to stabilize assistance to families and improve access and quality options by permitting all eligible families to receive the subsidy for 12 continuous months before redetermination (rather than requiring qualification again after six months), allowing for gradual phase-out of the subsidy as family income rises (up to 85% of the state median income), providing for seamless transfer of cases between localities when families move, and requiring additional free training for CCSP providers.[176]

"The other thing that's a real concern here is that we have—on our child care subsidy monies—we have over 200 kids on the current waiting list. So we're talking about a year or two years. Some of them never get child care subsidy." -Community Leader in Education, Urban Area in Northern Region

Figure 31. Virginia CCSP Waitlist (2013-2018)[177]

Year	Child Count
2018	7,954
2017	4,520
2016	13,338
2015	16,461
2014	9,574
2013	11,567

Figure 32. Participation in Virginia's CCSP, by Age (FY 2018)[178]

Child Age	Child Count
Age 0-1	714
Age 1-2	2,228
Age 2-3	3,451
Age 3-4	4,186
Age 4-5	4,075
Age 5-6	3,494
Age 6-18	12,942
Total	31,090

"I tried [to apply for the subsidy program] and I was denied for making too much money." -Parent of 2-year-old, Rural Area in Southside Region

Coverage

The U.S. Department of Health and Human Services recommends that states structure their subsidy programs such that participating families can afford 75% of programs in their area (i.e., subsidy rates should be set at 75% of local market rates).[179] The Virginia Department of Social Services' 2018 Market Rate Survey found that Virginia's subsidy, set at 50% of market rates, covered the price of only 41% of programs, and even fewer for infants. In some areas of the state only a third of available providers would have been affordable at the current reimbursement rates.[180] In response, in June 2018 the Virginia Department of Social Services raised subsidy rates to the 70th percentile of market rate survey findings to improve family choice, enable families to access a larger pool of providers, and better compensate providers.

Participation in CCSP among both families and providers had been declining in the years leading up to the adjustment in the CCSP reimbursement rate. In 2018, about 31,000 children received child care subsidies: about half were under the age of five, representing 3% of Virginia's population of children under age five.[181] Participation is highest in the Tidewater and Western regions and lower in the Northern, Valley, Southwest, and Southside regions. In 2018, about 5,700 fewer

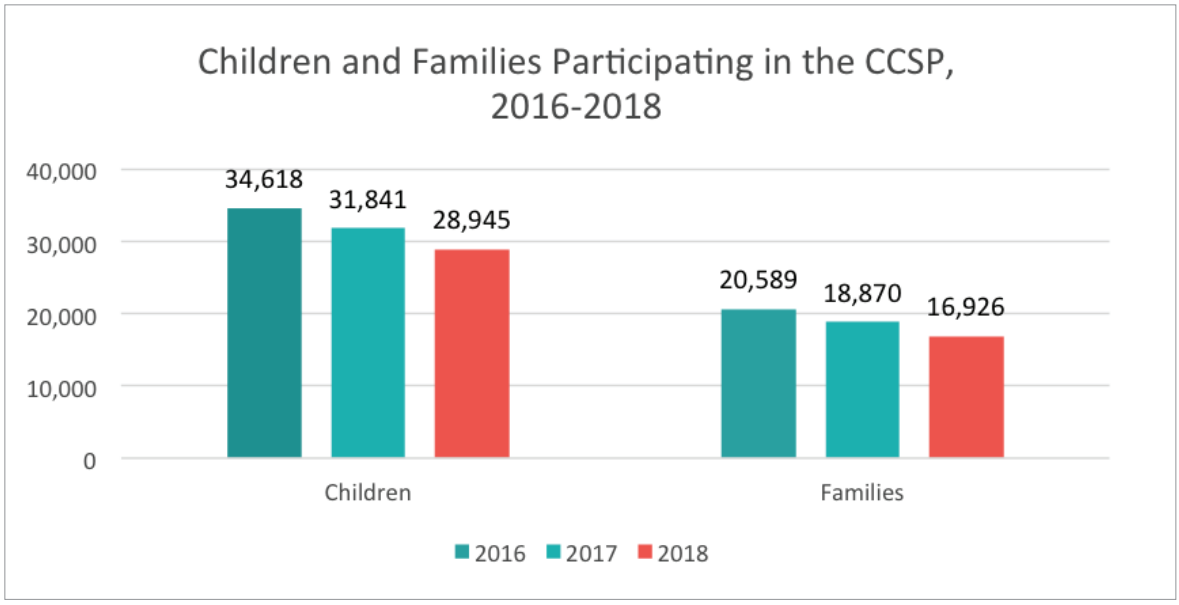
"With financial assistance, if financial assistance is a possibility, families are receiving TANF or child support or housing assistance, and in some cases a child care subsidy. However, there are not that many places that will receive the child care subsidy." -Community Leader in Social Services, Urban Area in Central Region

families and 1,000 fewer providers participated in CCSP as compared to 2016 (a 16% and 30% decrease, respectively, Figure 33).

Subsidy program changes, such as the increased reimbursement rate, have not been widely publicized, and there is limited additional outreach to support access for families or providers beyond those already participating. In addition, families may have been discouraged from participation by a 2016 policy requiring families to formally comply with the child support enforcement process as a condition of receiving assistance.[182]

Utilization of the child care subsidy program has historically been difficult to project due to unpredictable duration of family participation (and associated public spending) and fluctuation in the number of families served. Incentives exist for local social services departments to underspend on subsidies and not take on additional families in order to avoid incurring local liabilities. To date, the program has had long and fluctuating waitlists.

Figure 33. Decline in CCSP Participation (2016-2018)[183]



VDSS's Director for the Division of Child Care and Early Child Development reports that teams are working to address barriers to participation and full utilization of the subsidy program through several avenues, aimed at both the supply of programs and demand from families. These efforts are coordinated between the state and local departments of social services.

- Moving from a six-month to a 12-month redetermination period
- Projecting a target number of children served for each local department and guaranteeing state coverage of all expenses for that number of children
- Implementing quarterly waitlist reviews to keep the lists up to date
- Recruiting additional providers, particularly in areas with a dearth of participating child care providers
- Developing a tool kit to support communities in building a supply of care in partnership between social services, schools, faith-based organizations, private providers, and other entities
- Conducting a statewide enrollment drive to increase family participation up to the state's projected capacity ceiling
- Examining the possibility of tiered reimbursement to supplement payments to providers in underserved areas
- Examining the possibility of low-interest loans to providers opening new care programs[184]

Early Intervention

The Virginia Department of Behavioral Health and Developmental Services provides Early Intervention services to the families of children age 0-2 who have a disability or developmental difference that require therapy, medical care, and case management. In fiscal year 2018, 20,202 Virginian children under age three (6.6%) qualified for and received Early Intervention services.[185] The number of children accessing Early Intervention services has steadily risen in the past decade, from fewer than 12,000 in 2009.[186]

Most children who access Early Intervention services are referred by their doctors, hospitals, or parents. When infants fail the newborn hearing screening test or a social services organization completes a founded case of abuse, children are automatically referred to Early Intervention. Additional conditions require screening for eligibility or a diagnosis that has a high probability of resulting in a developmental delay.

Figure 34. Eligibility for Early Intervention in Virginia

AGE 0-35 MONTHS AND ANY OF THE FOLLOWING:

- ☐ A 25% or greater developmental delay (cognitive, physical, communication, social-emotional, or adaptive)
- ☐ Atypical development or behavior in sensory-motor responses or affective disorders
- ☐ Any of 14 diagnosed physical or mental conditions with a high probability of leading to a developmental delay

The Early Intervention model reflects a broad view of who can be accepted for service, from children with slight developmental delays to major disabilities. Program staff provide coaching and case management to parents with connection to service providers in their own homes. Fees for Early Intervention services are charged on a sliding scale and are free to families with annual incomes under $55,000.[187]

A barrier to Early Intervention accessibility in Virginia is finding skilled providers in rural areas. The variety of professionals needed to respond to Early Intervention programs referrals—speech-language pathologists, occupational therapists, physical therapists, case workers, and medical staff—are not available in all areas of the state.[188] Thus, even though rural programs have Early Intervention enrollment rates consistent with the rest of the Commonwealth, children in rural areas may have limited access to the full array of supports Early Intervention can offer.

While broader accessibility to children is desirable, funding for the program (from public funding and family fees) has not kept pace with the increase and may pose a future barrier to program capacity. Projected increases in "the number of substance-exposed infants, earlier identification of autism spectrum disorders and improved statewide collaboration with Neonatal Intensive Care Units (NICUs)" in particular are expected to result in greater program participation and cost requirements.[189] Fiscal strains on the Early Intervention system puts its sustainability and continued accessibility to children and families at risk. In the most recent fiscal year, Virginia's program's expenses exceeded its revenue by $6 million, or about 8%.[190]

The connection between Virginia's Early Intervention and Early Childhood Special Education programs is highly regulated in order to ensure smooth continuity of support as children with disabilities grow. In Virginia, local school divisions have substantial flexibility in how to define ECSE eligibility and disability. Families of children participating in Early Intervention may have a transition conference involving both Early Intervention and ECSE staff to determine the appropriate supports for each growing child.

Home Visiting

Early childhood home visiting is a type of family support that serves expectant parents and families with young children, from birth through age five, and is designed to improve child health, development, and school readiness through connection to medical care and screenings and guidance to parents on child development and parenting. High-quality home visiting models have a demonstrated ability to achieve positive outcomes for children and families alike, including improved health and school readiness, reduced child maltreatment, improved maternal health and positive parenting, and increased family economic self-sufficiency.[191]

Virginia has seven home visiting models: CHIP of Virginia, Early Head Start (home-based), Healthy Families, Healthy Start/Loving Steps, Nurse Family Partnership, Parents as Teachers, and Resource Mothers. These

Figure 35. Localities With No Home Visiting Coverage[192]

Locality
☒ Amelia Co
☒ Brunswick Co
☒ Buckingham Co
☒ Buena Vista
☒ Cumberland Co
☒ Goochland Co
☒ Greene Co
☒ Nelson Co
☒ Nottoway Co
☒ Powhatan Co
☒ Surry Co

programs provide quality assurance to ensure appropriate implementation and fidelity to proven models, and demonstrated effectiveness within the state.[193]

Home visiting programs in Virginia have a history of collaboration in partnership with Early Impact Virginia (EIV). In 2018, the Virginia General Assembly included legislation to address recommendations from the 2017 JLARC report to expand and develop a coordinating administrative structure to maximize the impact of home visiting in Virginia.[194] The 2019-2020 budget signed into law by Governor Northam grants EIV with the authority to track and report on key activities and outcomes, as well as support quality improvement, training, and overall coordination across home visiting programs in Virginia on an on-going basis.

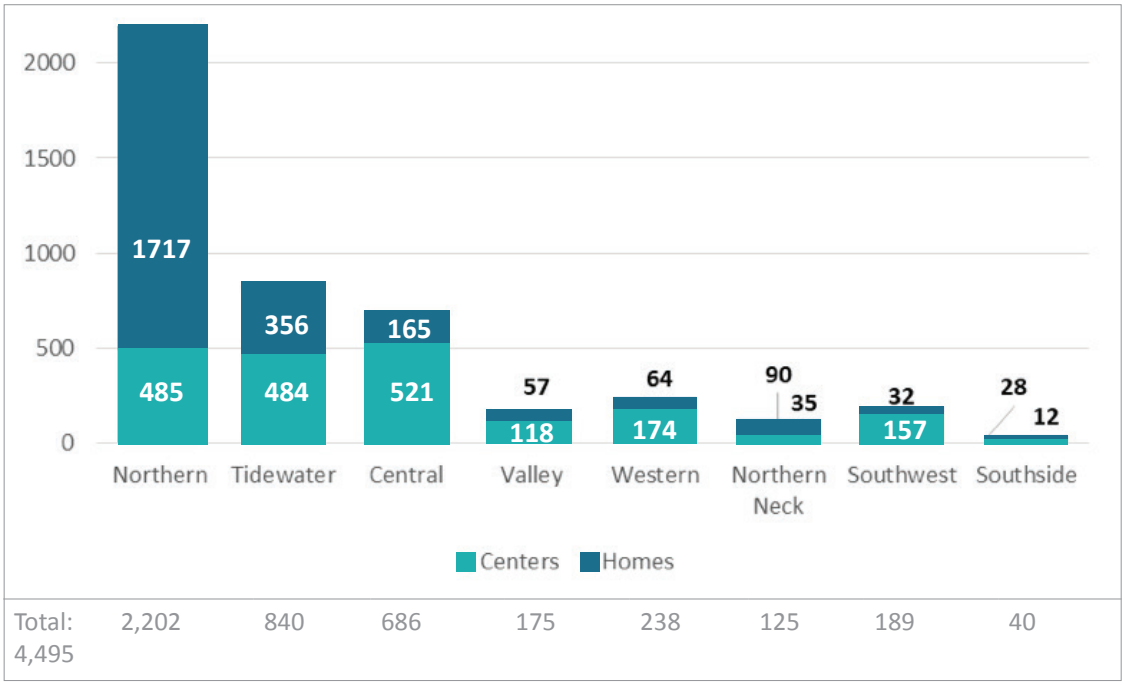
Of Virginia's 122 communities, 120 are covered by at least one home visiting program (increased from 112 in 2016).[195] Increased public expenditures in the last decade have allowed home visiting efforts in Virginia to expand, but funding remains heavily dependent on federal allocations and a lack of stable, predictable funding from year to year limits programs' ability to develop joint strategy and administration.[196]

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) is a federal effort to support nutrition for children and older adults. Through the program, child care providers and schools serving children from lower income homes may be reimbursed for the healthy meals and snacks they provide. CACFP is a major support to childhood nutrition in the state, bringing nearly $59 million and serving more than 28 million meals to children in FY 2018.[197] Family- and center-based programs, including those in public schools, may participate in the program if they agree to cover the costs for administering and overseeing the program or partner with a sponsoring organization who will perform fiscal and administrative oversight.[198] In FY 2018, there were 4,495 programs that participated in CACFP, nearly evenly divided between home- (55%) and center-based (45%) programs.[199]

Program participation varies widely by region and organizational capacity to take on CACFP's administrative requirements. Extensive participation of home-based programs is driven by participation in Virginia's populous Northern and Tidewater regions. In all other areas of the state except the Northern Neck, centers constitute at least two thirds of participating programs. Participation of home-based programs in Southwest and Southside Virginia is extremely low (Figure 36). Relative to the child population and other regions, the program has limited use among center-based programs in the Northern Neck, Southside, and Valley regions of the state.

Figure 36. Number of Organizations Participating in CACFP by Region (FY 2018)[200]



Child care programs in Virginia are most commonly sponsored for CACFP participation by non-profit, public education, and government entities (Figure 37). Center-based programs have a variety of sponsors, or themselves take on responsibility for meeting CACFP's administrative requirements. In contrast, home-based programs across the state are almost completely reliant on the sponsorship of non-profit organizations for program participation. The exception is the Fairfax County Department of Family Services, which sponsors 38% of all home-based CACFP participation statewide; no other state or local public entities facilitate home-based program participation in CACFP.

Figure 37. Organizations Sponsoring CACFP Participation (FY 2018)

Sponsor	Center-Based Programs	Home-Based Programs	Total
Educational Institution	472	0	472
Other Government Agency	340	956*	1,296
Military Installation	52	94	146
Private Non-Profit Organization	964	1,443	2,407
Private For-Profit Organization	174	0	174
Total	**2,002**	**2,493**	**4,495**

*All government-sponsored home based programs are sponsored by the Fairfax County Department of Family Services

"My heart really wants to serve the children and we have a lot of children that don't get in our [ECCE] program. They're just sitting on a waiting list...the need is there." -Community leader in education. Urban area in Western region

Voices from the Field – Family Supports

Almost all families with whom the researchers spoke have had some trouble making ends meet. Of the 29 families interviewed, 25 reported that they make below $50,000 a year and 26 reported using at least one form of public assistance (e.g., Medicaid, WIC, SNAP) in the past and/or currently. Families reported learning of ECCE and other public programs largely via word of mouth. Families utilize both informal family and peer networks as well as formal channels, such as the Department of Social Services and community-serving nonprofit organizations, to access the services they need. All but one family heard about ECCE or other public programs from a peer (e.g., friend or family member).

When asked to describe a time when they needed assistance, about half reported getting help from family or friends, most commonly parents. Interview participants either received direct support from family or were connected by family to other places to look for support. A majority of families interviewed were linked to public programs and services via the Department of Social Services or Health Department. Responses were mixed when families were asked whether it was easy or difficult to get the support they needed. While many found the process for submitting the paperwork and documentation for eligibility easy, others found it challenging and described their experiences applying for and accessing public programs as stressful, cumbersome, impersonal, and frustrating. A few interviewees described how they felt uncomfortable at the Department of Social Services because they felt judged for needing assistance. Less than half accessed services through nonprofit organizations. Approximately a quarter of interviewees described themselves as not financially secure but still ineligible for public programs.

V. Systems Coordination

"When families have to apply to multiple programs, housed across multiple agencies, often with duplicative paperwork requirements and inconsistent eligibility criteria, many simply give up." –Bipartisan Policy Center

Virginia's early childhood sector has been described as "extremely diffuse" with "no single governance structure or authority charged with implementing early childhood priorities."[201] There is no common governance, oversight, or monitoring structure for Virginia's public programs and policies related to healthy early child development, and the Commonwealth's approach was rated as 37th out of 50 states relative to others in "creating a coordinated, integrated early childhood care and education system" due, in part, to low levels of state funding, limited coordination between agencies, VDSS licensing standards, and lack of coordinated state leadership.[202] Figure 38 outlines Virginia's status on elements of systems infrastructure, and Figure 39 depicts Virginia's current organizational relationships and responsibilities for early childhood governance, inclusive of the federal agencies

funding and supporting the Commonwealth's work with young children and their parents.

Significant public and private efforts across Virginia are dedicated to supporting children under five, yet the lack of a unified state approach has resulted in fragmentation and gaps in service that hinder support for families. Publicly-funded early childhood resources are housed within eight separate agencies, each with respective regulations and requirements. Services are designed, funded, and implemented by distinct federal, state, and local bodies.

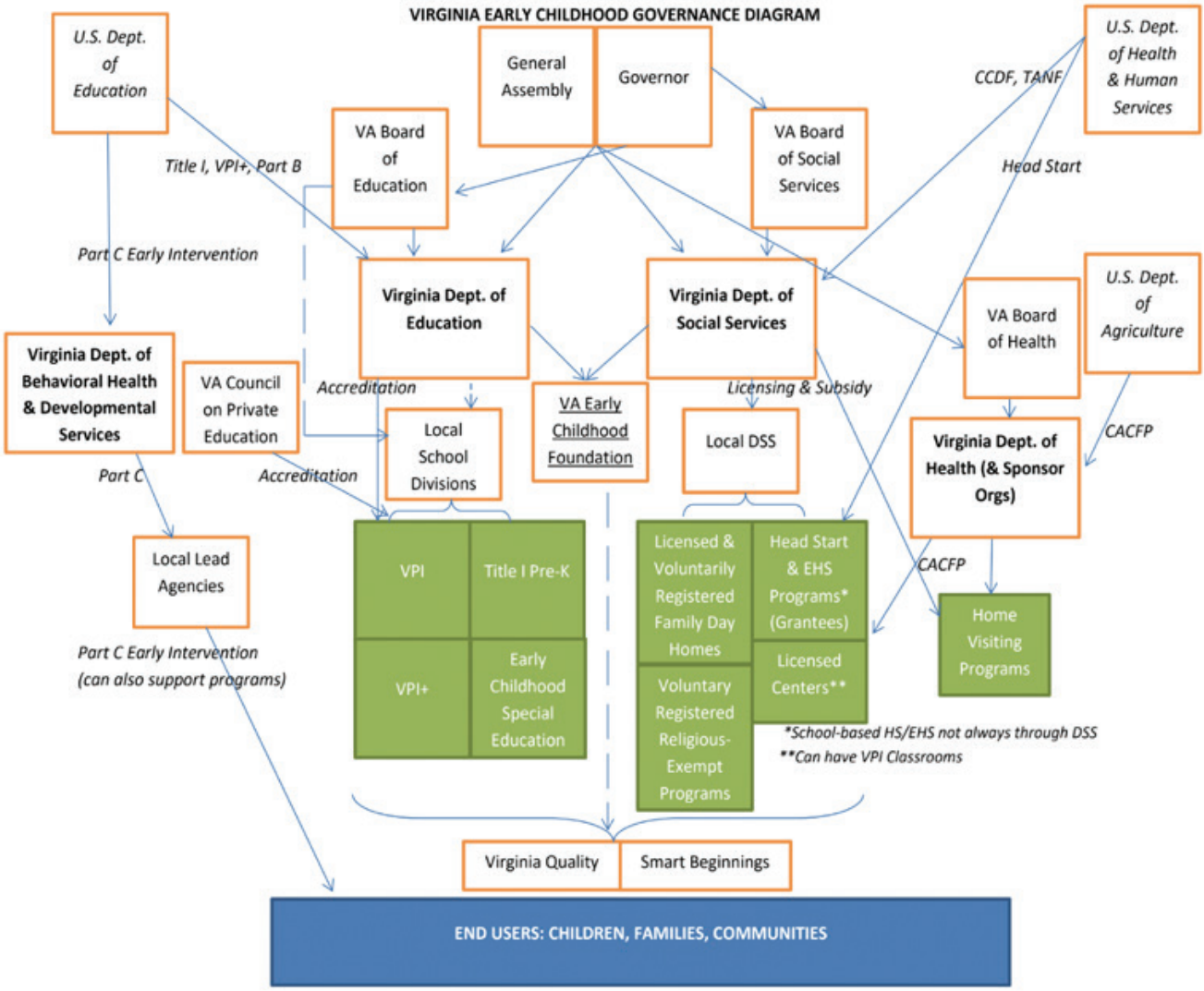
There are myriad public programs and funds supporting distinct aspects of early childhood care, services, and education. The goal of creating a unified system of these things has gained strength among policy makers nationwide for two primary reasons: (1) desire for adequate and sustainable funding for young children and (2) accountability for the funds and programs that exist.[203] Public resources are invested in early childhood with the ultimate goal of achieving demonstrable improvements in child development. In an uncoordinated system, individual programs operate and are funded independently, without the benefits of collaborative planning, accountability for efficient and targeted services to young children and their families, or a shared understanding of the collective results.

When thinking about changing the ECCE system or the creation of new, more aligned

Figure 38. Elements for an Integrated Early Childhood System

	An Integrated Early Care System	Status in Virginia
Finance	Coordinated funding oversight and monitoring, streamlined state assistance to local authorities, consistent and adequate funding year over year	Multiple funding streams, no designated agency responsibility for strategic use of ECCE funding sources, unpredictable and insufficient funding across programs
Data	Data systems aligned across agencies and programs that support monitoring, measurement of child outcomes over time, accountability	Early-stage data sharing across agencies, limited current capacity to capture outcomes across programs or over time
Governance	Formal responsibility and unified leadership to improve systems and outcomes among children under age five	Some coordinated responsibility for ECCE policies and outcomes through creation of the School Readiness Committee and Chief School Readiness Officer, close collaboration with Virginia Early Childhood Foundation
Regulation	Unified standards with technical support on educator qualifications, program quality, facilities, and program safety	Early stage voluntary quality measures for program quality and requirements for licensing standards

Figure 39. Current Early Childhood Governance in Virginia[204]



systems, a useful definition for system change is "fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms. [Systems change] could be shifts in funding flows, changes in policies, inter-disciplinary collaborations, and improvements in professional practices."[205]

Fully supporting early childhood extends beyond ECCE to encompass support services and engagement through social services and health, helping families and their young children thrive. Supportive policies "address children's development across the contexts in which development occurs—families, the home, communities and early childhood care and education settings—and the employment and economic conditions of their parents."[206] The rationale for advancing a coordinated and aligned statewide framework for keeping children healthy across agencies and age groups is informed by developmental research on how children grow and on the support their families need along the way.

Efforts to Coordinate ECCE

Efforts to coordinate or unify ECCE supports have grown in the past two decades in Virginia as educators, community leaders, and policy makers have developed a greater understanding of the benefit of connecting services and programs to serve more families more effectively by improving the quality of services and targeting resources where the need is greatest.

Commissions and Studies

Since 2014 when the McAuliffe administration established the Children's Cabinet and Council on Childhood Success, the Governor's office has elevated the importance of school readiness and early intervention and supported greater coordination among state departments through the establishment of interagency councils and cabinets and greater investment of resources.[207] These efforts have resulted in improvements, including the following.

- Increased communication between early childhood and care agencies at the state level
- Leveraging of additional federal dollars to bring more Pre-K services to Virginia children and families
- Investment in establishing a position and hiring a chief school readiness officer in 2018
- Partnership with the state legislature, Virginia Early Childhood Foundation, Virginia Chamber of Commerce and others, discussing state legislation in 2019 aimed at further unifying ECCE efforts that year

Smart Beginnings Partners

Smart Beginnings partnerships have been in operation within communities across the state since 2006. In eighteen regions in the Commonwealth covering nearly 90% of the population, Smart Beginnings hubs bring together public and private leaders and organizations to increase capacity to reach young children and their families with quality early care services and education. They serve as catalysts for greater, more efficient, and targeted resources for young children in need, and improve the quality and scope of early childhood education. While each Smart Beginnings community reflects the assets, needs, and leadership of their regions, they each also serve as a center for coordination and planning around quality early childhood services. Smart Beginnings partners are drivers of increased family access and awareness of high quality and affordable early childhood care and education, professional development of providers, and collaboration among public and private agencies to support families. Smart Beginnings communities support children's successful transition to kindergarten and connect providers to each other for more efficient and effective planning and service delivery. Smart Beginnings boards generally include school and business leaders, public and nonprofit agency executives, families, and community stakeholders. These teams "coordinate effective early learning, health, and family support services for young children in their communities, improve services by promoting high quality common standards and evidence-based practices, and create efficiencies and leverage funding to ensure that the community's resources are targeted to children with greatest need."[208]

2005: Virginia Early Childhood Foundation

The Virginia Early Childhood Foundation is a unique partnership, established in 2005, and supported by both the state legislature and significant private funding, with a history of nonpartisan support for school readiness as a critical component of creating a skilled and productive workforce for the Commonwealth. VECF is the backbone of a regional network of the 18 Smart Beginnings coalitions that improve resources, conditions, and policies for children and their families. VECF advances the Commonwealth's Quality Rating and Improvement System (QRIS) as co-administrator with the Virginia Department of Social Services, leads efforts to build a skilled and diverse ECCE workforce, and supports integrated data systems at the state and local level. VECF has been a driver for equitable access and innovation, quality, and affordability for Virginia's early childhood care and education system. Leveraging state general funds appropriated by the General Assembly through the Virginia Department of Education, VECF has fostered more than 15 mixed-delivery models that pilot promising ways to support a system that maximizes public dollars in community-based and private settings.

In addition to public dollars and with the support of private funders and businesses, for example, VECF reported in FY 2018 that, with their Smart Beginnings partners, they had leveraged $27 dollars in additional resources for every $1 of the appropriation.[209]

2006: Early Impact Virginia (formerly Home Visiting Consortium)

In May 2019, the Children's Cabinet approved a home visiting framework for Early Impact Virginia, which, among other core activities, promises to create a more coherent system for young children. Specifically, the framework reads that one of the five elements that Early Impact will be responsible for as it establishes a comprehensive plan for home visiting services "within the early childhood system" is system building. Early Impact will "promote cross-sector collaboration among relevant state organizations to reduce duplication and advance common goals." The agencies and components listed are all of those engaged in the development of a healthy child, and include the School Readiness Committee, Early Intervention, Early Childhood Special Education, health care providers, universities, and VECF/Smart Beginnings.[210]

2014 and 2018: Children's Cabinet

In January of 2018, Governor Northam re-constituted and launched the Children's Cabinet, which had been established in 2014 by the previous governor. Governor Northam established early childhood development and school readiness as one of its top three priorities and called for a focus on children and their families "at higher risk,"[210] urging the Cabinet to "encourage state agencies to collaborate across government and non-governmental entities on collective goals and support efforts to collect and share data to track outcome metrics and inform future policy." The Cabinet was also

> "It is a really, really exciting time for early childhood, with Governor Northam's emphasis on early childhood and creating the Children's Cabinet … and it's long overdue … I'm very hopeful. I'm very optimistic that some real changes are going to happen."
>
> -Community Leader in Education, Urban Area in Valley Region

charged to "evaluate and recommend ways to optimize and align local, state, and federal resources, and public-private partnerships to enhance current and prospective programs and services for Virginia's children and their families, particularly those at higher risk." Core members of the Cabinet, chaired by First Lady Pamela Northam, include the Lieutenant Governor and the Secretaries of Agriculture and Forestry, Education, Health and Human Resources, and Public Safety and Homeland Security.

The 2018 Cabinet has set ambitious goals for a more unified and effective early childhood system, with the intent of all children being ready for school by 2022. A primary objective is to make Virginia's early childhood system be "more unified, transparent, data-driven, and resource-effective." Strategies include "unif[ying] quality standards for all publicly-funded early childhood programs that are indicative of child outcomes … and ensur[ing] that leaders and teachers are well compensated for their achievement."[211] The Cabinet was the entity that approved and advanced the application for the PDG B-5 grant in 2018, and designated the School Readiness Committee to oversee the strategic plan and needs assessment.

2015 Joint Subcommittee on VPI Reform

In 2015, a joint subcommittee of the Virginia Legislature was formed to reform VPI and to "consider increasing accountability, flexibility, innovation, clarification of the state's role and policy relating to providing a preschool for economically disadvantaged children, and to further develop the facilitation of partnerships between school divisions and private providers for the Virginia Preschool Initiative."[212] Out of this subcommittee's work came Commonwealth of Virginia funding for mixed-delivery pilots, $17.5 million for expansion of VPI+, and the establishment of a "joint legislative subcommittee on accountability, flexibility, innovation, partnerships, and a competency-based professional development framework," an entity which became the School Readiness Committee.[213]

2016: School Readiness Committee

The School Readiness Committee was formed with the aspiration to "give at-risk children in Virginia the opportunity to receive an early childhood education that sets them up for future success."[214] The School Readiness Committee is also designated as the State Advisory Council (SAC) under the Head Start Act. In addition to its diverse membership, the School Readiness Committee has several workgroups that engage experts as they develop recommendations for policy and practice in priority areas. Since 2016 the Committee's first area of focus has been on building a professionally credentialed, highly skilled workforce in early childhood, with a goal of "making sure that Virginia has a well-trained early childhood workforce." Committee members' work has included developing competency-based pathways

for practitioners in public and private settings, creating and strengthening higher education articulation agreements for ECCE degrees, reviewing and teaching licensing and professional development, and piloting innovative methods to improve on the ECCE workforce.

In addition to a workforce focus, committee members have also noted the fragmentation of "programs, policies, funding, and regulations governing early childhood care and learning at the state level"[215] and recommended a subcommittee to examine governance of early childhood programs. The School Readiness Committee has oversight of the Commonwealth's needs assessment and strategic plan, taking place as part of the 2019 PDG B-5 initiative, and understands it as a step toward improving the early childhood care and education system.

2017: Joint Legislative Audit and Review Commission (JLARC) Review of Early Childhood Development Programs

In 2016, the state legislature charged the Joint Legislative and Audit Review Committee (JLARC) to review all programs for children younger than school age supported by public funds and "assess the alignment of programs with kindergarten readiness, to identify best practices in Virginia and other states, and to propose ways to improve early childhood development programs in Virginia."[216] One of the JLARC report findings is that "the state does not systematically know which children receive services from which early childhood development programs. This prevents knowing whether children who are potentially at risk are actually being served." This gap in understanding limits the Commonwealth's capacity to effectively plan for and deliver education and services at the state and local levels. The report has been foundational in efforts to improve and restructure the Commonwealth's approach to early childhood care and education, and several of the JLARC recommendations call for greater system coordination and investment in the early care resources. Of the 18 recommendations that resulted from the study, several address key aspects of an ECCE system, including quality standards and coordination of home visiting services:

Quality: Virginia does not have a mandatory system in place to understand the quality of Pre-K and early care offerings, and the various instruments used by multiple state departments are insufficient to capture all of the important dimensions of a child's readiness for school. While there are many recommendations that seek to improve quality overall, several call for a unified standard and/or approach among the multiple entities allocating and receiving public ECCE funding.

Coordination: JLARC designates by name Early Impact Virginia as a lead entity for coordinating all home visiting programs, with a broad charge to establish and track state outcomes, conduct statewide needs assessments, and "support continuous quality improvement, training, and coordination across state-supported voluntary home visiting programs." Early Impact Virginia is also charged to raise additional private and federal dollars for home visiting.[217]

2018: Early Childhood Success Act

Building on the work of the School Readiness Committee in 2016-2017 and a Joint Subcommittee on Virginia Preschool Initiative Reform, a bipartisan group of legislators, along with the Governor's administration, the Virginia Chamber of Commerce, and the Virginia Early Childhood Foundation, introduced the Early Childhood Success Act in part to address the governance issue directly. With the goal of a "more unified, transparent, data-driven and resource effective" system,[218] the act called for a lead role for the Virginia Department of Education (transferring funding and staff from the Virginia Department of Social Services' Child Care Development Fund and Head Start Office) to better align and coordinate ECCE funding. The Act proposed an "Early Childhood Innovation Fund" to support regional level public/private pilots that support workforce development and economic development and generate new strategies, as well as mechanisms to increase accountability for kindergarten readiness and quality improvements.[219] Accountability would be informed by service and performance targets for all departments serving children under age five, alignment of quality standards, and adoption of a uniform quality rating. The Act proposed to reward and incentivize professional credentials in the ECCE workforce. The aspiration was for Virginia to "lead the nation in delivering an equitable, innovative, and effective public-private early childhood system by passing the Early Childhood Success Act."[220]

While the Early Childhood Success Act did not pass in the 2019 session, it is anticipated that new regulatory and legislative proposals to strengthen the ECCE system will be introduced in the 2020 state legislative session, supported by additional insights and information from the PDG B-5 needs assessment, strategic plan, and further deliberation among decision makers.

Barriers and Potential of a More Unified ECCE System

Despite years of Commission and Council reports and recommendations calling for greater system integration, Virginia remains relatively segmented in its approach to funding and managing early childhood care and education resources. There has been no single unified approach to aligning services, targeting investments, streamlining policies and requirements, or planning for the well-being of young children under five. Virginia does not have a coordinated data system or source of information for policy makers, planners, or parents to consult to understand the number of opportunities open to children, the number of children enrolled in and across systems, or the impact of these interventions over time. Without a clear portrait of how children are faring or clear accountability for children's progress over time, agencies are most likely to be accountable only for what they are funded to do.

Accountability and Measurement

Barriers: In a system where funding for early childhood comes from federal, state, and local sources, administrators are incentivized to prioritize responding to respective funders and requirements over collaborating with each other. Each federal funding stream has its own program-specific regulations and data collection and reporting requirements. Further, how state agencies interpret and implement the data requirements from their funders, and their responsibility to their constituencies, can make the difference in the level to which they are comfortable sharing data with one another.

Potential: Stakeholders interviewed for this report were eager to understand the real time needs and assets of young children, particularly the most vulnerable, and to collectively target prevention and intervention resources. Stakeholders see the advantage of shared data and clear accountability for a variety of purposes including case management, planning, targeting services, and advocating for resources.

Coordination and Communication

Barriers: The Commonwealth has designated public and private entities to facilitate and support joint planning and coordination of early childhood care and education services, yet none have statutory responsibility, sufficient resources, or accountability to coordinate the system. The School Readiness Council, Early Impact Virginia, and other coordination and planning groups are among those designated to support and advance plans to improve aspects of early childhood care and education. At the local level, Smart Beginnings partners play an important role in bringing diverse stakeholders together, as do other convening and service coordination entities. These state and local public-private partnerships receive state funding and direction from multiple state agencies and encourage coordination and alignment informally within their networks.

This informal structure favors strong personal connections, relationships, and exceptional leaders who, together, eventually change systems. The disadvantage is that the benefits of increased coordination and communication are never brought to scale and change is slow and hard to measure. Further, those individuals who drive coordination and collaboration have to make time and find resources to do this in addition to their programmatic work. They manage programs in different locations, with distinct funding authorities, and act as interpreters and connectors with their informal authority.

Lack of coordination between agencies leaves gaps for serving vulnerable children. For example, the over reliance on Pre-K as the way in which the state subsidizes early childhood education, and higher wages for teachers in public Pre-K programs than in infant and toddler programs, inadvertently incentivizes care for 3- and 4-year-old children and leave gaps in infant and toddler care statewide. Further, no standardized requirements and supports for inclusion of children with special needs or behavioral

"The vast majority don't understand or appreciate the work we have. We have a new [child care] center for teen parents. Why are we doing it? Morally and for the community. It's for high school graduation and prepares the young children. My goal is to educate those on county boards and state legislators of the importance of putting money into early childhood." -Stakeholder in Education, Urban Area in Northern Neck Region

concerns means they may be asked to leave a center or home at a young age.

Potential: Interviewees noted a fundamental reason for sharing information is to be able to prevent risk and identify families and children who will benefit from support prior, during, and after entering an early childhood program. As early care and Pre-K providers and school superintendents are interviewed and reflect on their approaches, a desire for more formal means of coordination and communication comes up frequently. The communication between early childhood care and education providers and school systems at the local level relies largely on individual persons in leadership, the level of community support for early childhood, receptivity to collaborations, and one-on-one relationships between school officials and early care providers.

Similarly, there is a desire among stakeholders for consistency in state policy. Stakeholder interviews uncover distinct philosophical approaches to addressing family needs in Virginia departments of social services and education, with programs under social services tending to be more focused on the health, well-being, and support for the child (including home visits, health care, and nutrition) and those in education directed primarily at the readiness of children to succeed in elementary school. Integrating these elements of early childhood care and education in policies and practices would facilitate more comprehensive and seamless delivery of services and attention to quality early childhood care and education.

Finance

Barriers: Delivery of ECCE programs and supports is shaped by funding streams and their requirements. Virginia's current ECCE funding is inadequate to support high-quality ECCE for all vulnerable children, particularly infants and toddlers, and lacks a cohesive early childhood system or funding structure. State, federal, and local funds all combine to support various programs, presenting a challenge to the schools and communities working to optimize services to children while complying with varied eligibility and reporting requirements of funding streams. According to stakeholders, funding administrators have historically prioritized caution to avoid over dedicating resources, over ensuring that eligible children and families receive services. This has resulted in compliance-driven program administration that is not directly accountable for intended outputs or outcomes. The result is that Virginia has a complex set of programs and regulations that do not always work together to support child development or a sustainable and robust ECCE market.

Figure 40. Funds for Early Childhood by State Agency (FY 2018)[221]

Agency/Department	Total Funds
Department of Education (VDOE)	$171,021,401
Department of Social Services (VDSS)	$163,759,005
Department of Health (VDH)	$163,399,541
Department of Behavioral Health and Developmental Services (VDBHDS)	$68,931,222
Child Services Act Expenditures (FY 2016)	$19,957,903
Virginia Foundation for Healthy Youth	$522,030
Cooperative Extension, Family and Consumer Sciences	$56,700
TOTAL	**$587,647,802**

ECCE Is Underfunded. Virginia's allocations for preschool funding are insufficient to serve all low-income children in the state, and only a fraction of children who are eligible for public preschool are currently enrolled. Public preschool, Head Start/Early Head Start programs, and the child care subsidy program served up to 64,000 (35%) of Virginia's children in low-income households in 2018, leaving 118,000 low-income children without financial support for accessing quality ECCE through public or private programs. Compared to the rest of the country, the Commonwealth ranks 33 of 50 states in terms of preschool spending per child.[222] Funded capacity for ECCE is not enough to serve every low-income child, or even every low-income 4-year-old, or to support high-quality programs for the students who are enrolled in preschool and child care.

ECCE Funding Is Not State-Driven. Virginia does not substantially invest its own funds into programs other than VPI. As a result, most spending on ECCE is federally driven. Child care subsidies, Title I preschool, VPI+, Early Childhood Special Education, and Head Start are federal programs with little to no commitment of Virginia funds, as are support programs spanning nutrition, child care, home visiting, and family services.[223]

Public programs in Virginia for child care, nutrition, medical screenings and care, and supports for children with disabilities or those in low-income schools are largely defined by federal requirements and supported with federal dollars, with Virginia contributing varying levels of matching financial support. Local flexibility in delivering and designing child care, nutrition, and medical supports through these programs is limited, as the work is governed by federal guidelines.

ECCE Funding Is Fragmented. Federal, state, and local expenditures in Virginia support young children via dozens of programs overseen by eight distinct state agencies with distinct reporting and funding formulas. Four of these administer ECCE programs. This decentralized funding and management approach results in a lack of accessible and user-friendly information about the availability, quality, and pricing of options for families, and ultimately, a lack of clarity and public accountability around the state's role in supporting the education of young children.

Because each funding stream has separate eligibility standards (e.g., household income levels), program delivery requirements (e.g., length of a school day), and data collection and reporting procedures, it is not always feasible for communities to combine the resources that are directed to their community in an efficient way, optimizing the number of children supported. The complexity of managing ECCE funding can be a challenge to local school divisions and community programs, limiting the effectiveness of public investments.

For example, more than 15% of school divisions rely solely on the state/local allocation for funding VPI classrooms, while another 20% add at least $5,000 per student by braiding funding streams with federal (Title I and Early Childhood Special Education), local, and private resources. Local capacity in terms of funding and expertise account for these varied outcomes.[224] The Virginia Department of Education indicates that in 2018, this local supplementation increased average spending per student from the state allocation of $6,125 to $8,600, but with higher spending in areas with greater resources.[225] Funding complexity can contribute to inequities across communities, as children in some areas benefit from greater resources per student than others due to community wealth, fiscal management knowledge, or classroom economies of scale.

ECCE Funding Is Inequitable. Virginia's funding for ECCE is not evenly or equitably distributed to children in need throughout the state. Educational funding for students living in poverty and non-White students is slightly higher than average, but students in rural areas receive fewer resources.[226] Funding is also unevenly distributed to children younger than school age, with greater resources and attention directed to preschool students and less to infants and toddlers.

In terms of child age, VPI and Head Start represent significant public investments in young children, but they are intended exclusively for children age 3-4. Public funding for the care of infants and toddlers is available only through child care subsidies to qualifying families, and to children enrolled in Early Head Start. Of subsidized child care for children under age five, only 5% (just over 700) of children served were infants.[227] In 2018, there were about 8,800 children

under age three in Early Head Start and/or the CCSP, compared to 54,500 children age 3-4 in Head Start, public preschool, or the CCSP.[228] While part of this gap can likely be attributed to parental preference for caring for young children at home or through family and friend support, there are far more programmatic and funding supports available to preschool-age children than to infants and toddlers.

Beyond inequities between infants/toddlers and preschool age children, ECCE does not receive equitable funding within K-12 education. In FY 2018, Virginia spent an average of $12,548 per student on its K-12 students, compared to $3,845 per preschool student.[229] That is, older public school students received more resources than public preschool students, even though public preschool has the same cost drivers as primary and secondary education.[230]

ECCE Funds Are Too Narrow for Family Needs. ECCE programs funded are often (1) targeted to 3- and 4-year-old children, (2) based upon narrow eligibility criteria in order to capture children with the greatest need, and (3) required to operate on limited schedules. Half-day school programs present challenges to working families, particularly when transportation or after-care options are limited. Narrow and varied eligibility criteria for different programs leave families who live near the threshold for eligibility finding that they can obtain assistance for some needs but not others or that slight changes in their household circumstances can put their child's eligibility at risk. Finally, working families with young children need care for their infants and toddlers as much as they need care for their preschool children, but public programs and resources are not widely available for very young children.

ECCE Funding Incentivizes Underutilization. To be fiscally responsible, Virginia programs require local administrators to be careful not to overcommit state resources. For example, after determining the level of need for VPI seats, the state allocates funds and requires a local match to access the resources. In communities with insufficient financial or facilities resources, school divisions are unable to draw down the funds allocated for children in the community.[231] Until 2018, the Child Care Subsidy Program similarly required local social services departments to pay for any funds expended beyond a cap set for each community. An unintended result of the policy was that local administrators were cautious about adding families to the program and incurring liabilities for the local community, leading to lower program use than the state had planned. To address this incentive structure, VDSS recently changed its policy to support all subsidy expenses for a target number of families, as opposed to a target funds ceiling.[232] This policy shift in the CCSP adjusts incentives from accountability for meeting a fiscal standard to accountability for providing services to families.

Many states have taken steps to incentivize and finance higher quality early childhood care and education in a coordinated financing approach. This has been achieved largely through what are called "tiered subsidy reimbursement rates" that reward high-quality programs who reach "tiers" equating to quality indicators. Virginia is one of only 11 states that do not do this.[233] Instead, the CCSP funding formula determines funding of child care subsidies based on market rate surveys of child care prices.

The Virginia Department of Social Services is currently considering approaches to reimbursing providers based on quality, linked to Virginia's QRIS, in order to incentivize a higher standard of care across programs participating in the CCSP.[234]

ECCE Funding Does Not Incentivize Quality. Virginia's CCSP reimbursement rates have historically reimbursed providers up to the 50th percentile price of child care in a community, rather than the federally recommended 75th percentile, which would allow families with subsidies to access about 75% of the community's child care options. But Virginia's 2018 child care market rate survey demonstrated that the Commonwealth's efforts were reimbursing providers at lower levels than anticipated, particularly for infant care.[235] Beginning in 2018, Virginia increased its reimbursement rate to the 70th percentile, which has served to pay providers more and increase family options. This promising infusion of resources can support greater access to quality care.

Reliance on market rates—whether to subsidize reimbursement or confirm actual costs—masks the real costs of providing high quality care. The actual costs of delivering care (particularly for infants and toddlers, and for high-quality programs) often exceed the market prices that care reimbursement is based on in market surveys.[236] For example, reimbursement policies in Virginia do not account for under enrollment or attendance or inconsistent payment for services. While a child care center's fixed staff and facility costs do not decrease when a child is absent, provider reimbursements may decrease if a participating child exceeds a set absence threshold (36 absence days per year plus 10 paid holidays). This structure can inadvertently incentivize providers to limit care for children who may have frequent absences, even though those children might stand to benefit the most from quality ECCE.[237]

In short, public subsidies to child care providers cover only a portion of ECCE costs. The public reimbursement rates and cost estimates often rely on assumptions of full enrollment and full attendance at market-based infant and toddler care centers, rather than a more realistic 85% enrollment rate, for budgeting purposes.

Potential: Mixed-Delivery Pilot Opportunity

A "mixed delivery system" describes an ECCE approach where quality public programs can be delivered in a range of community settings (private child care centers, schools, and nonprofits), giving families greater flexibility of choice and expanding and developing a greater number of providers engaged in providing quality care. Since 2016, the Virginia Early Childhood Foundation has supported 15 innovative pilots across Virginia with state and private funding through its mixed delivery pilot program. The grants encourage communities to "field test innovative strategies that support a public-private system of preschool delivery."[238] Mixed delivery grant recipient communities have intentionally aligned state programs (such as VPI and child care subsidies) with community-based public and private early childhood care and education services, as well as nonprofit social service partners, to maximize and expand state resources.

Leaders within Virginia's mixed delivery pilot program have tested strategies to expand access to programs while supporting quality and mixed-income integration. The pilot has accomplished the following:

- Facilitated access to private programs for children who qualified for public preschool
- Braided funding from several sources
- Served children birth to age three with leveraged funding
- Used mixed-income financing models (i.e., including children whose families pay on a sliding fee scale)
- Developed shared services models for groups of providers in order to reduce operational costs and sustain operations
- Engaged business and/or philanthropic financial support for local communities

The lessons and results from these pilots can inform ECCE financing in Virginia. Early evaluations report that, compared to their peers, children in the first two cohorts of mixed-delivery pilots "showed substantial growth in literacy skills," as well as gains in math and language skills. Also, the centers themselves have "progressed to higher quality ratings." In interviews, program leaders noted the importance of key relationships in their communities. For example, a willing and invested superintendent made all the difference in strengthening the quality of care and the transition to kindergarten.

VI. Conclusion

This concluding chapter brings together the major gaps for each section of the report, along with potential opportunities and practices for Virginia to consider. This needs assessment is accompanied by a strategic plan for an early childhood care and education system that builds on these findings and articulates a vision, principles, goals, and strategies for the Commonwealth.

This report began by describing the children in the Commonwealth and the early childhood care and education opportunities available to them, followed by a review of the quality, accessibility, and scope of these resources and how they are organized at the state level. It ends with considerations that are pragmatic and aspirational—with leadership, public will, and coordination in the state, all are manageable within a three-year period.

Who Are the Children?

What is apparent throughout this needs assessment is the lack of accurate, up-to-date, information on the children and families enrolled in care. Understanding not only who they are, but also where they are within Virginia, and which children are currently underserved or unserved is important for being able to target efforts and provide the right supports.

The Numbers

1. As a first step in increasing access to care, it is important to get a true count of the market of working families seeking care and the supply of those providing publicly-subsidized and private care on a real time basis. The unduplicated count of children in public programs is underway and is promising, as is the addition of early childhood data to the state's integrated information system. At this point, neither of these resources can readily provide a snapshot of where children and their families are enrolled and where gaps exist, nor is it available to families and communities to inform decisions and planning. **Obtaining an accurate count of the supply, enrollment, and availability of publicly-funded care for children ages 0-5** will facilitate more targeted planning, allocation, and greater choice for families.

2. Virginia can use an integrated data system to understand access and quality of ECCE programs, examine child outcomes, and inform policy decisions.[239] For example, an integrated data system can be a tool to gather information about families' experiences regarding health, education, and social service programs and to better understand families' needs. Policymakers and program administrators can also use an integrated system to obtain an unduplicated count of children. Representatives of Virginia's departments of social services, health, education, and nonprofits believed that Virginia was in the early stages of sharing and analyzing data. They also communicated that the Commonwealth could be more efficient administratively and target services for families more effectively. Barriers to achieving the goal of VLDS were largely attributed to unnecessarily complex data agreements for sharing information. **Creating an integrated data system can increase understanding of the accessibility and quality of ECCE programs and child and family outcomes**, particularly when it includes longitudinal data extending beyond early childhood, as well as information on family circumstances.

The Most Pressing Gaps for Families

With the data that is available, two areas of need rise to the top: (1) a lack of publicly-supported and/or affordable quality care for infants and toddlers, and (2) large areas of the Commonwealth identified as "child care deserts."

3. Publicly supported programs for children under age two include Early Intervention and Early Head Start, as well as child care subsidies for working parents, but capacity and participation in these comprise a small fraction of overall support. Among private programs, just 45% of programs serving young children accept infants for up to 49% of seats, while 80% of these programs accept 4-year-olds for up to 95% of seats.[240] **Expanding the capacity to serve children during the early years, ages 0-3**, is an important starting point to make quality early care truly accessible and affordable to vulnerable families, reap the benefits of quality instruction and care, and support working parents.

4. Of Virginians, 47% live in a child care desert, including 50% of Hispanic/Latino families, 61% of people in low-income neighborhoods, and 63% of rural families.[241] These deserts result in children and families being unable to access affordable, quality care either through public preschool or using public subsidies, because there are not providers in their area. Recent research on improving Virginia's child care and education programs has demonstrated that in some rural areas of Virginia the supply of child care is particularly insufficient for infants, toddlers, and children with disabilities. **Targeting public resources to the geographic areas with capacity gaps** puts children on a level playing field with their counterparts in more populous or resource-rich areas of the state.

Family Insights and Support

5. Virginia's definition of quality early childhood care and education includes "family engagement" and reflects the components of effective national and local models. For example, Head Start supports policy councils of families, and VPI+ lists family engagement as a key quality component. On a small scale, family engagement can build on a parent's role as their child's first teacher and enhance their involvement in the early care program. Engaging parents in big picture planning may be beneficial as well. Agency stakeholders interviewed for the report emphasized the value of engaging parents as guides in designing and advising a program and system that is intended to serve their peers well. Parents are advocates, advisors and leaders in shaping the emerging Virginia early childhood care and education system. **Increasing the participation of families in guiding early childhood care and education policies and practices at the program, community, and state levels** supports meaningful inclusion and accountability.

What Are the Public Resources?

Public early childhood and education resources are most effective when they are high quality and accessible to support and enroll the children of working families who need them. What is striking about Virginia's publicly-funded resources is how small a proportion of the population takes advantage of these quality programs due to a range of factors. These factors include localities having insufficient resources to expand to meet needs, parents being unaware of opportunities or unable to access them, and variable quality of programs. Further, Virginia's family support resources are not always sufficient or well-coordinated so families can easily take full advantage of the assets in their communities they need for their children's healthy development and growth.

Easy Access

6. Making it easy and welcoming for parents to find early childhood care and education can help their children enroll in quality care; having support measures in place keeps children in quality care. Part of improving access is letting parents know about the resources available to them and the value of a high-quality experience for their child.

Current resources are insufficient. For example, the Commonwealth has extensive consumer education and outreach efforts related to child care subsidies, yet many parents reported learning about subsidies only through word-of-mouth and even more did not know of the resources at all. **Supporting increased awareness about ECCE options and their value in preparing children for school, and coordinating program enrollment processes** makes it easier and more affordable for families to enroll locally.

7. Virginia is currently piloting a unified data portal that provides information on program quality and access that can be available to families, educators, and policymakers. It is intended to move from having a series of single-point-of-entry systems that are not compatible with one another to one integrated system that automatically updates across agencies. The pilot will test data design and accessibility on a state-wide scale. The initial design includes elements of quality and access to care that research and stakeholder feedback have identified as most meaningful, and does so in a way that can demonstrate commonality across the variety of early childhood programs that operate in Virginia. **Supporting efforts to share information about quality and access with programs and parents** can improve informed decision making in support of children.

Support to Enroll and Thrive

8. One way to expand federal opportunities on the local level is maximizing the use of the Child and Adult Care Food Program (CACFP). Virginia does not take full advantage of CACFP resources to support childhood nutrition in early childhood care and education facilities, as compared to other states. The state takes in fewer CACFP resources than other states do, in part because of the program's complexity and because of Virginia's relatively recent adoption of it.[242] In addition, Virginia does not invest any state funds into supporting CACFP administration.[243] A recent partnership between DSS and VDH is addressing administrative capacity and licensing requirements and promises to draw down additional resources.[244] CACFP guidelines require sponsors to be able to reach the homes and programs where children are being served, as well as have the capacity to implement CACFP correctly. This would allow centers to reallocate money they are currently spending on food. **Coordinating its administrative processes for CACFP** can provide more funds to centers and enhance nutritional supports.

Quality Care and Education

The Commonwealth can improve quality in at least three ways: (1) provide support for the ECCE workforce, (2) use financing to reward quality, and (3) implement uniform measures of measuring quality.

ECCE Workforce

The early childhood education workforce in Virginia does not meet the standards of the National Academy of Science for qualified staff and educators "to be well compensated, have affordable opportunities to access higher education, and receive appropriate ongoing support and professional development."[245] With 55% of Virginia's ECCE workforce reporting salaries of $25,000 or less, it is not surprising that wages are the top reason cited by teachers as to why they leave the profession.

Achieving quality care and education necessitates investment in preparing and retaining qualified educators to deliver that care. There have been several efforts to develop training supports that enable programs to find qualified educators and enable educators to engage in professional learning and development in Virginia. These efforts include scholarships, registered apprenticeships in early childhood education, aligning professional credentials in a way that can naturally flow in an upward progression, and adjusting teacher licensure requirements to ensure alignment with competencies specific to the developmental needs of children from birth to five.[246]

9. Early educators are the most important element of a program's quality, contributing to young children's development, learning, and healthy adjustment to school. Requiring that the workforce engage in additional professional development opportunities or requiring specific educational standards has the unintended consequence of closing out those who can't afford these opportunities and decreasing the diversity of the ECCE workforce. **Advocating for competitive wages and implementing incentives for staff and educators to achieve higher levels of quality supports a more stable and skilled workforce**. Incentives can include providing affordable and accessible credentialing and professional development opportunities as well as ongoing coaching and guidance.

Performance

10. There are multiple dimensions of assessing the quality of a child's experience in an early childhood care and education program, as well as the quality of that program overall. There are currently distinct measures and requirements across Virginia programs, but virtually no incentives to increase the number of public and private ECCE programs that participate in a unified quality monitoring system. **Incentivizing participation in Virginia Quality, implementing measures of quality and child outcomes across more programs, and supporting the use of contracts and other means to reward and promote quality care** will put in place structural mechanisms that increase progress toward quality goals and assist state and local providers in monitoring implementation and outcomes.

What Is the System for Public Early Childhood Care and Education?

The Commonwealth has made great strides in advocating for, coordinating, and building the foundations of an early childhood care and education system in the last decade. Still, the components are not aligned or unified and do not adequately reflect the commitment to early childhood development that is articulated in state policy and commission charges. Because there is not an integrated structure or approach, the Commonwealth misses opportunities to improve the system. Lack of coordinated attention to governance, financing, quality, policy infrastructure, and accountability can hinder participation and understanding by families and providers.

Governance and Accountability

11. A better coordinated and resourced system for early childhood education will mean that more families can enroll their children, undeterred by barriers of cost and transportation, in accessible quality programs run by a skilled and diverse ECCE workforce, with multi-agency funding that seamlessly supports children's learning, healthy development, and well-being. Achieving such a system requires changes in oversight, policies, and processes across multiple agencies and programs, and greater investment in early childhood care and education.

Since 2015, across two administrations, governors have seen fit to create an interagency council to address the disjointed nature of the services, education, and supports for young children and their families. Building on this collaboration and formalizing lines of responsibility can result in more strategic investments to children, parents, and communities in need. Many of the structures to draw upon are in place, both at the local and state level. **Designing an early childhood governance system with identified leadership and oversight that is optimal for children and their families, with clear measures of accountability**, would signal commitment to families and children, and support cohesive progress toward child well-being across programs and agencies.

Financing

12. How a state finances its early childhood education resources directly influences staff and teacher compensation, the extent of quality centers, and the flexibility of localities to collaborate with private and public partners. **Adjusting funding and reimbursement models to account for costs and quality, providing flexibility to maximize the benefits of existing programs and funds, and aligning strategies and oversight through enhanced interagency governance** can more effectively target and support the principles of an effective early childhood development system.

Integrated Funding

13. A small number of Virginia school divisions have become adept at braiding, or integrating, funding to maximize the use of state and local public funds. For example, with the Virginia Preschool Initiative, participating school divisions can rely exclusively on the state and local funds allocated for the program or they can supplement efforts by braiding funding with additional resources—local funds, private resources, and federal funds for children in poverty or with disabilities. But many school divisions do not have the capacity or institutional knowledge to combine funding streams in support of early childhood services. The uneven capacity to braid funding means that children in some areas of the state will not have as much access to VPI or other preschool programs as children in areas where there is not capacity to braid funding, share costs, or leverage private partners. **Providing technical assistance to local school divisions and other public and private providers to braid, or integrate, diverse funding streams** will enhance resource efficiency.

Scaling Effective Models

The majority of Virginia's early childhood care and education resources operate in the private economy, and thus partnerships between the public sector and private entities are an essential component of Virginia's system in reaching vulnerable children. Mixed delivery models have the potential to address at least two fundamental challenges to Virginia's system: (1) they expand access where capacity or accessibility of public programs are limited by engaging the private sector in innovative ways, and (2) they strengthen the quality and sustainability of private and community programs.

14. Virginia's mixed delivery pilot programs have tested strategies since 2016 to expand access to programs while supporting quality and mixed-income integration. The pilots have

- Facilitated access to private programs for students who qualified for public preschool
- Braided funding from several sources, used mixed-income financing models (i.e., including children whose families pay on a sliding fee scale)
- Developed shared services models for groups of providers in order to reduce operational costs and sustain operations
- Engaged business and/or philanthropic financial support for local communities

The lessons and results from these pilots can inform ECCE financing in Virginia. **Engaging the private sector can support and scale innovative private and public efforts to improve access and quality and maximize existing funding**.

Policies

15. Policies across federal and state programs can create competing and conflicting structural barriers that limit the number of children local school divisions can serve by imposing program-specific limitations that

separate children and funds within programs. These structural barriers limit both the number of children served as well as the inclusivity of programs, as integrating resources for economically disadvantaged children, children with disabilities, and others can be curtailed by policy and funding requirements. As a result, supports are funded but remain inaccessible, as capacity in some programs and communities goes unused while other areas have lengthy waitlists. To coordinate a system of early childhood services that responds to child and family needs and maximizes funding and usage, there is merit in identifying where federal and state program policies and requirements can be improved, blended, or changed. **Coordinating interpretation and implementation of policies offers the opportunity to rise above policy limitations that limit serving children to the full capacity funded**.

Knowledge of Quality and Access

The Commonwealth of Virginia has the information decision makers need and the assets in place to change the life trajectory for today's young children. A high-quality early childhood care and education experience, with community and family support, makes a qualitative and quantitative difference in a child's ability to do well in school. This needs assessment identifies gaps in services and resources for Virginia children, their families, educators, and policy makers. The report details ways in which other states and local Virginia communities have addressed gaps, and shares family and educator perspectives on the system's impact and effectiveness on the ground. The report combines this overview with the latest national research and science on child development, innovative financing, workforce preparation, and quality standards.

Over the last several years, policy makers have agreed that it is time to act. The PDG B-5 initiative provides a catalyst to tackle this change and invest in a quality early childhood care and education system on a statewide scale. The Commonwealth's leaders have demonstrated a long-standing investment in expanding access to public preschool among vulnerable children and recognize the importance of early childhood. To date, these efforts have operated as pockets of innovation and stand-alone programs. This approach will not get Virginia to a place where all children, particularly those most vulnerable, are ready for school. When 40% of young children are identified as not ready for school, more transformational change and investment is needed.

In a state where the majority of funding for early childhood care and education comes from the federal government, state and local departments are incentivized to respond to respective funders and requirements over collaborating with each other or directly meeting the needs of families. The Commonwealth can re-shape its own destiny by championing a vision, establishing a responsive and innovative governance structure, and committing the leadership and resources necessary to prepare each child for healthy development and success.

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[116] Data from Stephen Schleck, Business Systems Manager, Division of Child Care and Early Childhood Development, Virginia Department of Social Services. Run from the DOLPHIN licensing database, February 8, 2019.

[117] Many programs—particularly home based programs—registered with the Virginia Department of Social Services do not provide a maximum or minimum age they serve. In cases where no minimum age is specified but it is clear that the provider may serve young children, the authors presume that children are accepted from birth for the purposes of estimating capacity.

[118] Center-based capacity includes child day centers, religious exempt programs, and unlicensed and unregulated centers. Home-based capacity includes family day homes, voluntary registered homes, and local ordinance approved homes as reported from the Virginia Department of Social Services' DOLPHIN licensing database, February 8, 2019.

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[129] Graphic from Joint Legislative Audit and Review Committee, "Report to the Governor and the General Assembly of Virginia, Improving Virginia's Early Childhood Development Programs," House Document 5 (2018), December 11, 2017, 104. http://jlarc.virginia.gov/pdfs/reports/Rpt502.pdf.

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[131] Data combine U.S. Census Bureau 2013-2017 American Community Survey estimates, Table B01001, with Virginia Quality enrollment figures as of April 30, 2019. Regions align with the Virginia Department of Education's regions, as used throughout the needs assessment, and not with the regions defined for Virginia Quality.

[132] Request for Application (RFA) Virginia Quality Rating & Improvement System (Virginia Quality) Request for Application Number OECD-19-047, February 22, 2019, page 4.

[133] Comparison of 2019 participation as of April 30, 2019 with 2017 participation from JLARC, 2017, 104.

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- Establishment of a data governance structure to manage integrated data efforts, clarify roles and responsibilities of participating agencies, and define data ownership
- Meaningful engagement of stakeholders from across sectors to identify their capacity to share data, concerns, and priority research and policy questions
- Integration of data from across sectors (e.g., health, education, social services), including child-level data with unique identifiers as well as program-level data
- Provisions to guarantee the privacy and security of the data, adhering to the Family Education Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPPA), and other applicable laws and mandates
- Building capacity to share and use the data to strengthen programs and improve the lives of children and families

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[228] These figures are rough estimates based on SFY 2018 CCSP participation, 2017-2018 Head Start capacity, and 2018 public preschool fall enrollment. They do not account for some double counting across the CCSP and Head Start, or for the small number of two year olds participating in ECSE.

[229] Virginia Department of Education, *Superintendent's Annual Report 2017-2018*. http://www.doe.virginia.gov/statistics_reports/supts_annual_report/2017-18/index.shtml.

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[230] Virginia Early Childhood Foundation, "2017 Children's Budget Report," 2017, 17. http://www.vecf.org/wp-content/uploads/2016/10/VECFChildrensBudgetReport-Final-11.30_Smaller.pdf.

[231] In the 2018-2019 school year, about 4% of state and local VPI allocations ($4.4 million) were allocated but not expended.

[232] Telephone interview with Virginia Department of Social Services staff: Stephen Schleck (Business Systems Manager, Division of Child Care and Early Childhood Development), Barb Newlin (Director, Division of Child Care and Early Childhood Development), and Mary Ward (Manager, Child Care Subsidy Program, VDSS) on May 16, 2019.

[233] Karen Schulman. "Shortchanging Our Youngest Children: State Payment Rates for Infant Care," Washington, D.C.: National Women's Law Center, 2018, 16-17. https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/02/NWLC-Infant-Care-Payment-Rates-2017-final.pdf.

[234] Telephone conversation with Barb Newlin, Director, Division of Child Care and Early Childhood Development, Virginia Department of Social Services, May 16, 2019.

[235] Michael Theis, "Virginia's Child Care Subsidy Program: 2018 Market Rate Survey Report," Virginia Department of Social Services, 2018, 3. http://dss.virginia.gov/files/division/cc/interested_subsidy_vendors/notices/Market_Rate_Survey.pdf.

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[239] U.S. Department of Health and Human Services and the U.S. Department of Education, "The Integration of Early Childhood Data," Washington, D.C., 2016. https://www2.ed.gov/about/inits/ed/earlylearning/files/integration-of-early-childhood-data.pdf.

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[240] Many programs registered with the Virginia Department of Social Services—particularly home based programs—do not provide a maximum or minimum age they serve. In cases where no minimum age is specified but it is clear that the provider may serve young children, the authors presume that children are accepted from birth for the purposes of estimating capacity.

[241] Center for American Progress "Mapping America's Child Care Deserts," 2017. https://childcaredeserts.org/index.html?state=VA&urbanicity=All.

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[243] Virginia Early Childhood Foundation, "2017 Children's Budget Report," 2017, 16. http://www.vecf.org/wp-content/uploads/2016/10/VECFChildrensBudgetReport-Final-11.30_Smaller.pdf.

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Commonwealth of Virginia

Preschool Development Grant, Birth through Five

NEEDS ASSESSMENT APPENDICES

July 2019

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Appendix A: Methodology

Virginia's Preschool Development Birth through Five (PDG B-5) Needs Assessment was created for the twin purposes of (1) examining the children younger than school age, programs serving them and their families, and efficacy of Virginia's efforts to support school readiness and healthy child development and (2) satisfying federal requirements for the PDG B-5 grant received in 2019. The process brought together existing research on Virginia's efforts in early childhood care and education, administrative and demographic information, perspectives of families, educators, community leaders, and service providers, and the institutional knowledge of state and local stakeholders.

Component 1: Secondary Data Review

As much research had already been conducted in early childhood in Virginia, information from fifteen major reports was integrated throughout the needs assessment. The reports reviewed are listed in Figure A-1.

Figure A-1. Statewide Reports Incorporated into Needs Assessment

REPORT	SOURCE	YEAR
Increasing the Impact of Preschool in Virginia: Lessons Learned in VPI+	CASTL (UVA)	2019
Draft *Mixed Delivery Evaluation Final Report*	VECF	
Virginia's Child Care Subsidy Program 2018 Market Rate Survey Report	VDSS	2018
A Plan to Ensure High-Quality Instruction in all VPI Classrooms	VDOE	
Virginia's Biennial School Readiness Report Card	VECF	
Virginia Integrated Early Childhood Fund: Context, Findings, and Recommendations	VDOE	
A Brief Summary of Virginia's DRAFT Child Care and Development Fund Plan for FFY 2019 – FFY 2021	VDSS	
Maternal and Child Health Services Title V Block Grant 2019 Application and 2017 Annual Report	VDH	
Virginia State Systemic Improvement Plan (SSIP) Phase III, Year 2 Status Report	VDBHDS	
2017 Children's Budget Report	VECF	2017
The Commonwealth's Brain Builders: Virginia Early Childhood Workforce Survey	VECF	
Various statewide and local fiscal maps of Early Childhood Care and Education	Children's Cabinet, VECF	
Improving Virginia's Early Childhood Development Programs	JLARC	
Report of the Childcare Underserved Areas Workgroup	VDSS	
Virginia Early Childhood Needs Assessment Report	JMU, VDSS	2014

Information on demographics and program capacity and enrollment was collected from various federal and state sources. The data sources, data elements used, and limitations of each dataset are listed in Figure A-2.

Figure A-2. Datasets Utilized

Data Provider	Data Source	Data Element(s)	Limitations
U.S. Census Bureau	American Community Survey (2007-2012, 2013-2017) Small Area Income and Poverty Estimates (2017) Rural Areas (2010 Census)	- Population size - Income (poverty, low income) - Race and ethnicity - Working parents - Locality urbanicity	Estimates of small populations have higher margins of error
Virginia Department of Behavioral Health and Developmental Services	Early Intervention Administrator (2016-2018)	Annual early intervention intake of children under age 3 - Demographic characteristics - Child age and locality at entry - Qualifying condition(s)	Data show new intakes, and not all children served
Virginia Department of Education	Fall Enrollment Reports (2018) VPI Program Summary Report (2018) SRI International (2018) December 1 Count (ECSE, 2018)	- Fall enrollment in all public preschool programs (VPI, VPI+, public Head Start, ECSE, Title I, local programs) - VPI locations, funded and utilized capacity, and waitlist - Children in public preschool with IEPs	Children with disabilities not fully counted due to rolling identification Not all programs maintain wait lists
Virginia Department of Health	Division of Health Statistics (2013-2017) Child and Adult Care Food Program (CACFP, 2018)	Live births (total) - To teen mothers (< age 18) - To parents with < HS degree - To unmarried parents - Paid for with Medicaid - Low birth weight - Premature birth - Congenital anomalies at birth - Maternal substance use during pregnancy CACFP: information on number, type, and location of providers participating in CACFP.	Applies only to births within Virginia, and cannot account for migration into or out of the Commonwealth Information on average daily participation of children and CACFP expenditures specific to children were not available.
Virginia Department of Social Services	DOLPHIN Licensing System (2019) Child Care Subsidy Program (CCSP, 2019)	- Formal childcare programs by type, licensing status, participation in CCSP, and ages of children accepted - Children supported by a child care subsidy, by personal and family characteristic and location	Limited ability to determine slots for children under age 5, as capacity often has wide ranges of ages accepted CCSP data for all ages
Virginia Head Start Collaboration Office	Program Information Report (PIR) System (2017-2018)	- Location of Head Start and Early Head Start sites - Number of seats funded by site	Information on seats utilized by location and waitlists for each provider were not available

Component 2: Primary Data Collection

In order to gather diverse perspectives from families, community leaders, and educators on early childhood care and education (ECCE) in Virginia, the study team collaborated with staff members in eleven Smart Beginnings regions to recruit participants for interviews and focus groups. Smart Beginnings communities were selected to best reflect the geographical and racial diversity of the state of Virginia. Each Smart Beginnings site was provided with a list of target localities for recruitment, in an effort to more accurately mirror the population of Virginia (see Figure A-3). Communitas provided each Smart Beginnings contact person with the following recruitment materials in English and Spanish: flyer, letter to parents, and content for a Facebook post. The recruitment materials included an online link to sign up for interviews. The interviewer called each interviewee who signed up to confirm eligibility as well as the date and time of the interview. In the event that no one picked up the call, the interviewer left a voice mail, or sent a text message or email.

Figure A-3. Target Localities for Primary Data Collection

Legend	Smart Beginnings Coalition *Mixed delivery sites ^Additional target localities ~Not part of Smart Beginnings *Overlaps with PDG Pilot Sites*
	Greater Prince William *~Fauquier ^Prince William Co.
	Greater Richmond **Chesterfield Co.* ^Charles City Co., New Kent Co., Richmond City.
	Harrisonburg/Thomas Jefferson Area **Harrisonburg City*, Rockingham Co., *Albemarle Co., Charlottesville, VA*
	Rappahannock **Spotsylvania Co., Stafford Co.*
	Western Tidewater ^Isle of Wright, Southampton Eastern Shore ^Accomack Co., Northampton Co. Southeast ^Greensville Co., Surry Co., Sussex Co., Emporia City
	Greater Roanoke **Botetourt Co., Craig Co., Franklin Co., Roanoke Co., Roanoke City, Salem City* ^Rockbridge Co., Buena Vista City, Lexington City
	Martinsville Henry ^Henry Co., Martinsville City Southwest **Carroll Co., Russell Co., Tazewell Co., Wythe Co., Bristol City*

Family and Community Leader Interviews

During the initial recruitment and interview period in April 2019, 61 interviewees signed up for an interview and 46 phone interviews were completed, one in Spanish and the rest in English. An attempt was made to reach all those who signed up for interviews. All those who completed an interview were mailed a $25 Walmart gift card. After the original recruitment and interview period, three additional Spanish-speaking interviewees were recruited via an early childhood educator on the Impact Workgroup of the School Readiness Committee and completed interviews, bringing the total to 49 family and community leader interviews for the needs assessment. Of the 49 phone interviews, 29 were with parents or guardians of at least one child younger than school age, and the remaining were with community leaders. Figure A-4 depicts the ZIP codes represented by community leaders, and Figure A-5 depicts ZIP codes represented by families with young children. The number of pins is less than the total number of interviews because there may be multiple interviewees from one ZIP code.

Figure A-4. ZIP Codes of Community Leaders Interviewed

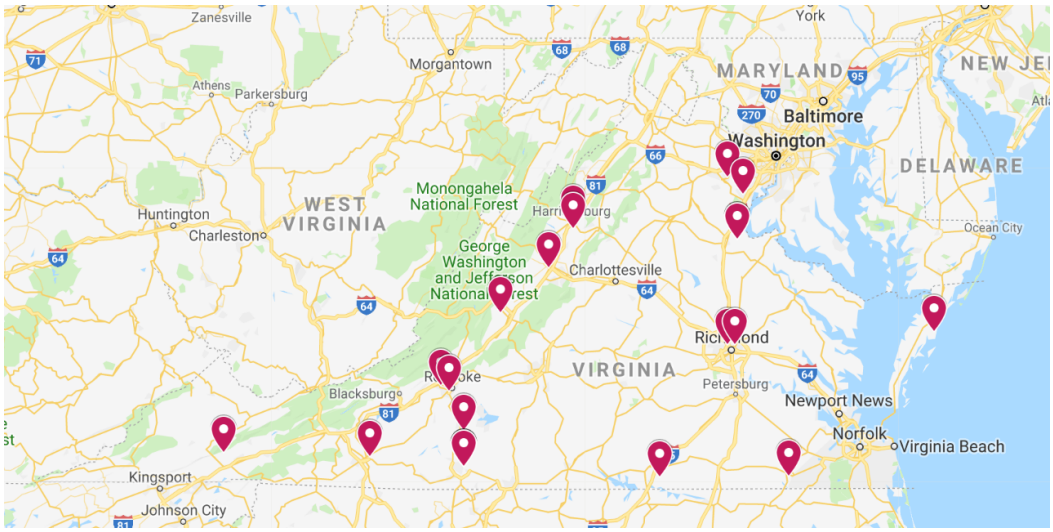
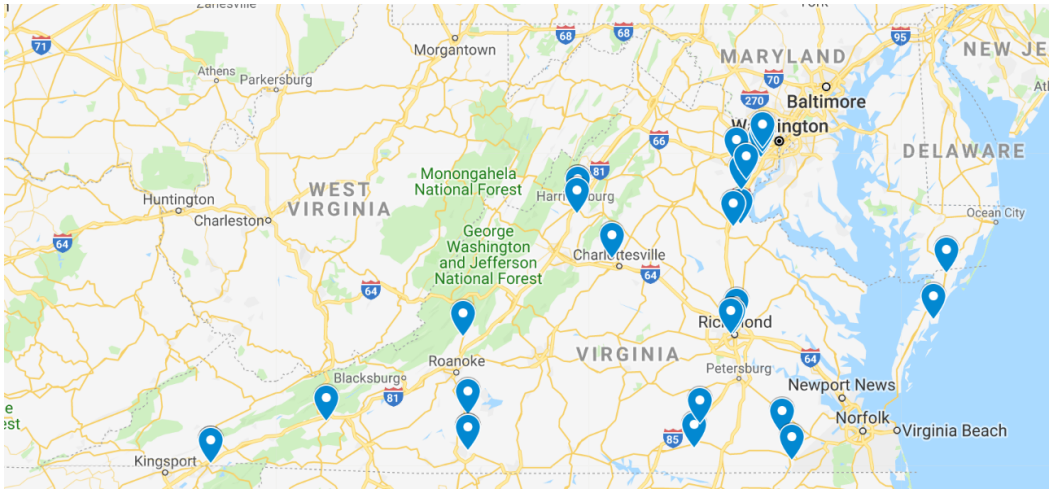


Figure A-5. ZIP Codes of Families of Young Children Interviewed



Educator Focus Groups

Two focus groups were conducted with each of the following groups in an urban and a rural location: center directors of public ECCE programs, educators of ECCE programs, and family day home providers participating in the child care subsidy program. Figure A-6 depicts the number of participants in each focus group. All those who participated were given $50 cash following the 60 minute focus group. Dinner and child care were also provided.

Figure A-6. Number of focus group participants

	Urban Community	Rural Community
Center directors	5	7
Center educators	9	8
Family day home providers	3	5

The Communitas Consulting team also conducted six interviews with state-level ECCE stakeholders, three interviews with subject matter experts in early childhood integrated data systems, and one focus group with VECF mixed delivery grantees. These stakeholders were recruited by VECF. The mixed delivery grantee focus group was held in the evening following a previously scheduled mixed delivery conference.

There are limitations with any data collection method. Because families and community leaders were recruited by Smart Beginnings partners, those that participated in interviews may be more engaged with ECCE than the general public. With any interview, there is the possibility for social desirability bias, when an interviewee tells the interviewer what they think the interviewer wants to hear or what they think is the “right” answer. To minimize this bias, interviewers asked questions in ways that allowed for description without a clear "right" answer.

Component 3: Data Analysis and Synthesis

Each community leader and family interview was recorded, transcribed, and coded. The study team then elicited themes by assessing the frequency of code, the number of transcripts that contained a certain code, the content of the coded excerpts, and how different codes related to one another. The focus groups, state-level stakeholder interviews, and data expert interviews were not transcribed; rather the interviewer and an independent observer each took notes during the interview. The notes were summarized and included in the report. Illustrative quotes that represented themes that emerged were incorporated throughout the report within the secondary data presentation to which the quote was related.

Appendix B: Early Childhood Indicators by Region

	All Virginia	Northern	Tidewater	Central	Valley	Western	Northern Neck	Southwest	Southside	Indicator Source Details
Child Indicators										
Children age 0-4	509,922	192,342	109,477	71,794	41,330	32,890	29,438	21,688	10,963	U.S. Census ACS, 2013-2017
…in low-income homes (<200% of poverty)	183,108 (36%)	45,331 (24%)	47,258 (43%)	28,319 (39%)	17,746 (43%)	16,301 (50%)	9,628 (33%)	12,136 (56%)	6,390 (58%)	U.S. Census ACS, 2013-2017
…in rural areas	60,297 (12%)	11,945 (6%)	4,035 (%)	293 (0%)	3,624 (9%)	10,639 (32%)	5,101 (17%)	16,098 (74%)	8,562 (78%)	U.S. Census ACS, 2013-2017 & U.S. Census Rural Designation, 2010
…with all parents employed	339,922 (67%)	126,835 (66%)	71,237 (65%)	51,363 (72%)	28,146 (68%)	22,457 (68%)	18,384 (62%)	13,683 (63%)	7,720 (70%)	U.S. Census ACS, 2013-2017
Live births	520,660	191,844	113,402	72,570	46,169	31,573	31,707	21,075	12,320	Virginia Dept of Health, 2013-2017
…low birth weight	42,066 (8%)	13,470 (7%)	10,212 (9%)	6,542 (9%)	3,334 (7%)	2,801 (9%)	2,551 (8%)	1,799 (9%)	1,357 (11%)	Virginia Dept of Health, 2013-2017
…mother smoked while pregnant	30,717 (6%)	4,217 (2%)	5,835 (5%)	4,631 (6%)	3,922 (8%)	2,797 (9%)	2,770 (9%)	4,970 (24%)	1,575 (13%)	Virginia Dept of Health, 2013-2017
Program Indicators										
ECCE capacity	372,794	139,119	79,896	65,418	26,239	25,255	19,373	11,968	5,526	*See the three following rows*
…public enrollment	34,652 (9%)	9,806 (7%)	8,858 (11%)	4,374 (7%)	3,178 (12%)	2,993 (12%)	1,785 (9%)	2,286 (19%)	1,372 (25%)	Virginia Dept of Education, Fall 2018
…Head Start capacity	15,168 (4%)	2,915 (2%)	2,617 (3%)	1,736 (3%)	1,442 (5%)	1,721 (7%)	951 (3%)	2,039 (17%)	577 (10%)	Virginia Head Start Collaboration Office, 2017-18 Program Summary
…private capacity	324,144 (87%)	126,398 (91%)	68,421 (86%)	59,308 (91%)	21,619 (82%)	20,541 (81%)	16,637 (86%)	7,643 (64%)	3,577 (65%)	Virginia Dept of Social Services, February 2019 Licensing
…seats per 100 children age 0-4	73	72	73	91	63	77	66	55	50	Ratio of ECCE capacity compared to child population estimates (above)
Quality-rated capacity	49,517 (13%)	11,183 (8%)	13,737 (17%)	5,476 (8%)	4,356 (17%)	6,551 (26%)	4,600 (24%)	3,137 (26%)	447 (9%)	Virginia Early Childhood Foundation, Virginia QRIS, April 2019
Early Intervention new intakes	10,364	3,599	2,151	1,392	1,064	734	710	517	197	Virginia Dept of Behavioral Health and Developmental Services, 2018
Subsidy program participation (all ages)	28,945	7,342	8,584	4,951	2,166	2,891	1,649	986	375	Virginia Dept of Social Services, 2018
Child-serving programs using CACFP	4,495	2,202	840	686	175	238	125	189	40	Virginia Dept of Health, 2018

Appendix C. Public ECCE Programs & Simplified Eligibility Criteria

Program	Age(s) Eligible	Additional Eligibility Criteria (eligible with any of the following factors)	Enrollment or Seats in 2018
Public Funds, Private Programs			
Child Care Subsidy Program	Age 0-17; most 0-12	- TANF or SNAPET recipient - Enrolled in Head Start - Family need for child care support in order to pursue education/training, employment, to receive CPS support, or a state-approved activity - U.S. citizen or qualified alien - Income less than 250% of poverty, with temporary increases (e.g., a bonus, overtime, commission) less than 85% of state median income, based on family size	10,579 (age 0-4) 28,945 (all ages)
Public Preschool Programs (including privately run VPI and Head Start sites)			
Virginia Preschool Initiative (VPI)	Age 4	- At or below 200% of the federal poverty level - Experiencing homelessness - Parent did not complete high school - Disability/delay (350% federal poverty level) - Additional criteria set by local school divisions	17,657
VPI+	Age 4	- At or below 200% of the federal poverty level	1,485
Early Head Start	Age 0-2	- At or below 100% of the federal poverty level - Experiencing homelessness - In foster care - Family receiving TANF or SSI - Up to 10% of children may have income above the threshold - Up to 35% of children may have income up to 130% of the federal poverty level if they meet the other criteria - Additional Native American children may enroll without meeting the criteria above	15,168 (2,395 EHS, 11,603 HS, 1,170+ home-based seats)
Head Start	Age 3-5		
Early Childhood Special Education (ECSE)	Age 2-5	- Disability or developmental delay in one of 13 categories, including autism, deaf-blind, emotional disability, hearing impairment, learning disability, intellectual disability, orthopedic impairment, speech of language impairment, visual impairment, or traumatic brain injury - Eligibility determined based on review of the child's aptitude or academic testing, physical condition, parent and teacher input, and adaptive behaviors	10,330
Local Programs	Varies; primarily serve age 4	- Eligibility is locally set and varies by school division. Many local programs serve children from households with low incomes or a single, incarcerated, or military deployed parent, or children who have experienced abuse/neglect, have developmental delays, or are dual language learners	3,394
Title I	Age 2-5	- Attend a school in a high-poverty area (schoolwide) - Be identified through screening and assessment as at risk of failing to meet academic standards - Participated in Head Start, Title I, or a Part C migrant education program at some point in the last 2 years - Experiencing homelessness - In a local institution or attending a community day program for neglected children and youth	1,786

Appendix D. Synopsis of Smart Beginnings Strategic Plan Major Themes, 2019

PRIORITY AREAS FROM 14 STRATEGIC PLANS (2015-2019)

12 plans – Improve family awareness, engagement, access, and enrollment in ECCE
11 plans – Increase public-private collaboration and coordination
11 plans – Increase availability of quality ECCE
9 plans – Improve collection, utilization, and sharing of data
8 plans – Develop sustainable funding models
8 plans – Support successful transitions to kindergarten
8 plans – Develop and reward child care workforce

OBSERVATIONS

- ☐ Greatest number of strategies focus on connecting families to care via outreach, engagement, and expanded services
- ☐ Family support and child well-being emphasized as integral to ECCE
- ☐ Collaborative structures at local level largely informal coalitions
- ☐ Impact with families relies heavily on voluntary collaboration with local nonprofit and public social services, educators, and local government
- ☐ Desire for use of data for decision making and assessment greater than Smart Beginnings capacity
- ☐ Limited use of advocacy for changes in regulations, programs, or policies described
- ☐ Quality concerns addressed largely through professional development
- ☐ Focus on screenings, early literacy, and awareness to improve transition from Pre-K
- ☐ Diversity of approaches reflect distinct communities, needs, priorities, structures

DETAILED FOCUS AREAS AND STRATEGIES

PRIORITY AREA 1: Improve Access to and Enrollment in Quality Care for Families (12 plans)

Increase Awareness of ECCE

- ☐ Communicate value of ECCE (and reading, literacy) through web, social media, reading workshops, community, toolkits (6)
- ☐ Increase interagency referrals and enrollment, informed decisions (5)

Support the Whole Family

- ☐ Increase & track awareness of and access to early intervention & health services, mental health, developmental evaluations (5)
- ☐ Promote use of Ages & Stages Questionnaire (4)
- ☐ Increase home visiting programs & access to evidence-based programs and practices supporting healthy pregnancy (3)

Increase Number of Families with Equitable Access to Quality Care

- Coordinate Virginia Quality (2)
- Promote early Head Start; explore 3-year old Pre-K, VPI (2)
- Provide equitable offerings of high-quality early development and learning experiences to all (children who are homeless, etc.) (2)

Engage Families

- Engage families in shaping policies and practice, ambassadors (3)
- Support parent education (2)
- Communicate in native languages and respect diverse cultures (1)
- Support families access to information, social networks, and resources (1)

PRIORITY AREA 2: Increase Public-Private Collaboration and Integrated Systems (11 plans)

Create Cross-Sector Leadership & Approach

- Establish effective public private collaborative leadership structure for efficiencies (3)
- Partner and create shared vision for collective impact among system stakeholders (2)

Coordinate Offerings for Families

- Develop comprehensive local ECCE system, and pathways between programs (3)
- Build relationships with providers (health care system, home visitors) for seamless system and sharing among partners (3)

PRIORITY AREA 3: Increase Availability of Quality ECCE (10 plans)

- Promote the use of Virginia Quality for centers, providers, & Head Start/VPI classrooms (8)
- Create pathways that strengthen quality & sustainability of child care providers (2)
- Increase availability & access to quality early learning (2)
- Track quality improvements of programs & link to training (CLASS/PALS Pre-K training) (2)
- Promote use of evidence based/informed strategies to improving quality of early learning settings.

PRIORITY AREA 4: Improve Collection, Utilization & Sharing of Data (9 plans)

Improve Data Collection Systems

- Improve collection, use, & promotion of data for collaborative planning & accountability (6)
- Regularly measure/track program results & indicators of school readiness (4)

Align Practice with Findings

- Adopt data driven decision making for establishing need, efficacy of investments (4)
- Use PALS-PreK scores & data to inform professional development & support to Pre-

- Use data to help families make informed decisions about quality ECCE programs (2)
- K programs (2)
- Link programs with community indicators, dashboard (2)
- Improve availability of evidence-based programs (1)

Address Program Data Sharing & Collection Capacity

- Evaluate client data tracking capacity (1)
- Share data between agencies (1)
- Strengthen capacity of service providers to collect and use data (1)

PRIORITY AREA 5: Increase Funding for ECCE (8)

Diversify Funding Sources

- Develop diverse fundraising portfolio and plan for sustainability (5)
- Leverage private and local government funds and partnerships (3)
- Strengthen board fundraising role (3)
- Support funding collaborations for licensed care and startups (1)
- Advocate for additional funding for Virginia Preschool Initiative (VPI) and Head Start (2)

PRIORITY AREA 6: Facilitate Transition to Kindergarten (8)

- Promote the use of developmental screenings (5)
- Support early reading programs, events, & campaigns supporting reading to children (3)
- Increase the number of children who have adequate pre-literacy skills by the time they enter kindergarten (2)
- Support outreach programs in schools & communities (2)
- Provide resources & materials that support children's health, nutrition, & safety

PRIORITY AREA 7: Develop and Reward Child Care Workforce (8)

- Adopt professional learning competencies around developmentally appropriate & culturally responsive expectations for EC educators (4)
- Expand professional learning opportunities & career advancement to reach all centers, homes, & providers (3)
- Link mastery in core competencies to higher compensation (1)
- Support professional learning in alignment with quality indicators (1)

Appendix E. Strengths, Weaknesses, Challenges, and Opportunities in Virginia ECCE

Strengths

Strength	Source
Child Outcomes	
Mixed delivery pilots demonstrate progress	Hawkinson et al. (School Readiness Consulting, 2019). *Draft Mixed Delivery Evaluation Final Report.*
VPI+ improves math, literacy, and self-regulation gains	Hamre, Mulcahy, Lhospital (UVA-CASTL, 2018). *Increasing the Impact of Preschool in Virginia.* Page 9.
Prevention Resources	
Evidence-based home visiting is effective	"Home Visiting Evidence of Effectiveness." U.S. Department of Health and Human Services. https://homvee.acf.hhs.gov/outcomes.aspx.
Family support increases access to health services	Hamre et al. (UVA-CASTL, 2018). Page 18.
Data & Metrics	
Progress on statewide system	Efforts to build the Virginia Longitudinal Data System (VLDS), https://vlds.virginia.gov/.
Financing	
Recent Child Care Subsidy Program (CCSP) rate increase to 70% market rate	Theis (2019). *Virginia's Child Care Subsidy Program: 2018 Market Rate Survey Report*. Page 4.

Weaknesses

Weakness	Source
Child Outcomes	
40% of children not fully ready for kindergarten	Williford. "Early Childhood Education Update: Presentation for the Joint Subcommittee on VPI." Slide 13.
Access	
Insufficient public Pre-K slots	Hawkinson et al. (School Readiness Consulting, 2019). *Mixed Delivery Evaluation Final Report DRAFT.*
High cost and limited hours of public Pre-K	Hawkinson et al.
Greater distance discourages participation in rural areas	Harris et al. (JMU, 2014). *Virginia Early Childhood Needs Assessment Report*. Page 2.
Workforce	
Inconsistent teacher training approaches	*Improving Virginia's Early Childhood Development Programs* (JLARC, 2017). Page 27.
Lack of standard teacher evaluations	JLARC, 2017. Page 27.
Data & Metrics	
Unclear link between Virginia Preschool Initiative (VPI) and kindergarten readiness	JLARC, 2017. Page ii.

Weakness	Source
Inconsistent success measures	*Virginia's Early Childhood Success Act* [Overview] (VECF, 2019). Page 2: the Act will "Create a uniform quality rating and improvement system for publicly-funded programs."
No data on unlicensed and unregulated providers	*Report of the Child Care Underserved Areas Workgroup* (VDSS, 2017). Page 3.
Insufficient data on number of available quality slots	VDSS, 2017. Page 3.
Quality	
Low and declining Child Care Subsidy Program (CCSP) participation	Kids Count Data Center. 2014-2018. "Number of Children Receiving Child Care Subsidies in Virginia."
No financial incentives for continuous quality improvement, participation in Virginia's quality rating and improvement system	Theis (2019). *Virginia's Child Care Subsidy Program: 2018 Market Rate Survey Report*. Page 5.
Financing	
CCSP rates at below monthly costs and market rate	Theis, page 4.
Delayed reimbursement discourages CCSP participation	Theis, page 5.

Opportunities

Opportunity
Access
☐ Centralized information and registration can increase enrollment ☐ Word of mouth and home visitors are drivers to care ☐ Family day care may be more viable in rural areas
Data & Metrics
☐ Current preschool development grant (PDG) provides an opportunity to improve data systems
Financing
☐ More integrated financing of multiple funding streams at the state and local level ☐ Support use of federal Child and Adult Care Food Program (CACFP) for nutrition and businesses
System Coordination & Leadership
☐ Proposed 2019 legislation and advisory committees recommend study on unifying system ☐ Support for improved early childhood outcomes in legislature

Challenges

Challenge
Child Outcomes
☐ Children living in extended periods of poverty ☐ Persistent racial, income, and geographic disparities
Workforce
☐ Poor compensation for teachers ☐ Difficulty recruiting ☐ Discrepancy in pay rates in family, private, public care
Data & Metrics
☐ Poor data quality results in inaccurate outcome reports ☐ Limited data and analytic capacity at state
Quality
☐ Tension between high quality, cost, and convenience
Financing
☐ Fraction of state dollars outside of Medicaid support early childhood care and education ☐ Variation in access to federal, private, local funds in school districts
System Coordination & Leadership
☐ Federal policy determines local guidelines ☐ No guiding vision or governance framework for Commonwealth ☐ No formal authority to drive system improvements

Appendix F. Key Early Childhood Care and Education (ECCE) Definitions

Term	Definition	Accessible Definition	Source Notes
Vulnerable children	Children who are at increased risk of being unprepared for success in kindergarten due to developmental delays, trauma or adverse childhood experiences, being English language learners, health, and/or environmental conditions such as insufficient income, housing, parental education, or safety at home.	Children who are less able to thrive in childcare or school due to social or emotional obstacles, health concerns, or insufficient family or community resources.	Synthesized based on research literature, https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/CCO-TP2-Defining-Vulnerability-Cordis-Bright-2.pdf.
Rural	Any area not included in an urbanized area (of 50,000 or more people) or urban cluster (of between 2,500-50,000 people) in the United States.	Areas with populations of fewer than 2,500 people.	https://www.census.gov/geo/reference/urban-rural.html (defined by Census block-level data every 10 years)
Kindergarten readiness	"A ready child is prepared socially, personally, physically, and intellectually within the developmental domains addressed in Virginia's six Foundation Blocks for Early Learning: literacy, mathematics, science, history and social science, physical and motor development, and personal and social development. Children develop holistically; growth and development in one area depends upon development in other areas."	Children are ready for success in kindergarten when they have the social, emotional, and intellectual abilities to fully engage in learning with and among peers.	http://www.doe.virginia.gov/early-childhood/school-readiness/va_school_readiness_definition.pdf
Quality early childhood care and education (ECCE)	The National Association for the Education of Young Children (NAEYC) suggests that a "high quality early childhood program provides a safe, nurturing environment that promotes the physical, social, emotional and cognitive development of young children while responding to the needs of families." Quality for early care and education for children ages 0-5 is multidimensional and dynamic, including curriculum and assessment, teacher-child interaction, teacher preparation and professional development, a safe environment, child to adult ratios, and family engagement.	High quality early childhood care and education programs provide a safe and nurturing learning environment for children and respond to the needs of families.	Bredekamp, Sue. (1987). "Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8." NAEYC: Washington, DC. https://www.naeyc.org/our-work/families/10-naeyc-program-standards
ECCE Availability	ECCE availability means that there are sufficient opportunities for children to enroll in quality care in a given geographic area, an inclusive and welcoming environment, and the types of services needed at the hours, locations, quality level, and affordable price points that meet families' needs and support the child's development, within reasonable limits of effort and affordability.	Early care and education is available and accessible when it is affordable, convenient, welcoming, high quality, and attentive to family needs.	Based on Child Trends *Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers* (2017). At https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_213_b508.pdf.

For questions, comments, or to provide feedback on this report, please contact the Virginia Early Childhood Foundation at info@vecf.org.