Report of the

Child Care Underserved Areas Workgroup

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Division of Child Care and Early Childhood Development

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Introduction

In 2014, the President signed the Child Care and Development Block Grant Act of 2014, reauthorizing the federal Child Care and Development Fund (CCDF) that provides states with resources to 1) help low-income parents afford child care while they work or pursue education and training and 2) to enhance the quality of child care for all children. The reauthorization sets forth many new requirements, including the expectation that states have in place strategies to meet the needs of specific target populations: children in underserved areas; infants and toddlers; children with disabilities; and children in need of care during nontraditional hours.

While Virginia has numerous strategies in place, the Virginia Department of Social Services (VDSS) wanted an up-to-date assessment of the current state of child care needs among localities and target populations. To do so, the VDSS Division of Child Care and Early Childhood Development convened a workgroup of stakeholders from across the state to:

- Evaluate and, to the extent possible, quantify the child care needs of these specific populations in Virginia.
- Identify potential strategies to increase the supply and quality of child care for these populations.
- Share ideas and form collaborations to implement selected strategies.

Process

The workgroup, which was comprised of representatives from child care licensing, community action agencies, early childhood coalitions, Child Care Aware of Virginia (CCA-VA), Child Care Aware of America's Virginia Military Liaison, higher education, childcare providers, parent groups, Head Start, and state and local departments of social services, met multiple times in 2016. To allow for more in-depth exploration of each focus area, the larger group divided into the following smaller sub-groups: Underserved Areas, Infants and Toddlers, Care during Non-Traditional Hours, and Children with Special Needs. Information and data reviewed by the workgroup included:

- Maps and data related to supply and demand by type and quality indicator;
- Survey of military families;
- Survey of providers serving infants and toddlers;
- Survey of providers serving children with special needs; and

- Data from various programs, studies and states.

It is important to note that the workgroup and sub-groups collected data from multiple entities and sources, for varying purposes, and addressing different timeframes. Because of this, all data elements referenced within the report may not perfectly align. While this may preclude specific detailed interpretations, the data were valuable and useful to the workgroup in formulating its strategies and recommendations.

VDSS appreciates the many stakeholders that participated in the needs assessment process, and their diligent work to identify issues, engage in detailed discussions concerning the issues, obtain and share data, interpret that data, and develop recommended strategies and courses of action.

Supply and Demand

There are various challenges to measuring child care supply. One is that capacity data is not available for unlicensed and unregulated providers, though it is clear that these providers serve a portion of Virginia's children. Another is that it is not possible to determine precisely how many slots are available for infants and toddlers, children with disabilities, or children in need of care during non-traditional hours. Data on the quality of existing capacity is also limited. Roughly half of all known providers are licensed centers or family day homes and it is estimated that these providers account for 71% of capacity[i].

As a measure of estimated demand, the number of children ages birth to five with all available parents in the workforce was obtained from the United States Census. This is not a precise measure of demand because it includes some children who are being cared for by family or other unregulated providers and are, therefore, not in need of care from the providers that are included in the capacity count. It also excludes school-age children who are in need of care before and after school.

The data sources that were reviewed nevertheless suggest:

- Virginia child care providers have the capacity to serve less than 90% of children ages birth to five with all available parents in the workforce.
- The Western and Piedmont Regions, which are more rural, have proportionately more localities with fewer child care resources, combined with high rates of childhood poverty.
- Across Virginia, the supply of child care for infants and toddlers is insufficient to meet the need, as is the supply of care for children with disabilities.
- Of those providers who indicate that they can serve children with disabilities, not all are able to serve children who require higher levels of accommodation.
- Some families prefer family day home settings over centers for infants and for care during non-traditional hours, particularly overnight.
- Family day homes may be more economically viable in rural, less populated communities.

Target Populations

It is important to remember that not all slots in programs serving children ages birth to 17 are available for children ages birth to 5, so actual capacity to serve children ages birth to 5 is less than indicated by these estimates. Also, there are pockets in the state where there is little to no regulated care available; therefore, data supporting the need for and availability of services by target population is more general.

Concentrated Poverty

The Census Bureau defines "poverty areas" as census tracts with poverty rates of 20% or more. Statewide, 15.9% of Virginia's children live below 100% of the federal poverty line.[ii] At the time of this review, there are 70 localities in Virginia with child poverty rates of 20% or greater and 91 localities with child poverty rates that exceed the state average. When looking at child poverty rates for children ages birth to 17, Virginia has 10 localities in four of five regions where child poverty rates are between 33%-42%. It also has 10 localities within those same four regions where subsidy enrollment rates among children estimated to be ages birth to 5 are between 27%-37%.

The US Department of Health and Human Services has determined that, to be affordable, child care should not exceed 10% of a family's income. In Virginia, a married family pays an average of more than 12% of household income for center-based infant care and 10% for home-based infant care. The percentage for two children increases to 24% and 18%, respectively.[iii]

Care for Infants and Toddlers

The infant and toddler years are critical for young children's healthy cognitive, linguistic, social, and emotional development. Forty-two percent of infants and 52% of toddlers spend time in a non-parental child care arrangement in a center or home-based setting.[iv] Infant and toddler care requires a lower child to staff ratio and additional space resources, driving up the cost of care. This limits profitability for providers and makes it expensive for families. Higher quality is generally associated with higher cost.

While available data does not capture child care slots by specific age, a survey of 1,200 providers who care for children less than 29 months old was conducted by Child Care Aware of Virginia (CCA-VA) on behalf of the Workgroup. Approximately 89% of respondents have a waiting list for infant/toddler care, with nearly as many on the waiting list as are being served. The survey also determined that 32% of respondents do not accept child care subsidy funds for infants and/or toddlers.

Care during Non-Traditional Hours

The Urban Institute[v] reports that, nationally, 23% of all working parents with children under age 13 worked during Non-Traditional Hours (NTH) in 2010, with 11% working regular or regular rotating shifts and 12% working irregular shifts. Several reports indicate that parents working low-wage jobs are more likely to work during NTH, with 32% of mothers with household income under 100% of FPL working

NTH[vi] according to the Urban Institute and about half of low-wage hourly workers, according to a 2011 study.[vii]

Parents working NTH are more likely to rely on multiple types of child care arrangements, which often include the other parent or relatives, for child care. According to the U.S. Census, 33% of young children whose mothers work nonstandard schedules use multiple child care arrangements. While it is evident that some children in Virginia need care while their parents work evenings, overnight, irregular shifts, and/or on weekends, there is little state- or locality-specific data to quantify that need.

Care for Children with Special Needs

The workgroup reviewed data from Child Care Aware of Virginia showing the number and location of families requesting care for children with special needs mapped against the location of providers reporting that they offer care for children with special needs. The data revealed significant regional disparities in supply and demand, with far fewer providers available in rural areas of the state. There are providers that offer care for children with special needs in nearly all localities, though some rural localities have only one or two providers offering this type of care.

It was noted that specialized skills may be needed to adequately care for children with special needs, and the low wages and lack of benefits available to most child care providers may make it especially difficult to recruit and retain a qualified workforce. Also, it may be helpful connecting to existing collaborations, such as *Advocates for Equity in Schools* and the Center for Family Involvement's *Family 2 Family* network, and/or seeking out collaborations with other family organizations in the state to gain input from families about their needs and how the system can be improved to better meet their needs.

Strategies

Thirty-two potential strategies emerged from the sub-groups' analyses, which fell into the themes of:

- Training and Technical Assistance for Child Care Providers;
- Recruiting Qualified Child Care Providers;
- Rates/Funding;
- Policy;
- Coordination and Partnerships;
- Networks; and
- Parent Support and Information.

A number of creative solutions were suggested, including:

- Strategic use of the "Choose Wisely" communications campaign and user-friendly childcareva.com website.
- Creation of family day home networks to help member providers with business functions and to connect them with existing training and technical assistance resources.
- Using existing resources in new ways to reach underserved communities.

- More costly or longer-term ideas included raising reimbursement rates, using grants and contracts, and revisiting the current method of allocating resources by locality.

The sub-groups generated ideas that went beyond the boundaries of the Child Care Subsidy Program and there are other partner organizations that appear willing to step forward to collaborate or take ownership of some strategies.

The stakeholder workgroup considered multiple strategies and, while all were deemed important, five appeared to have the highest perceived priority:

1. Conduct a recruitment campaign for licensed family day homes to serve infants and toddlers, children with special needs, children who are homeless, children in need of care during non-traditional hours, military families, and underserved localities.
2. Get information out to unlicensed providers about the benefits available to licensed providers such as higher Subsidy Program reimbursement rates, Child and Adult Care Food Program eligibility, low interest loans, and eligibility for Virginia Quality.
3. Develop state-local partnerships to expand regulated child care for underserved areas and target populations.
4. Make access to training/technical assistance easier for all providers.
5. Use a Cost of Quality standard instead of Market Rate Survey to establish Child Care Subsidy Program reimbursement rates:
    a. Explore an alternative to the market rate survey to encourage start-up of new programs in underserved areas.
    b. Develop strategies for implementation across domains and/or targeted populations.

Next Steps

VDSS will evaluate the assessment results and recommendations, and in consultation with partner organizations, advance strategies to continue addressing underserved areas of the state.

II. Underserved Areas of the State: Estimating Supply and Demand

What do we mean by supply?

Child care in Virginia occurs in center-based and family day home-based settings. Child care in both settings can be 1) licensed, 2) unlicensed but regulated, 3) approved, and 4) unlicensed and unregulated. Capacity data is not available for the latter.

Virginia's Child Care System and Capacity By Type of Program VDSS Licensing Data, October 2016		
	Center-Based	**Family Day Home-Based**
Licensed	Child Day Center • Estimated capacity of 246,735 • 67% of total known capacity	Family Day Home • Estimated capacity of 14,359 • 4% of total known capacity
Unlicensed but Regulated or Registered	Religiously Exempt Child Day Centers • Estimated capacity of 82,260 • 22% of total known capacity Certified Preschools • Estimated capacity of 686 • .2% of total known capacity	Voluntarily Registered Family Day Homes • Estimated capacity of 4,515 • 1% of total known capacity Family Day System (one in Northern Virginia)
Approved	Approved by Local Ordinance (Arlington) • Included in Licensed Child Day Center capacity counts Approved by Department of Defense • State generally does not monitor these providers	Approved by Local Ordinance (Alexandria, Arlington, and Fairfax County) • Estimated capacity of 10,030 • 3% of total known capacity
Unlicensed and unregulated	Facilities that are exempted from licensure per the Code of Virginia	Family, Friend and Neighbor care

Note: *Data from Division of Licensing Programs Help and Information Network (DOLPHIN) as of 10/2016; Local Ordinance Providers (LOP) counts were obtained from data provided to the state by local agencies. Capacity for the Voluntarily Registered providers has been calculated by using the maximum number of children that is allowed by Licensing. Capacity counts in this table represent all providers, including those serving school-aged children only.*

In addition, Virginia has three types of public pre-school programs, which generally do not operate from 6:00AM to 6:00PM, as a child care center might. The Virginia Preschool Initiative (VPI) serves four-year olds. Head Start serves children ages three to entry in kindergarten. Early Head Start serves children birth to 36 months. As of December 2015, these programs have a combined capacity of approximately 29,500 slots, the majority of which are not reflected in the table above. Head Start and Early Head Start have the capacity to serve approximately 12,800 children; 2,554 of these slots are located in community-based licensed centers and are included in the Center Based licensed capacity count in the table above. VPI enrollment in 2015-2016 was 18,356.[viii]

See www.childcareva.com for additional info about the criteria and standards for these types of care.

Supply

As a measure of estimated supply, capacity counts for center- and family-based providers who are licensed, unlicensed but regulated, or approved were obtained from the Virginia Department of Social Services' (VDSS) Research and Reporting Division. Capacity counts represent the maximum allowable slots as of December 2015. Capacity data is broken down into the following categories: programs that only serve children ages birth to five, programs that serve children ages birth to five and school-age, and programs that only serve school-age children. For the purpose of this analysis, providers serving only school-age children, totaling 58,075 slots, were removed from the estimate of supply. In addition, the number of Head Start, Early Head Start, and VPI slots were considered to determine how much of a locality's capacity was provided through these programs.

One limitation to this measure of supply is that capacity data is not available for unlicensed and unregulated providers, though it is clear that these providers serve a portion of Virginia's children. It is also not possible to determine precisely how many of these slots are available for infants and toddlers, children with disabilities, or children in need of care during non-traditional hours.

It is also difficult to quantify the quality of existing capacity. Roughly half of all known providers are licensed centers or family day homes and these providers account for 71% of capacity[ix]. When this analysis was being performed, there were 528 programs/providers participating in Virginia Quality,[x] approximately 16% of all eligible providers, and these providers served 8,036 children ages birth to 36 months.[xi] There were also 928 providers that had previously or were currently working with the Infant & Toddler Specialist Network to improve quality. [xii]

Demand

As a measure of estimated demand, the number of children ages birth to five with all available parents in the workforce was obtained from the United States Census. A number of states also appear to use this statistic to estimate demand. Practically speaking, this is a "less than optimal" measure of demand because it includes some children who are being cared for by family or other unregulated providers and are therefore not in need of care from the providers that are included in the capacity count and it excludes school-age children who are in need of care before and after school. However, using other possibilities, such as parental requests received by CCA-VA or a percentage of children ages birth to 17 with all available parents in the workforce, also had drawbacks. As a result, the work group opted to use the number of children ages birth to five with all available parents in the workforce as the closest proxy, understanding these limitations.

Estimating Unmet Need

To match, as closely as possible, the supply pool with the demand pool, the workgroup decided to eliminate from the capacity count those providers who only offer before and after school care and to

eliminate from the demand count children ages six to seventeen with all available parents in the workforce. Even with this adjustment, the estimate of supply includes some slots that are filled by school-age children and the estimate of demand includes children whose parents are not seeking care from the providers that are included in the capacity count. Working within these parameters, the intent of these estimates is to provide a starting point to identify localities with significantly less supply than demand among children most likely to be in need of full-day care. Further analysis and exploration at the local level would be necessary to gain a comprehensive understanding of each community's unique needs.

Findings: Underserved Areas in General

Statewide. Virginia's licensed, regulated, registered, and approved programs serving children birth to five, including Early Head Start, Head Start, and the Virginia Preschool Initiative (VPI), have the capacity to serve less than 90% of children ages birth to five with all available parents in the workforce. If Head Start, Early Head Start, and VPI are not counted toward capacity, less than 82% of the estimated demand can be met.

Virginia's Estimated Capacity & Demand							
Slots in programs serving birth to 5-year olds only	Slots in programs serving birth to 17-year olds	Slots in programs with no specified age range (voluntarily registered and local ordinance)	Slots in Head Start and Early Head Start (serving birth to 5-year olds)	Slots in VPI (serving 4- to 5-year olds)	Total slots in programs serving children ages birth to 5	Children ages birth to 5 with All Parents in the Workforce	% of Demand Met Statewide
1,144	285,589	19,612	14,198	17,959	338,502	374,721	90%
.34%	84.37%	5.79%	4.19%	5.31%			

Sources: DOLPHIN Capacity Report, December 2015
(Note- Head Start & Early Head Start Slots at Licensed Facilities were counted separately to avoid duplication)
Head Start Data by Grantee, May 2016
VPI Enrollment Report, FY 2015-2016
US Census American Factfinder GCT2302 Percent of Children Under 6 Years Old with All Parents in the Labor Force

It is important to remember that not all slots in programs serving children ages birth to 17 are available for children ages birth to 5, so actual capacity to serve children ages birth to 5 is less than indicated by this estimate. The estimate provides a general benchmark and allows for identification of localities and regions with significantly less estimated capacity than others around the state. Capacity figures in the following sections were calculated by dividing the number of slots available by the number of children ages birth to 5 with all parents in the workforce.

Regional. The fit between supply and demand varies widely by locality and by region. It is helpful to look at the number of localities within each region that have a great need for more care and regions with high numbers of localities that have relatively more capacity.

	Number of Localities Meeting 25% or Less of Estimated Need By Region	Number of Localities Meeting 100% or More of Estimated Need By Region
Central	1	3
Eastern	1	2
Northern	0	8
Piedmont	4	7
Western	1	3

It is also helpful to look at neighboring counties and cities together. That some localities have the capacity to serve more children than the estimated number in need of care residing in them may in part be attributable to inter-locality commuting. It is possible that in at least some of these cases, child care supply is located near areas of concentrated employment, and families who commute from the surrounding counties utilize care near or on route to their places of employment. An analysis of areas of high and low capacity by region does seem to support this theory. Even when combined, capacity remains notably low in some county-county and county-city groupings.

Central. Localities with higher than average capacity in the Central region include Hanover County (139%), Henrico County (111%), Middlesex (105%) and the City of Hopewell (104%). While Buckingham County (24%) has the lowest capacity in the Central Region, its residents may benefit from proximity to the relatively high capacity in Appomattox County (121%) and Albemarle/Charlottesville (119%) in the Piedmont Region. Other counties near Buckingham having relatively low capacity include Cumberland (39%), Prince Edward (43%), and Fluvanna (46%). Nearby Lunenburg County is second lowest in the Central Region at 26%, followed by King and Queen County at 28%. At 48%, neighboring King William County doesn't have much more capacity. Westmoreland (31%) and Northumberland (36%), which are on the low end, are near Richmond County (66%) and Lancaster County (84%).

Eastern. Greensville County in the Eastern Region is able to serve less than 10% of the estimated number of children in need of care when all known care including Head Start and VPI are counted, while the adjacent City of Emporia is able to serve 71%. Their combined capacity is 24%. At the other end of the spectrum is Gloucester (107%), which is near the relatively underserved counties of Matthews (32%) and King and Queen (28%). The City of Chesapeake (100%) is near the cities of Virginia Beach (86%) and Norfolk (82%) and the county of Suffolk (78%).

Northern. Northern Virginia appears to have the greatest overall capacity to meet estimated demand. The City of Winchester (Northern, 155%), surrounded by Frederick County (72%) and adjacent to the counties of Clark (104%), Warren (102%), and Shenandoah (84%), have a combined capacity of 93%. Fairfax County, Fairfax City, and Falls Church were consolidated for this analysis and have a combined

capacity of 128%. The City of Manassas (108%) and most other counties in Northern Virginia also have fairly high capacity, including Fauquier (129%), Greene (122%), Loudoun (111%), Spotsylvania (108%), Rappahannock (105%), Clarke (104%), Stafford (103%), and Warren (102%). The nearby counties of Culpepper (52%) and Orange (48%) have relatively low capacity and may be accessing some of the neighboring resources.

Piedmont. Rockbridge County (12%) and the City of Buena Vista (13%) both have very low capacity. They are in close geographic proximity to the City of Lexington, which has the capacity to serve 180% of its estimated need. At 25%, their combined capacity is still low.

Also in the Piedmont Region, Charlotte County (17%) is close to Appomattox (121%) and Campbell (108%), for a combined capacity of 80%. Alleghany County (25%) is another locality in the Piedmont Region with very low capacity; however, it surrounds the City of Covington, which has a capacity of 120%. Their combined capacity is 48%.

A well-served area in the Piedmont Region includes the cities of Salem (138%) and Roanoke (138%) which are surrounded by Roanoke County (73%) for a combined capacity of 105%. Charlottesville and Albemarle are at 119% combined and Lynchburg is at 113%. Further south, Appomattox (121%), and Campbell (108%) counties also have a high percentage of capacity to demand.

Western. The city of Galax in the Western region has an estimated capacity of 237%, which may be supporting demand from the neighboring counties of Grayson (27%) and Carroll (58%), although, numerically, the excess number of slots in Galax (162) doesn't come close to accommodating the number of slots needed to meet demand in Grayson (506) and Carroll (427). Their combined capacity is 42%. The City of Radford (151%) is near the counties of Pulaski (54%) and Montgomery (85%). Bristol (140%) is adjacent to Washington County (64%).

At a meeting in the Western Region in October 2016, it was noted that there were four families in Virginia receiving out-of-state subsidy authorizations, though West Virginia and Maryland will no longer pay Virginia providers to serve their families. Virginia plans to adopt that same practice, which may place a slightly increased demand on border localities' capacity. The capacity in neighboring states was not assessed for this report, but it is possible that families living near Virginia's borders may cross state lines for employment and/or child care.

The Impact of Head Start, Early Head Start, and Virginia Preschool Initiative on Capacity

It is clear that Head Start, Early Head Start and the Virginia Preschool Initiative (VPI) are important sources of early childhood care and education for many families throughout the state; however, these programs do not accommodate most full-time employment schedules. Localities where the majority of capacity is in these programs are likely in need of other part- or full-time child care options. Head Start, Early Head Start, and VPI account for 50% or more of available capacity in 14 localities.

Localities with 50% or More of Estimated Capacity Concentrated in Head Start, Early Head Start, and/or Virginia Preschool Initiative						
Locality	**Region**	**Total regulated capacity (includes child care providers, HS, EHS & VPI)**	**HS/EHS enrollment**	**VPI enrollment**	**Total HS, EHS, VPI**	**Percentage of supply that is HS, EHS & VPI**
Charlotte	P	106	55	54	109	103%
Highland	P	16	13	3	16	100%
Buchanan	W	259	192	46	238	92%
Rockbridge	P	142	91	30	121	85%
Dickenson	W	190	108	50	158	83%
Wise & Norton	W	770	331	179	510	66%
Patrick	W	238	82	69	151	63%
Buckingham	C	161	17	79	96	60%
Westmoreland	C	184	36	65	101	55%
Lunenburg	C	127	18	50	68	54%
Grayson	W	188	65	34	99	53%
Russell	W	347	71	110	181	52%
Franklin City	E	310	106	50	156	50%
Galax	W	280	110	29	139	50%

Key: C=Central, E=Eastern, P=Piedmont, W=Western (no Northern localities in this chart)
HS=Head Star, EHS=Early Head Start, VPI=Virginia Preschool Initiative

Note: For Charlotte County, the 103% figure is the result of variations in report run time periods.

Central. In Buckingham County, where Head Start, Early Head Start and VPI make up 60% of capacity, overall capacity drops from 24% to 10% without the three public preschool programs. Westmoreland County and Lunenburg County are similarly dependent on the three programs, with overall capacity dropping from 31% to 14% in the former and from 26% to 12% in the latter without them. Richmond County has no Head Start or VPI slots. Without Head Start, Early Head Start and VPI, King and Queen County, Northumberland County, and Cumberland County all have the capacity to meet 26% or less of the estimated need, and Prince Edward (28%), Amelia (33%), and King William (35%) drop below 40%.

Eastern. Franklin City is the only locality in the Eastern Region where 50% or more of capacity is in Head Start, Early Head Start and VPI, though Southampton is close at 47%. Overall capacity drops from 76% to 38% in Franklin and from 46% to 24% in Southampton if the three programs are not included in the count. Without Head Start, Early Head Start and VPI, Greensville County and the City of Emporia have the combined capacity to serve only 19% of estimated need, compared to 24% when those programs are counted. Without counting the capacity of the three public programs, the capacity falls below 24% in the counties of Surry, Mathews, and Brunswick and below 40% in Prince George, Dinwiddie, and Franklin City.

Northern. Head Start, Early Head Start and VPI make up less than 50% of capacity in all Northern Virginia localities. However, if these three programs are not included in capacity counts, six out of 25 localities would have the capacity to serve less than half of estimated need, including Fredericksburg (30%), Page (32%), Louisa (35%), Culpeper (36%), Madison (40%), and Rockingham (42%).

Piedmont. In the Piedmont Region, the counties of Charlotte, Highland, and Rockbridge, and the City of Buena Vista all have 50% or more of the estimated capacity concentrated in Head Start, Early Head Start and VPI. Capacity in Charlotte and Highland counties drops to 0% if these programs are not included.

To get a better understanding of the child care picture, it is helpful to look at some localities together, such as Rockbridge County, and the cities of Lexington, and Buena Vista. In these three localities, Head Start, Early Head Start and VPI make up a total of 201 of the 466 estimated slots, or 43% of combined capacity. Without these 201 slots, these localities would only be able to meet 23% instead of 29% of the combined estimated need.

It should be noted that Buena Vista's reported number of Head Start slots was altered to reach this calculation. This is because 104 Head Start/Early Head Start slots are reported in the City of Buena Vista; however, Buena Vista Head Start enrollment is 36, suggesting that some of these slots are serving the other localities that fall under the Total Action for Progress (TAP) Community Action Agency umbrella (possibly Botetourt, which has a reported zero Head Start/Early Head Start slots). For reference, TAP covers Roanoke City, Roanoke County, Vinton, Salem, Botetourt, Alleghany, Craig, Rockbridge County, Buena Vista, Covington, and Lexington. After reallocating the number of Head Start slots to 36 in Buena Vista and 68 in Botetourt County, the city has the capacity to meet 34% of estimated demand with the public programs and 18% without, while the county has the capacity to meet 76% of estimated demand with the programs and 69% without.

Craig County residents have few child care options within the county, with only one preschool and Craig County Child Care Center, which is subsidized by the county and co-located in a program for seniors. There are no licensed or regulated family providers in Craig County. The City of Roanoke is the nearest work hub, so it is possible that Craig County residents are obtaining care in the City of Roanoke, near their places of employment rather than near their homes. When the capacity of Craig County, Roanoke County, and Roanoke City are combined, the area can meet 99% of estimated need, dropping to 83% if Head Start, Early Head Start and VPI are removed. Craig County does not have any VPI slots.

Western. In the Western Region, Head Start and Early Head Start account for more than 50% of available capacity in the counties of Buchanan, Dickenson, Wise-Norton, Patrick , Grayson, Russell, and Galax. In Patrick County, which can only serve an estimated 11% of demand without Head Start, Early Head Start and VPI, one child care center recently announced it will be closing. If Head Start, Early Head Start and VPI slots are not included in the capacity count, Buchanan drops from overall capacity of 36% to 3%, Dickenson County from 56% to 9%, and Buckingham County from 24% to 10%.

The Rooftop of Virginia 2015 Community Needs Assessment, covering the counties of Carroll and Grayson and the City of Galax, reported on data from the 2014 Community Needs Surveys collected from Head Start parents at the end of the 2014 program year. Respondents indicated that child care is a need. During January and February 2015, current Head Start parents were surveyed. A total of 189 parents responded. Of these, 23 parents reported they would look for employment if they had child care and 44 reported needing more availability to Head Start and/or Early Head Start classrooms. With the closing of a private child care center in Independence, the Rooftop of Virginia needs assessment said there is a need for additional Early Head Start services for infants and toddlers, but it did not indicate whether or not the child care center provided Early Head Start before it closed. Poverty has increased in Grayson County by 5% since 2000 while the childhood poverty rate has risen by 9%. In Carroll County, which has an estimated capacity of 58% with Head Start, Early Head Start, and VPI (dropping to 40% without), a state delegate reported being aware of the difficulty of finding child care there, saying that he relied on family, friend and neighbor care when his children were little.

Comments from state and local stakeholders also indicate that there are pockets in the state where there is little to no regulated care available:

- Craig County has 5,000 residents and 2 child care centers. One is a non-profit organization connected to an adult day program where care is subsidized by the county.
- Highland County has only one regulated provider and stakeholders report that the counties of Bath and Highland in the Piedmont Region, and Giles County in the Western Region rely heavily on unregulated family, friend, and neighbor care.
- It was suggested by one stakeholder with knowledge of child care resources around the state that Harrisonburg, Williamsburg, Fredericksburg, and Spotsylvania have a lot of unregulated care, possibly because of zoning restrictions.

Risk Factors by Region

To help identify areas that have fewer resources and potentially greatest need, the following indicators were considered risk factors:

- Capacity to serve 50% or less of estimated need
- A large percentage of available capacity is Head Start, Early Head Start and/or VPI, which are not full day programs
- Child poverty rates of 20% or greater
- Low subsidy participation compared to estimated number of children ages birth to five in poverty

In the Western Region, a higher than average percentage of localities experience more than one of these risk factors, while Northern Virginia appears to be faring better overall than the other regions. The other three regions fall closer to the state average. The following table presents these risk factors by region.

Risk Factors by Region						
	Total # of localities	#(%) w/ capacity to meet 50% or less of the need w/ HS and VPI	#(%) of localities w/ capacity to meet 50% or less of the need w/o HS and VPI	#(%) of localities w/ child poverty rate 20% or higher		% of children ages birth to 5 in poverty participating in subsidy (not a percentage of localities)
Central	28	11 (39%)	12 (43%)	15 (54%)		13%
Eastern	25	7 (25%)	7 (25%)	14 (56%)		16%
Northern	25	4 (16%)	6 (24%)	4 (16%)		15%
Piedmont	29	8 (28%)	13 (45%)	19 (66%)		12%
Western	21	8 (38%)	16 (76%)	18 (86%)		8%
Virginia	**128**	**38 (30%)**	**45%**	**55%**		**14%**

Note: The locality in which the family lives pays for the subsidized care for that family regardless of where the care is provided. However, the payment is based on the reimbursement rates for the locality in which the provider is located.

Recommended Strategies for Underserved Areas

The workgroup recommended that the Virginia Department of Social Services use the available data to select targeted localities or regions in which to implement strategies that they believe will help to increase the quality and quantity of child care in underserved areas. The majority of the suggestions below were not specific to any particular locality.

- Recruit licensed family day care homes as a flexible option for rural communities.
- Assist those interested in establishing child care with resources for start-up: small business loans, mentoring, business education, licensing process assistance, grants, small business incubator, and/or shared services.
- CCA-VA plans to launch a Professional Recruitment Campaign during 2016-2017 to recruit providers in underserved areas to increase the supply of licensed/regulated child care programs willing to participate in quality improvement efforts and serve as Child Care Subsidy Program vendors. Recruitment efforts may also enlist providers to serve special populations, such as homeless families, infants/toddlers, special needs children, and those requiring care during non-traditional hours; to recruit providers to participate in the Virginia Shared Services Network (information available at http://va.childcareaware.org/virginia-shared-services-network/); to increase collaborative efforts with VDSS, Smart Beginnings (smartbeginnings.org), the Infant & Toddler Specialist Network (http://va.gapitc.org/), and other state-supported quality improvement initiatives; and to provide regulation assistance to providers.
- Establish formal/informal provider networks/regional shared services models to offer family day home providers with administrative support, licensing information, networking to reduce isolation and burnout, professional/business development, Child and Adult Care Food Program (CACFP) sponsorship, assistance with subsidy paperwork, bookkeeping assistance, and other supports.

- Promote to unlicensed providers that there is a package of benefits that becoming licensed would give them access to, including: higher subsidy rates, eligibility to participate in the Child and Adult Care Food Program (CACFP), Virginia Quality, etc.
- VDSS could contract with a provider network for a set number of subsidy slots; however past experience indicates that this approach may be problematic.
- Adjust the copayment sliding scale to a smaller percentage of family income (e.g. from 3-7% instead of 5-10%).
- Develop an alternative method of establishing subsidy rates that elevates payment rates to providers in impoverished areas. It was suggested that VDSS use a Cost of Quality standard rather than market rate; however, there are inherent limitations to existing Cost of Quality calculations that would need to be considered before this strategy could be advanced.
- Re-visit the formula for subsidy allocation to localities. Explore formulas that would create a "base" for the smallest counties/cities.
- Offer tiered reimbursement for providers who participate in Virginia Quality, providers in underserved areas, or providers who serve target populations. This strategy would need to be developed to avoid unintentionally rewarding low-quality programs in underserved areas, perhaps by requiring that a provider be licensed and participate in Virginia Quality to be eligible for higher rates.
- Develop state-local government partnerships to support local government in expanding regulated child care options for underserved areas and target populations, possibly using a pool of matching funds such as that used for industrial development.
- Support new or struggling programs with training and technical assistance to help them reach the level required to participate in Virginia Quality.
- Promote alternative training opportunities for family day home providers that address their lack of flexibility to leave home during the day: evening classes, on-line classes, coaches/mentors who visit their site, etc. Possibly consider an "on-line chat" service similar to that offered by companies, with live operators who could offer professional advice for providers with questions.

The Davenport Early Childhood Institute, which is operating through the Virginia Community College System, is focusing on early childhood development and may be a resource to help with efforts to increase the availability of quality care in underserved areas of the state, including their initial focus areas of:

- Pittsylvania, Halifax, South Boston, Danville (Danville Community College)
- Giles, Pulaski, Montgomery, Floyd, Radford (New River Community College)
- Roanoke City, Roanoke County, Craig, Botetourt, Salem (Virginia Western Community College)
- Franklin, Henry, Patrick, Martinsville (Patrick Henry Community College)

The community college and four-year college systems were also identified as potential partners to help providers in Wise and Norton Counties become licensed.

III. Areas of Concentrated Poverty

Statewide

The Census Bureau defines "poverty areas" as census tracts with poverty rates of 20% or more. Statewide, 15.9% of Virginia's children live below 100% of the federal poverty line.[xiii] At the time of this review, there were 70 localities (some localities in this count represent two localities that were combined for analysis purposes) in Virginia with child poverty rates of 20% or greater and 91 localities with child poverty rates that exceed the state average.

Statewide, the ten localities with the highest rates of child poverty among children ages birth to 17 are:

Region	Locality	Child Poverty Rate Children Ages Birth to 17
Eastern	City of Emporia	42%
Central	Richmond County	39%
Central	City of Petersburg	38%
Piedmont	City of Danville	37%
Piedmont	City of Martinsville	35%
Piedmont	Franklin County	35%
Western	City of Bristol	35%
Western	City of Galax	35%
Eastern	County of Northampton	33%
Piedmont	City of Roanoke	33%

Note: A complete table of child poverty rates by locality is available from Kids Count at http://datacenter.kidscount.org.

Of particular note within the state, in the Western Region, Buchanan County and Patrick County have high child poverty rates as well as relatively low child care capacity, the latter made up in large part by Head Start, Early Head Start, and VPI slots. This combination indicates that there is likely a great need for full-day, full-year childcare by families with relatively limited resources to purchase this care.

Locality	Child Poverty Rate	% of Estimated Need Met with Capacity Including HS, EHS, VPI	% of Estimated Need Met with Capacity Not Including HS, EHS, VPI
Buchanan County	31%	36%	3%
Patrick County	32%	32%	11%

Regional

While the overall child poverty rate per locality tells part of the story, other factors that should be considered in strategy planning and development on a regional basis are the number of children ages birth to 5 in poverty and the number of children enrolled in the Virginia Child Care Subsidy Program. It is

important to identify and understand these factors when considering regional solutions for increasing child care capacity.

Central. In the Central Region, 54% of localities (15 out of 28) have child poverty rates of 20% or more, with the highest rates of child poverty found in:

Locality	Child Poverty Rate Children Ages Birth to 17
Richmond County	39%
City of Petersburg	38%
City of Hopewell	31%
Nottoway County	31%
Northumberland County	30%
Prince Edward County	30%

A rough calculation based on the number of children ages birth to 17 living below 100% of the Federal Poverty Line ((N/18)x6), with no statistical adjustments, indicates that approximately 22,976 children ages birth through five are living below the Federal Poverty Line in the Central Region. In SFY 2015-2016, 2,964 children ages birth through five in the region participated in the Child Care Subsidy Program, or, very roughly, 13% of children birth through five living in poverty.

Localities with the lowest percentage of subsidy enrollment among estimated children ages birth through five in poverty were:

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
Buckingham County	2%
Lunenburg County	3%
Northumberland County	3%
Prince Edward County	6%
King and Queen County	6%
Nottoway County	6%
Lancaster County	6%

Localities with the highest percentage of subsidy enrollment among estimated children birth through five in poverty were Charles City (37%) and the counties of Middlesex (30%), Essex (27%), and New Kent (26%).

Eastern. In the Eastern Region, 56% of localities (14 out of 25) have child poverty rates of 20% or more, with the highest rates of child poverty found in:

Locality	Child Poverty Rate Children Ages Birth to 17
City of Emporia	42%
Northampton County	33%

Locality	Child Poverty Rate Children Ages Birth to 17
City of Norfolk	32%
Brunswick County	32%
Accomack County	31%
Sussex County	31%

The same rough calculation applied previously indicates that approximately 26,293 children ages birth through five are living below the Federal Poverty Line in the Eastern Region. In SFY 2015-2016, 4,240 children ages birth through five in the region participated in the Child Care Subsidy Program, or, very roughly, 16% of children ages birth through five living in poverty.

Localities with the lowest percentage of estimated children ages birth through five in poverty enrolled in the Child Care Subsidy Program were:

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
City of Poquoson	0% (within the boundaries of York Co., 27%)
City of Emporia	0% (within the boundaries of Greensville Co., 19%)
Southampton County	4%
Dinwiddie County	4%
Accomack County	5%
Isle of Wight County	5%
City of Franklin	5%
Prince George County	7%
Brunswick County	8%
Suffolk County	9%

Localities with the highest percentage of subsidy enrollment among estimated children ages birth through five in poverty were York County (27%), City of Williamsburg (27%), and Surry County (24%).

Northern. In Northern Virginia, 16% of localities (4 out of 25) have child poverty rates of 20% or more, with the highest rates of child poverty found in:

Locality	Child Poverty Rate Children Ages Birth to 17
Page County	24%
City of Harrisonburg	24%
City of Fredericksburg	23%
City of Winchester	22%

The same rough calculation applied previously indicates that approximately 22,684 children ages birth through five are living below the Federal Poverty Line in Northern Va. In SFY 2015-2016, 3,484 children ages birth through five in the region participated in the Child Care Subsidy Program, or, very roughly, 15% of children birth through five living in poverty in the region.

Localities with the lowest percentage of estimated children ages birth through five in poverty enrolled in the Child Care Subsidy Program were:

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
Madison County	2%
Page County	2%
Rockingham County	2%
Louisa County	6%
Spotsylvania County	8%
Frederick County	8%
Greene County	8%
City of Winchester	9%

Localities with the highest percentage of subsidy enrollment among estimated children ages birth through five in poverty were the City of Fredericksburg (31%), Culpeper County (27%), and Warren County (23%).

Piedmont. In the Piedmont Region, 66% of localities (19 out of 29) have child poverty rates of 20% or more, with the highest rates of child poverty found in:

Locality	Child Poverty Rate Children Ages Birth to 17
City of Danville	37%
City of Martinsville	35%
Franklin County	35%
City of Roanoke	33%
City of Lynchburg	32%
Henry County	31%
Mecklenburg County	31%
Charlotte County	30%
Covington County	27%
City of Staunton	26%

The same rough calculation applied previously indicates that approximately 16,767 children ages birth through five are living below the Federal Poverty Line in the Piedmont Region. In SFY 2015-2016, 2,036 children ages birth through five in the region participated in the Child Care Subsidy Program, or, very roughly, 12% of children birth through five living in poverty in the region.

Localities with the lowest percentage of estimated children birth through five in poverty enrolled in the Child Care Subsidy Program were:

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
City of Salem	0%
Highland County	0%
Charlotte County	2%

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
City of Lexington	2%
Bath County	3%
Rockbridge County	4%
Mecklenburg County	4%
Pittsylvania County	5%
Franklin County	6%
Henry County	6%
Appomattox County	6%
Halifax County	6%
Nelson County	6%

Localities with the highest percentage of subsidy enrollment among estimated children ages birth through five in poverty were Craig County (35%), Roanoke County (28%), and the City of Roanoke (21%).

Western. In the Western Region, 86% of localities (18 out of 21) have child poverty rates of 20% or more, with the highest rates of child poverty found in:

Locality	Child Poverty Rate Children Ages Birth to 17
City of Bristol	35%
City of Galax	35%
City of Norton	33%
Lee County	32%
Patrick County	32%
Buchanan County	31%
Grayson County	29%
Wise County	29%
Dickenson County	27%
Smyth County	27%

The same rough calculation applied previously indicates that approximately 8,797 children ages birth through five are living below the Federal Poverty Line in the Western Region. In SFY 2015-2016, 706 children ages birth through five in the region participated in the Child Care Subsidy Program, or, very roughly, 8% of children birth through five living in poverty in the region.

Localities with the lowest percentage of estimated children birth through five in poverty enrolled in the Child Care Subsidy Program were:

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
Buchanan County	0%
Scott County	2%
Floyd County	2%
Lee County	2%
Grayson County	3%

Locality	Estimated % of children birth to 5 in poverty enrolled in subsidy SFY2016
Dickenson County	3%
Russell County	3%
Patrick County	4%
Washington County	4%

Localities with the highest percentage of subsidy enrollment among estimated children ages birth through five in poverty were the City of Bristol (33%), Carroll County (17%), City of Radford (14%), and Montgomery County (14%).

Recommended Strategies for Areas of Concentrated Poverty

The US Department of Health and Human Services has determined that, to be affordable, child care should not exceed 10% of a family's income. In Virginia, a married family pays an average of more than 12% of household income for center-based infant care and 10% for home-based infant care. The percentage for two children increases to 24% and 18% respectively. Strategies that may be of particular benefit to families living in localities with high concentrations of poverty include:

- Advocating for paid parental leave and offering tax incentives.
- Creating tax rebates for families paying over 10% of household income for child care. Research shows that keeping families in the workplace with child care generates more revenue for the state. One example of where tax credits have been used with success is Louisiana, which has a Child Care Expense Credit for families who incur child care expenses for children under age six enrolled in child care facilities with a Quality Start rating of at least two stars. The higher the rating of the child care facility, the higher the credit amount. The credit amounts range from 50 to 200% of a family's Louisiana Child Care Credit, and the credit is most valuable, and refundable, for families earning $25,000 or less, who can receive a maximum of $2,100 for each eligible child.[xiv]
- Expand public pre-K through a tax on sugary drinks, such as that recently passed in Philadelphia, which generated a reported $5.7 million in revenue in the first month.[xvxvi] Pennsylvania is in its third year of a statewide, grassroots pre-K expansion process.
- Congress has appropriated $294 million in supplemental funding for existing Head Start and Early Head Start programs to increase Head Start and Early Head Start programs to full school-day and full school-year, but that does not address the need for care during a typical full-day work schedule. Additional expansions to make programs full work-day and full calendar-year through wrap-around funding would help fill the child care gap for low income working families.

Extreme variations in the percentages of poverty-level children participating in the Child Care Subsidy Program could be further evaluated to determine if actions at both the state and local levels would help equalize access for qualified children statewide.

IV. Care for Infants and Toddlers

The infant and toddler years are critical for young children's healthy cognitive, linguistic, social, and emotional development. Forty-two percent of infants and 52% of toddlers spend time in a non-parental child care arrangement in a center or home-based setting.[xvii] Infant and toddler care requires a lower child to staff ratio and additional space resources, driving up the cost of care. This limits profitability for providers and makes it expensive for families. Higher quality is generally associated with higher cost.

Statewide

Existing data does not capture child care slots by specific age, making it difficult to determine the exact number of infant and toddler slots available. The following table shows the number of programs, by type, that have some capacity to serve children between the ages of birth and 36 months. For example, of 982 Religious Exempt Centers as of October 20, 2016, 25% reported an entry-level age of birth to 12 months, 8% reported an entry-level age of 12-24 months, and 42% indicated an entry-level age of 24-36 months, meaning that 74% of Religious Exempt Centers reported being able to serve children ages birth through 36 months.

Number of Providers with Capacity to Serve Birth to 36 Months
By Provider Type
Licensing Data (10/20/16)

Lowest Age Category Program Can Accept	Licensed Centers	Licensed Homes	Religious Exempt Centers	Voluntarily Registered Homes*	Certified Nursery Schools
Birth to 12 Months (Infants)	963 (37%)	1,229 (90%)	242 (25%)	NA	0
12 to 24 Months (Waddlers)	174 (7%)	69 (5%)	76 (8%)	NA	0
24 to 36 Months (Toddlers)	454 (18%)	42 (3%)	408 (42%)	NA	1 (13%)
Total # of Providers Accepting Children Birth to 36 months	1,591 (62%)	1,340 (98%)	726 (74%)	NA	1 (13%)
Total # of Providers in Licensing Database	**2,582**	**1364**	**982**	**719**	**8**

*The capacity of Voluntarily Registered Homes is not tracked by age, so it is not possible to determine how many of the 719 programs have the capacity to serve children between the ages of birth and 36 months.

Survey of Providers Serving Infants and Toddlers. A survey of 1,200 providers who care for children less than 29 months old was conducted by Child Care Aware of Virginia (CCA-VA) on behalf of the Underserved Areas Workgroup. The list of providers was pulled from DOLPHIN, the licensing database,

after excluding all school-age-only and pre-K-only providers. There were 346 respondents (a 25% response rate). Respondents had the capacity to serve up to 1,020 children ages birth to 36 months. Approximately 89% of respondents have a waiting list for infant/toddler care, with nearly as many on the waiting list (921) as are being served (973). It should be noted that waiting lists may include some duplication, because families may be on more than one waiting list at a time.

Infant-Toddler Child Care Supply and Demand CCA-VA 2016 Survey			
	Capacity	**Enrollment**	**Waiting List**
Infants (0-12 months)	340	321	307
Waddlers (12-24 months)	342	320	305
Toddlers (24-36 months)	338	332	309
Total	**1,020**	**973**	**921**

*Data provided in the table above represents the responses from 346 respondents out of 1,200 surveyed.

Over 58% of respondents identified space as the biggest challenge to expanding child care slots. This has strategic implications. If existing providers lack the physical space to expand, and it is unlikely that funds will be available for bricks and mortar expansion, new providers will need to be recruited to increase capacity. Additionally, 32% of survey respondents do not accept Child Care Subsidy Program funds for infants/toddlers. The survey did not capture data by location, so it was not possible to address issues regionally or by locality.

Participation of Infants and Toddlers in Virginia Quality Settings. Quality Rating and Improvement Systems (QRIS) are a proven strategy to systematically improve the quality of child care and early learning programs. They help to assess, improve, and communicate the level of quality in child care centers and preschools. Virginia's QRIS, now called Virginia Quality, focuses on continuous quality improvement, recognizes early learning programs' commitment to excellence and supports programs with tools and services to achieve top quality. The Virginia Quality Levels are a framework for program quality improvement. Each level builds on the one before it and prepares programs for the level that comes next. Programs progress through the levels at their own pace.[xviii]

As of October 1, 2016, there were 528 programs participating in Virginia Quality, or about 16% of all eligible providers:

	Number of Virginia Quality Providers[xix]
Central	53
Eastern	96
Northern	124
Piedmont	166
Western	89
Total	**528**

Note: Provider Count obtained from Quality Rated Programs report as of October 1, 2016, retrieved from http://www.smartbeginnings.org/Portals/5/PDFs/VSQI/All%20Quality%20Rated%20Programs_10.1.16.pdf.

Virginia Quality Regions differ from VDSS regions, so the individual locations were assigned to corresponding localities to determine locality totals for this report.

As of an April 13, 2016 report[xx], Virginia Quality participating providers were serving 8,036 children ages birth to 36 months, with toddlers (24-36 months old) making up about half of all enrollees, waddlers (12-24 months old) about 30%, and infants (birth to 12 months old) 20%. There were 4,022 children ages birth to 36 months on waiting lists for Virginia Quality providers, though this number may include duplication because families can be on more than one waiting list at a time. Infants made up 33% of the wait list, waddlers 27%, and toddlers almost 40%. The number of infants on waiting lists was nearly as many as were enrolled in Virginia Quality programs at that point in time.

Virginia Quality
Regional Infant and Toddler Enrollment and Waiting Lists
2016

	Enrollment				Waiting List			
Region	Infant (0-12 mos.)	Waddler (12-24 mos.)	Toddler (24-36 mos.)	Total 0-36 months	Infant (0-12 mos.)	Waddler (12-24 mos.)	Toddler (24-36 mos.)	Total 0-36 months
Central	169	277	513	959	39	35	73	147
Eastern	340	526	968	1,834	336	197	187	720
North Central	161	187	292	640	32	30	174	236
Northern	278	382	674	1,334	344	285	524	1,153
Peninsula	176	262	408	846	108	88	55	251
Piedmont	184	312	639	1,135	93	63	133	289
South Western	183	221	273	677	260	345	348	953
Valley	141	181	289	611	119	48	106	273
Statewide Totals	**1,632**	**2,348**	**4,056**	**8,036**	**1,331**	**1,091**	**1,600**	**4,022**

By region, the Eastern part of the state had the highest total enrollment, followed by Northern and Piedmont, while the Valley and North Central regions had the lowest. Northern Virginia had the highest number of infants and toddlers on a waiting list for slots at Virginia Quality facilities, followed by Southwestern and Eastern, while Central and North Central had the lowest.

Recommendations for Increasing Availability and Quality of Care for Infants and Toddlers

To increase the supply of care for infants and toddlers, cultivating new home-based providers emerged as a promising strategy. There is some indication that families may prefer a home-based setting, particularly for infants, and the cost of care in these settings can be significantly lower than that of centers. Further, in rural localities, there may not be the population density necessary to achieve

economies of scale for center-based care, making family day homes a more viable alternative. One strategy that may help to increase the number of family day home providers is a targeted recruitment campaign that actively promotes the benefits of becoming a licensed family day home.

As reported in "Identifying Profiles of Quality in Home-Based Child Care" (2012), nationwide, 60% of children under five spend time in home-based programs, with the majority of infants and toddlers in home-based settings. This report found that, in a sample of home-based providers, only 12% demonstrated *above moderate* levels of quality across measures, indicating a compelling reason to focus on improving the quality of these settings. Providers of better quality were found to have had more training and experience.[xxi] To make current professional development resources more accessible to home-based providers serving infants and toddlers in Virginia, the workgroup emphasized that home-based providers need to feel like they belong in the training setting. Current training is geared toward center-based providers, possibly resulting in home-based providers feeling out of place.

Research findings underscore the need to raise the floor of quality in home-based child care settings. Methods to improve quality among home-based providers may include both expanding current professional development systems to be more accessible, and targeting the content of professional development to the unique needs of home-based providers.[xxii] Ideas included: hosting regional meetings and orientations specifically for home-based providers and providing webinars and online services, such as a designated page on VDSS websites.

The workgroup suggested providing targeted support to unlicensed providers serving infants and toddlers in the Eastern Region, where 435 (41%) of all unlicensed subsidy vendors are located. The majority of these, 310 (71%), are unlicensed family day homes.

To deliver training and mentoring to home based providers, the workgroup recommended establishing formal or informal peer-to-peer networks. Networks could also be used to offer shared services such as help with administrative and accounting related tasks. The workgroup recalled that at one time, Virginia had four licensed network systems. There is a formal system in Northern Virginia that charges parents a fee for membership, which pays for the work of the network. The Eastern Region had some success in getting home based providers to join family provider systems through the Infant and Toddler Specialist Network. There was also a grant-funded peer-mentoring model in Richmond that was very successful in recruiting new family providers and offered tours of home-based settings that were going through accreditation. The lesson learned from all of these efforts is that networks can be less formal and still work, but there have to be financial and staffing resources available to support them.

One promising model, that is in many ways similar to the services offered by CCA-VA in Virginia, is the Early Childhood Share DC (www.ecsharedc.org), which offers licensed providers in Washington, DC, with free access to a knowledge hub of customizable resources that will make it easier to develop and implement high-quality child care programming. The site was developed by the Bainum Family Foundation in partnership with the District's Office of the State Superintendent of Education (OSSE) and the CCA Global Partners' *CCA for Social Good*, which has developed similar platforms for 24 other

states.[xxiii] In some of those states, child care providers pay monthly or annual access fees, while in others, access is sponsored by foundations or made available through scholarships to providers.

The site features comprehensive resources on topics ranging from curriculum, program administration, training, health and safety, marketing, family engagement and more. In addition to providing discounts on supplies and services providers use most, District-specific information and materials like the District's Office of the State Superintendent of Education (OSSE) regulations and forms are also available. The site is designed to respond to the diverse needs of the provider community, including small home-based providers and larger child development centers.

The Bainum Family Foundation also launched a Birth-to-Three Policy Alliance that brings together DC's leading policy and advocacy nonprofits to develop a comprehensive early childhood policy agenda for the District and is making funding available to providers for business plan development, launching, and first year operations.

Other possible strategies include increasing support to develop, implement, and sustain the number of Early Head Start and EHS Child Care Partnership Grants in Virginia by implementing a mentorship pilot program that would pair experienced grantees with new providers to increase the supply of slots. Lastly, it was suggested that implementing a tiered subsidy reimbursement rate that pays providers more to serve infants and toddlers would help to increase the supply and quality of care.

V. Care During Non-Traditional Hours

Statewide

While it is evident that some children in Virginia need care while their parents work evenings, overnight, irregular shifts, and on weekends, there is little state- or locality-specific data to quantify that need. The Urban Institute[xxiv] reports that nationally 23% of all working parents with children under age 13 worked during Non-Traditional Hours (NTH) in 2010, with 11% working regular or regular rotating shifts and 12% working irregular shifts. Several reports indicate that parents working low-wage jobs are more likely to work during NTH; 32% of mothers with household income under 100% of FPL work NTH[xxv] according to the Urban Institute and ~50% of low-wage hourly workers work NTH, according to a 2011 study.[xxvi]

Parents working NTH are more likely to rely on multiple types of child care arrangements, which often include the other parent or relatives for child care. According to the U.S. Census, 33% of young children whose mothers work nonstandard schedules use multiple child care arrangements. Low-income mothers and single parents in any type of work schedule are more likely to use home-based care than higher-income parents, and parents with nontraditional schedules are more likely to use license-exempt or family, friend and neighbor (FFN) caregivers, the quality of which can vary widely. Home-based and FFN caregivers can often provide greater flexibility and ability to accommodate nonstandard hours of care than can licensed and center-based providers. Home-based and FFN care is generally less expensive as well. Center-based providers are more likely to have fixed costs that make it difficult for them to accommodate last-minute scheduling changes, variable hours, and less than full time enrollment. Licensed child care providers are also most likely to operate during regular weekday business hours.[xxvii]

In Virginia, data collected by CCA-VA indicate that 2% of requests for referrals are for NTH of care. Maps provided by CCA-VA showing locations of center-based and home-based providers who provide or are willing to provide NTH care versus where requests for care during non-traditional hours are originating indicate that demand corresponds closely with supply with no significant gaps apparent. However, the universe of those that offer care during nontraditional hours and participate in Virginia Quality or are accredited through the National Association for Family Child Care (NAFCC), National Association for the Education of Young Children (NAEYC), or National Accreditation Commission (NAC) is much smaller, in large part because this care is provided by home-based and family, friend and neighbor (FFN) settings.

A needs assessment survey conducted in 2013[xxviii] indicated that there was an insufficient supply of child care slots available during non-traditional hours to meet demand in Virginia, with 7% of respondents indicating that program hours were a problem. This same study found that family child care providers are able to offer the most flexible hours of care, serving children early in the morning and late in the evening to accommodate families' work and commuting schedules.

Anecdotal data in Virginia support reports from other parts of the country that there is not enough demand for center-based overnight and weekend care to make it a viable option for most centers to

offer. For example, Virginia Commonwealth University Medical Center (VCU-MC) no longer offers 24-hour care at its child care center.

Regional

Central and Northern. A Child Care Aware Military Liaison survey indicates that 80% of National Guard Reserve respondents could use consistent, quality care on drill weekends. The largest concentrations of demand were in Central and Northern Virginia. Many of the military drill families said the cost for weekend care was higher than the cost for care Monday through Friday.

Alexandria Department of Social Services reports that there are a number of requests for non-traditional hours of care, but that there are also slots available to meet the demand. In Fairfax County, CCA-VA data show adequate supply with few requests for non-traditional hours. This is also true in Chesterfield County.

Eastern. While little local-level data on NTH of care was available, the 2015 Bay Aging Community Assessment[xxix], which includes the counties of Westmoreland, Essex, Richmond, Northumberland, Lancaster, Middlesex, Mathews, Gloucester, Kind and Queen, and King William, found that 50% of 72 respondents identified child care during needed hours as the top concern for families in the area and 31% said child care during work hours affected employment options. Child day care and centralized access to service information/availability were both identified among the top five unmet needs by 11% of respondents. Respondents indicated that community town meetings and inter-agency summits on key issues would be helpful, as would raising public awareness of an existing online resource directory.

CCA-VA data indicate that Newport News and Norfolk have relatively high requests for NTH of care, with correspondingly higher supply than other areas. There were five requests for NTH care from Williamsburg residents, but no NTH providers.

Piedmont. CCA-VA data maps show that Lynchburg has a relatively high number of requests (11 for weekend, 8 for rotating), possibly due to the presence of several universities and hospitals, as well as manufacturing. Roanoke City has few requests, which the workgroup found surprising given that the clinic there is a large employer. Most of the child care in Roanoke City, regardless of hours of operation, was reported to be unregulated care. There is one center that is reportedly underutilized, possibly due to cost considerations. There is a prison in Mecklenburg County, which may indicate a need for non-traditional hours of care due to 24/7 shift coverage.

Western. The workgroup suggested that there are a number of employers in southwest Virginia that require NTH shifts. In Wise County, a new call center with 500 employees is opening. There will be three shifts, which will increase demand for non-traditional hours of care, with no known plan to provide that care.[xxx] One strategy proposed at the local level is to encourage grandparents who are watching their grandchildren to also start caring for other children (since they are already doing it).

Recommended Strategies for Care During Non-Traditional Hours

Because the majority of providers who are willing and able to provide care during non-traditional and flexible hours are home-based, and because families reportedly prefer home-based settings for over-night care, the workgroup recommended strategies designed to increase the supply and quality of family day home providers and to encourage them to provide care during non-traditional hours. These included offering home-based providers:

- Information about how to start a part-time program during non-traditional hours (e.g.: http://smallbusiness.chron.com/run-daycare-part-time-10559.html).
- Mini-grants and loan programs with incentives to become licensed.
- Targeted training on becoming a licensed provider, health and safety, nurturing and support, and safe sleep practices.
- Formal/informal provider networks to provide administrative support, licensing information, networking to reduce isolation and burnout, and professional/business development.

Beyond offering support to family day home providers, the workgroup suggested other strategies that could be used to increase the supply of NTH care should the need for such care outpace the supply. These included:

- Encouraging employers in need of a NTH workforce to:
  - Recruit NTH care providers
  - Contract for NTH slots in existing programs
  - Work with other employers to create child care centers that offer NTH care for employees
  - Develop family-friendly policies around child care for NTH workers, including:
    - Provide advanced notice of scheduling
    - Grant workers the right to request flexible work arrangements/predictable scheduling
    - Remove penalties for employees who miss work due to lack of child care
- Partnering with community colleges or universities to use student workers to provide NTH care in existing programs and/or to provide extra staffing for family day home providers to allow them to take in additional children during the overlap period between first and second shifts or to provide care for military families on reserve weekends.
- Providing state tax credits for businesses that are located in underserved areas to offer child care during NTHs.
- Offering a higher subsidy rate for care provided during NTHs.
- Contracting for subsidized NTH slots.

Many of the proposed strategies could also be used to recruit center-based and family day home providers to provide care for military families on drill weekends (e.g.: www.usa.childcareaware.org/military/air-force-hcc-program) and to increase the supply and quality of care in general.

One further strategy that the workgroup recommended was to conduct outreach and support to provide Virginia Initiative for Employment not Welfare (VIEW) participants who need care during NTHs with information about quality and available resources.

VI. Care for Children with Special Needs

Statewide

The workgroup reviewed data from CCA-VA showing the number and location of families requesting care for children with special needs mapped against the location of providers reporting that they offer care for children with special needs. The data revealed significant regional disparities in supply and demand, with far fewer providers available in rural areas of the state. Areas with the greatest supply and demand are Northern Virginia near Washington, DC, and the cities of Fredericksburg, Harrisonburg, Charlottesville, Richmond, Newport News, and Chesapeake/Virginia Beach. There are providers that offer care for children with special needs in nearly all localities, though some rural localities have only one or two providers offering this type of care (the counties of Highland, Bath, Craig, Bland, Scott, Charlotte, Lunenburg, Sussex, Cumberland, and Charles City).

In general, the locations where there are requests for care correspond with locations where care is available. However, the data do not include the children's ages or disabilities, nor the providers' capacity and expertise, so the workgroup was not able to analyze the fit between the type of care available and the needs of the child/family. For example, it may appear that supply and demand are balanced, but the request for care may come from the family of an infant with a severe medical condition while the care available may be a preschool with the capacity to care for three-year olds with speech delays. This was a challenge that was also identified in the Virginia Early Childhood Needs Assessment Report,[xxxi] where it was noted that few providers responding to a needs assessment survey felt qualified to care for children with more extensive needs. Another limitation is that the data on demand reflect only those families who made contact with CCA-VA, which may be only a small percentage of the actual population of parents seeking information about care options.

To gain a better understanding of capacity, the workgroup, with the help of CCA-VA, conducted a survey in early 2016 to identify providers who offer care for children with special needs. The survey was disseminated to all child care providers in the CCA-VA database. The response rate was 12%, with just over 500 providers responding.

- 41% of respondents were family day home providers; 53% represented child care centers or programs; and 6% represented summer camps, after school programs, or "other" settings.
- 75% of the respondents reported that they were currently caring for a child with special needs. For those reporting that they were currently caring for a child with special needs, the most frequently reported eligibility categories included speech delays, children with Autism Spectrum Disorder, and children with developmental delays.
- 56% of respondents indicated that they have worked with the local education agency and 61% have worked with their local early intervention program.
- 81% of respondents said that they had helped a parent identify a child's developmental delay.
- 59% of respondents said that they had attended training on caring for children with special needs. Sources of training included: Virginia Department of Social Services (50%); Child Early

Intervention (42%); Child Care Aware (33%); local school personnel (27%); Project SEED (Social Emotional Education and Development), regarding Center on the Social and Emotional Foundations for Early Learning (CSEFEL) or Ages and Stages Questionnaire (ASQ) (18%); Fairfax County (17%); and a variety of other local/state resources.

The workgroup also reviewed the Virginia Department of Education's December 1, 2016, Child Count Reports to gain a global overview of all children served through Individuals with Disabilities Education Act (IDEA) Part B, and Virginia Department of Behavioral Health and Disability Services – Part C (which serves children ages birth to three) but did not put forth specific recommendations from this data.

It was noted that specialized skills may be needed to adequately care for children with special needs, and the low wages and lack of benefits available to most child care providers may make it especially difficult to recruit and retain a qualified workforce.

While little regional data was available, a Rooftop of Virginia 2015 Community Assessment report provided the following for Carroll County, Grayson County, and the City of Galax:

Rooftop of Virginia 2015 Community Assessment Report
Number of Children With Special Needs by Type of Need
2013-2014 Data

	Speech/Lang Impairment	Developmental Delay	Autism/Multiple Disabilities	Total
Carroll County	42	52	4	98
Grayson County	1	11	2	14
City of Galax	3	7	1	11
Total	**46**	**70**	**7**	**123**

Additionally, 31% of Rooftop of Virginia's Community Assessment respondents indicated that services for children with special needs were a top concern, though this was not specific to child care.

Recommended Strategies for Care for Children with Special Needs

The workgroup recommended connecting to existing collaborations, such as *Advocates for Equity in Schools* and the Center for Family Involvement's *Family 2 Family* network, and seeking out collaborations with other family organizations in the state to gain input from families about their needs and how the system can be improved to better meet their needs. Additional recommendations included:

- Use the new www.childcareva.com website as a central spot to share information with providers about local services, how to access them, and upcoming training.
- Form a workgroup of expert professional development (PD) providers to survey existing training resources, identify gaps and priorities, and work with state and local resources to offer expanded training and resources, including on-line options.

- Recommend that child care providers who care for children under age five complete the Center for Disease Control's (CDC) "Watch Me! Celebrating Milestones and Sharing Concerns," a free on-line module that can be used for continuing education in Virginia.
- Develop information resources about all typical services and supports for children with disabilities in a variety of formats to reach child care providers. Ensure that all providers receive materials on resources related to caring for children with special needs, including how to access early intervention and local school services for children with disabilities.
- Use family child care provider peer-to-peer networks to increase focus on training/technical assistance in these settings.
- Train all PD providers who reach child care providers on the CDC's "Learn the Signs. Act Early." materials and resources.
- The Infant and Toddler Mental Health Endorsement process offers more supports and resources for providers and the children in their care, which could be a growth area for the future.

VII. Underserved Areas and Target Populations

Priority Strategies and Conclusions

In the preceding sections of this report, data and strategies have been presented by focus area: Underserved Areas, Infant and Toddlers, Non-Traditional Hours, and Children with Special Needs, as well as Areas of Concentrated Poverty and Military Families. An analysis of the 32 recommendations that emerged identified the following cross-focus themes: Training and Technical Assistance for Child Care Providers; Recruiting Qualified Child Care Providers; Rates/Funding; Policy; Coordination and Partnerships; Networks; and Parent Support and Information.

A number of strategies were suggested by multiple focus areas, including:

- Strategic use of the "Choose Wisely" communications campaign and user-friendly childcareva.com website.
- Creation of family day home networks to help these providers with business functions and to connect them with existing training and technical assistance resources.
- Using existing resources in new ways to reach underserved communities.
- Raise reimbursement rates for the Child Care Subsidy Program, use grants and contracts, and revisit the current method of allocating resources by locality.

The workgroup was surveyed to prioritize and provide input on the proposed strategies and 12 individuals responded. Results from this survey indicate that all of the proposed strategies were considered to be of medium to high priority by the majority of respondents. The strategies that received the most "high priority" votes were:

- Making access to training and technical assistance easier for all providers (8)
- Providing family day homes offering non-traditional hours of care with training in health, safety, licensing, nurturing, and safe sleep practices (8)
- Training unlicensed providers serving infants and toddlers in the Eastern Region, where a high percentage of infants and toddlers receiving subsidy are cared for in unlicensed care (7)
- Ensuring that all providers get materials on special needs resources, and how to access early intervention and local school services for children with disabilities (7)
- Coordinating and aligning training and technical assistance at the state and local level (7)

The strategies that received the most "low priority" votes were:

- Training professional development providers on the Center for Disease Control's free *Learn the Signs* curriculum, related to children with special needs (4)
- Offering state tax credits for child care providers in underserved areas of the state (4)
- Promoting policies that would free up family income, such as capping child care expenditures at 10% of family income and providing 12 weeks of paid parental leave (4)
- Promoting family friendly policies among employers (5)

The five strategies consistently identified as most important were:

- Exploring the use of a Market Rate Survey alternative to establish subsidy reimbursement rates, with the expectation that this might generate higher rates for providers and encourage the start-up of new programs in low-income and underserved areas.
- Promoting to unlicensed providers the package of benefits that licensing could give them access to, including: higher subsidy rates, Child and Adult Care Food Program (CACFP) participation, Virginia Quality, etc.
- Conducting a recruitment campaign for licensed family day homes to serve infants and toddlers, children with special needs, children who are homeless, children needing care during non-traditional hours, military families, and underserved areas.
- Developing state-local partnerships to expand regulated child care for underserved areas and target populations.
- Making access to training/technical assistance easier for all providers.

Discussion following the review of the recommendations and prioritization of results generated the following observations:

- While some of the strategies might make child care more accessible to families overall, there wasn't always a clear link to specific underserved categories.
- It will be important to ensure that the strategies that are specific to certain target groups don't get lost in a broader general approach, and that strategies that cross populations are effectively targeting the different underserved populations.
- Funds for strategy implementation in targeted geographic areas could be distributed to local departments of social services, which could contract with other entities for implementation.
- Looking at the cost of quality vs. market rate survey as methods for setting rates for the Child Care Subsidy Program generated some discussion, such as:
    - There is a Cost of Quality tool, developed through the Administration for Children and Families (ACF) and used when Virginia conducted a study on tiered reimbursement, which has also been used by some states, but it requires substantial modifications to change some of the assumptions because the assumptions are not always applicable.
    - The Market Rate Survey reflects what providers are actually charging the general public to provide care in localities. The most recent market rate survey report states: "The population for the survey is the priced child care market that provides services to the general public. Head Start providers were excluded since they do not charge the families a fee; providers who only take subsidy children funded by VDSS were also excluded since the rates charged are the state's maximum reimbursable rate which doesn't necessarily reflect what the general public is charged. The survey includes… licensed child care centers, church exempt providers, licensed family day homes and local ordinance providers in the cities of Arlington and Alexandria and Fairfax County." The state's subsidy program reimbursement rates are based on information from the Market Rate Survey and consider available and sustainable funding. A maximum

reimbursement rate set at 50th percentile means that the rate is set at a level that will cover the cost of care at 50% of providers.

- There was support among workgroup participants for the idea of paying providers at the 75th percentile of the market rate with additional bonus payments for children in certain categories, though no strategies were proposed to fund the higher rate.

In conclusion, the workgroups generated ideas that are broader than the Child Care Subsidy Program and that cross focus areas. Some strategies make use of existing resources while others require new funding and innovation.

Recommendation Details

In the following sections, the recommendations of the workgroup are organized in two ways. They are first organized by strategy type: Training and Technical Assistance for Child Care Providers; Recruit Qualified Child Care Providers; Rates/Funding; Policy; Coordination and Partnerships; Networks; and Parent Support and Information. This provides an overview of specific strategies as they relate to overarching themes.

In the second section, recommendations are presented by focus area: Underserved Areas; Infants and Toddlers; Children with Special Needs; and Non-Traditional Hours. This section captures ideas as they were generated by the subgroups and offers some additional notes and thoughts behind the strategies that are specific to each focus area.

Summary by Strategy Type

Training and Technical Assistance for Child Care Providers:

- Direct focused training, technical assistance, and support to unlicensed providers serving infants and toddlers in the Eastern Region to increase quality and encourage licensing (high number of subsidy families are utilizing unlicensed providers in the Eastern Region). CCA-VA and VA ITSN can provide targeted training and technical assistance.
- Make it easier for all providers (subsidy, family day home, unlicensed providers) to make use of available/ongoing T/TA resources: host regional meetings and orientations, provide webinars and online classes; and provide a designated page on VDSS websites, peer-to-peer networks, evening classes, classes just for family day home providers, on-site coaching/mentoring, etc.
- Provide family day home providers offering NTH of care with training and technical assistance on topics including: licensing, health and safety, nurture and support, and safe sleep practices.
- Provide start-up programs and programs with situations that prevent them from being part of Virginia Quality with training and technical assistance through CCA-VA or other means to help them reach the level they need to become eligible.
- Recommend that child care providers who care for children under five complete the CDC's "Watch Me! Celebrating Milestones and Sharing Concerns," a free on-line module that can be used for continuing education in Virginia, and promote on www.childcareva.com.

- Develop information resources, in a variety of formats, about typical services and supports for children with disabilities and get the information in the hands of all child care providers. Ensure all providers get materials on special needs resources, including how to access early intervention and local school services for children with disabilities.
- Use www.childcareva.com as a central spot to share information with providers about local services and how to access services and upcoming trainings.
- Form a workgroup of expert professional development providers to survey existing training resources related to children with special needs, identify gaps and priorities, and work with state and local resources to offer expanded training and resources, including on-line options. Promote on www.childcareva.com.
- Train all professional development providers who interact with child care providers on the CDC's "Learn the Signs. Act Early." materials and resources.
- Ensure that VDSS required training on children with special needs includes practical strategies for inclusion that can be implemented by providers in their programs.

Recruiting Qualified Providers:

- Conduct a targeted recruitment campaign to increase the number of licensed vendors, particularly family day homes, participating in subsidy, providing IT care, providing NTH of care near large NTH employers (ex: http://smallbusiness.chron.com/run-daycare-part-time-10559.html), and providing care in rural communities. CCA-VA plans to launch a Professional Recruitment Campaign during 2016-2017 to recruit providers in underserved areas to increase the supply of licensed/regulated child care programs willing to participate in quality improvement efforts and serve as Child Care Subsidy Program vendors. Recruitment efforts may also enlist providers to serve special populations, such as homeless families, infants and toddlers, children with special needs, children requiring NTH care, and military families; recruit members to participate in the Virginia Shared Services Network; increase collaborative efforts with VDSS, Smart Beginnings, the Infant & Toddler Specialist Network, and other state-supported quality improvement initiatives; and provide regulation assistance to providers seeking enhanced regulation and quality.
- Offer mini-grants/loans, mentoring, business education assistance, small business incubator/shared services to help family day home providers grow, with incentives to become licensed.
- Promote to unlicensed providers that there is a package of benefits available to licensed providers that would aid them in their operations, including: higher subsidy rates, participation in the Child and Adult Care Food Program (CACFP), Virginia Quality, etc.
- Increase support to develop, implement, and sustain the number of Early Head Start and Early Head Start Child Care Partnership Grants in Virginia (e.g. create a mentorship pilot program with experienced grantees and providers) to increase the supply of slots. The Head Start State Collaboration Office (HSSCO) and Virginia Head Start Association (VHSA) would take the lead on this.

Rates/Funding:

- Implement tiered subsidy reimbursement to increase the resources available to support providers who participate in Virginia Quality, providers in underserved areas, and providers who serve target populations such as infants and toddlers.
- Offer a bonus to the subsidy rate for providers offering non-traditional hours.
- Contract with providers for NTH slots and subsidy slots.
- Adjust the sliding family co-payment scale for the Child Care Subsidy Program to a smaller percentage of family income (3-7% instead of 5-10%).
- Use a Cost of Quality standard rather than market rate survey to establish subsidy rates.
- Explore formulas for subsidy allocation to localities that have a "base" for the smallest counties/cities.
- Expand the availability of subsidy dollars to finance Head Start wrap-around options for families that need child care for work.
- Develop state-local government partnerships to support local government in expanding regulated child care options for underserved areas and target populations, possibly using a pool of matching funds as is used for industrial development.
- Offer state tax credits for businesses in underserved areas that offer child care (similar to neighborhood tax credit).

Policy:

- Implement policies to cap child care expenditures at 10% of family income and promote 12 weeks of paid parental leave to free up income that would expand Virginia's economy.
- Work with employers to develop family friendly policies around child care: advanced notice of scheduling, grant workers the right to request flexible work arrangements/predictable scheduling, and adopt policies against penalizing employees who miss work due to lack of child care.

Coordination and Partnerships:

- Coordinate the provision of technical assistance (TA) services at the state and local level, identify overlapping services, and align guidelines for TA access where feasible. VDSS, in partnership with stakeholder organizations holding contracts to deliver TA (VA ITSN, Virginia Quality, CCA-VA, etc.) should lead this effort.
- Encourage employers to contract for slots in existing child care programs, work together to create child care centers for employees, and/or recruit and train providers for NTH care.
- Partner with Virginia Community College System to engage student work programs to provide NTH care in existing programs, to provide extra staffing for family day home providers to take in additional children during the overlap between first and second shifts, and to meet the needs of military families during drill weekends.
- Seek family input about how the child care system can better meet the needs of families of children with special needs by connecting to existing collaborations (like Advocates for Equity in Schools and the Center for Family Involvement's Family 2 Family network).

Networks:

- Establish formal/informal provider networks/regional shared services models to offer family day home providers administrative support, licensing information, networking to reduce isolation and burnout, professional/business development, CACFP sponsorship, assistance with subsidy paperwork, bookkeeping assistance, and other supports. Networks could promote involvement and retention of family providers in training and technical assistance from the Virginia Infant & Toddler Specialist Network.

Parent Support and Information:

- Conduct outreach and support VIEW participants who need care during non-traditional hours; CCA-VA could provide these parents with information about quality and available resources.

Summary by Focus Area

Underserved Areas Recommendations

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
Family day homes provide a large percentage of the community's child care in rural and underserved areas. Because of their size, family day homes can offer a more flexible and less expensive way to expand regulated child care options in these communities. Much of this care currently is unregulated. Health and safety concerns are major issues in unlicensed facilities.	Assist those interested in establishing child care with resources for start-up, such as small business loans, mentoring, business education, assistance through the licensing process, grants, and/or small business incubator/shared services. Promote licensing among new and existing family day care homes. Create a regional shared services model to support family day homes. Services could include CACFP sponsorship, assistance with subsidy paperwork, other bookkeeping assistance, etc. Promote resources available to family day homes that become licensed. VDSS could contract for subsidy slots with licensed providers.	CCA-VA has a network for FDH that could be built upon to provide start-up and business development assistance. VDSS could develop an information package outlining the benefits of being licensed, including: • Low interest loan program for established providers • On-line professional development • Subsidy • Training in sound business practices (being developed) • CACFP participation CCA-VA is planning a focused recruitment of unlicensed providers to encourage licensing.	Pros: ▪ Could help with FDH provider burnout, etc. ▪ Builds on existing plans. ▪ These strategies are compatible with Infant & Toddler and NTH care recommendations. ▪ Could be incorporated into Child Care communications campaign and featured on micro-site. Pro/Con: ▪ As more providers are licensed and paid at a higher rate, parallel strategies may be needed to increase business and industry support for child care; tax breaks for parents with children in care; etc. Cost: Low to medium.
The quality of care is important.	Provide and promote flexible training opportunities that address the specific needs of family day home providers: evening classes, on-line classes, coaches/mentors who visit their site, etc.	Provide on-site support through VA ITSN. Promote VDSS training, building on the PR strategy already in development.	Pro: ▪ Builds on existing professional development opportunities and communication plans. Cost: Low to medium.

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
	Explore a tiered reimbursement system for providers who participate in Virginia Quality, possibly directed toward underserved areas or providers who serve target populations. Consider an "on-line chat" service similar to that offered by companies, with live operators who could offer professional advice for providers with questions.		Pro: ▪ May increase VQ participation in underserved areas. Cost: High.
The VDSS Child Care Subsidy Program is a significant contributor to provision of child care throughout the state. This program can also contribute to improving child care options in underserved areas. Currently 85% of subsidy recipient children are in licensed care.	To help providers: • Develop an alternative method of establishing subsidy rates that does not penalize providers in impoverished jurisdictions, possibly Cost of Quality standard rather than market rate. • Raise subsidy rates closer to market rate. To help families: • Adjust the sliding scale to a smaller percentage of family income.	Contract for slots to guarantee provider income. Bring subsidy rates closer to 75% of current market rate survey. Find grant funding to help offset some of the difference. Evaluate the cost of reducing the sliding scale family co-payment based on family size and income from 5-10% to 3%-7% of income.	Con: ▪ Raising subsidy rates and/or decreasing the sliding scale for co-pays will be expensive. Both of these are longer term ideas. Cost: High.
Small localities generally have smaller subsidy allocations.	Re-visit formula for subsidy allocation to localities. Explore formulas that have a "base" for the smallest counties/cities.	*Example*: Bland County receives $8K subsidy per year, which may not be enough to support families there.	Cons: • Requires an econometric study. Decision rules around that analysis would be important. • Revisiting the formula has been discussed before and was not uniformly well received. Cost: Neutral.
Head Start programs do not operate on full-day schedules.	Continue and expand the use of the subsidy program to finance Head Start wrap around options for families that need child care for work.	The General Assembly appropriates approximately $10-$11 million each year for this.	Pro: • Regular reviews to ensure funding levels are adequate would be beneficial. Cost: Low to high, depending on needs.

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
There are local governments that see importance of providing child care. If the state were able to support that work, it might be more successful.	Focus on how to support local government in expanding regulated child care options (especially infant/toddler care). Collaborate among VDSS and other state agencies to offer partnerships to local governments that are willing to support child care in their underserved communities. Explore the development of a matching funds pool as is used for industrial development.	Examples include Craig County; Dickenson County (local government pays Community Action Agency to run center in county-owned building); the town of Wytheville contracts with a private provider to operate a child care center in a town-owned building. (This also is interesting for infant & toddler care, since space was a challenge to offering this care.) Offer training, technical assistance and help finding qualified leadership.	Pro: • Efforts are more likely to be effective when local departments are involved. Cost: Low to high.

Infant and Toddler Recommendations

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
The Eastern Region has an exceptionally high number of unlicensed providers providing subsidized care, especially in relation to the total number of providers in the area. *Note: This also could be a zoning issue.*	Focus training, technical assistance and support on unlicensed vendors in the Eastern Region due to the high number of subsidy families utilizing unlicensed providers in the region.	Have CCA-VA provide targeted and focused TA. Use the VA ITSN to help programs consider licensing options.	Pros: • Allows more options to families for infant and toddler care. • Gives providers an opportunity to become more compliant with changes in CCDF regulations. • Licensed providers are paid a higher subsidy rate. Con: • Potentially limits family options. Cost: Low to medium.
There is an insufficient number of EHS programs (18) serving infants and toddlers up to 24 months of age operating in Virginia, with a limited number of EHS programs operating in Central (2), Eastern (2) and Piedmont (2). There are 4,194	Increase support to develop, implement and sustain the number of Early Head Start and EHS Child Care Partnership Grants in Virginia to better meet the needs of low-income families (e.g. creating a mentorship pilot program with experienced grantees and providers).	The Head Start State Collaboration Office and the Virginia Head Start Association could lead this effort.	Pros: • Uses existing resources and opportunities to provide staffing to EHS grantees in VA support group. • EHS is a good option for serving more infants and toddlers. Con: • Limited staff time and resources.

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
infants participating in the VDSS Subsidy program.			Cost: Low to medium.
The number of family day home providers receiving VA ITSN services is lower than the number of child care centers receiving VA ITSN services.	Increased focus on providing training/technical assistance to family child care providers serving infants and toddlers through the development of family child care provider peer to peer networks in addition to further supporting the work of the VA ITSN.	The Infant & Toddler Specialist Network could host trainings specifically for family child care providers during their program year which may lead to the development of a local family child care provider network. The network may then encourage higher participation in on-site services by family child care providers. This suggestion has come up in several of the groups. Could be more informal than licensed networks. Family Day Home Providers in VA ITSN have a higher turnover rate, so while pre- and post-ERS scores are similar for homes and centers (moved one point on ERS, moved from "minimal" quality to "minimal to good" quality), turnover rate may impact effectiveness.	Pros: • More family child care providers will receive VA ITSN services, leading to a potential increase in the quality of care provided to infants and toddlers. • Family day home providers can participate in a network with other providers who have common interests. Con: • May take time to build relationships with family day home providers in order for them to feel comfortable participating in the family child care provider network. Cost: Low.
The survey and data showed there is a need for greater access to licensed infant and toddler child care slots for low-income families throughout Virginia. The survey results revealed that 30% of child care providers responding either did not know what the child care subsidy system was or did not wish/plan to participate as a vendor.	Expand, improve and enhance access and availability of quality infant/toddler care providers participating in the Virginia Child Care Subsidy Program by: • Public awareness campaign. • Child Care Subsidy Program efforts to increase the number of licensed vendors participating in Subsidy. • Promote consistency of care and reduce turn-over by increasing access to on-going T/TA and resources for providers participating in the DSS Subsidy vendor system.	VDSS in partnership with VCPD, CCA-VA, VA Quality, HSSCO, VA ITSN, Smart Beginnings, and other stakeholders to conduct a public awareness campaign. VDSS in partnership with CCA-VA to provide targeted TA and orientations to licensed and unlicensed vendors and develop strategies to engage vendors on an on-going basis.	Pros: • Increased visibility of Child Care Subsidy Program. • Less turn-over of infant/toddler vendors. Cons: • Potential to create disconnectedness between where vendors are located and where families need care. • Potential for vendors to vent issues unrelated to Subsidy process. Cost: Low to medium.

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
Identified regulated/ licensed infant care slots do not meet the need of families in Virginia as evidenced by the number of infants and toddlers on waiting lists for care.	Create a more affordable infant care system in Virginia by: • Implementing tiered Subsidy reimbursement to increase the resources available to support infant/toddler access to quality care. • Targeted recruitment campaign to increase the supply of I&T care in Virginia. • Child care reform to cap child care expenditures at 10% of income, to free up income that would expand Virginia's economy. Advocate for paid parental leave. Explore tax incentives for employers offering 12 weeks paid parental leave. Explore tax rebates for families paying over 10% of income for child care.	VDSS conduct a Tiered Subsidy Cost Analysis Study to develop a plan to increase rates for infant/toddler reimbursements. DSS in partnership with CCA-VA, VA ITSN, and Smart Beginnings should develop strategies to implement and carry out a statewide infant & toddler recruitment campaign. Virginia Early Childhood Advocacy/Policy Group could develop strategies to reform and fund a child care cap for all families through an innovative funding approach working with legislators and policy makers at the state level.	Pros: • Increased access to high quality infant care for low-income families. • Increased access and availability to I&T care for all infants in VA. • Child care reform that caps families' child care expenses at 10% of their income could expand Virginia's economy by 0.9%. That's $4.17 billion of new economic activity. (Economic Policy Institute Cost of Child Care Report) Cons: • Potential drain on CCDF funds could reduce the number of children served. • Create higher demand for VA ITSN services and T/TA for Infant caregivers. • Legislative action would be needed to create tax incentives or other funding streams. Cost: Medium to high.
Data about and delivery of services to infants and toddlers are fragmented.	Explore opportunities to better coordinate TA support delivered via CCA-VA, VA ITSN, Project SEED, and Virginia Quality to leverage resources and reduce duplication of effort.	VDSS, in partnership with contract-holding stakeholder organizations, to deliver TA (e.g. VA ITSN, VA Quality, CCA-VA, etc.). Promote coordination of technical assistance services at the state and local level, identify overlap of services, align guidelines for TA access where feasible.	Pros: • Cohesive and coordinated infant/toddler TA system. • Efficient use of existing resources. • Replication of successful collaborative models used at the local level. Cons: • Creating another structure that may limit access or collaboration with other programs. • Policy or regulations that may limit streamlining of services (e.g. CCDF targeted funds). Cost: Low (no direct cost – staff time may be needed).

Children with Special Needs Recommendations

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
More information related to care for children with special needs is needed from families. We also need to foster collaboration with family support groups, organizations and other efforts in the state.	Connect to existing collaborations (e.g. Advocates for Equity in Schools, Center for Family Involvement's Family 2 Family network) and seek out collaborations with other family organizations in the state.	There is a value to collaborations with families at the child level and also in planning systems of care. The perspectives of families of children with special needs should help shape these recommendations. We should take advantage of existing connections to family networks and collaborations.	Pro: • Strengthens the voice of families in making system improvements. Con: • Need to offer a variety of mechanisms for involvement. Cost: Low.
There are existing child care providers caring for children with special needs and the options for care will continue to expand in the future. Additional professional development (PD) options are needed, particularly for those in more rural areas of the state. Child care providers need to learn more about community resources and how to access them as they care for children with special needs.	Create a coordinated plan for offering PD and information for child care providers, particularly related to caring for children with special needs. A small group of PD providers with this type of expertise needs to be formed to survey existing training resources in the state and to gather additional data on needs and priorities. Additional opportunities to support the PD needs of child care providers could be developed, including on-line options. The Child Care microsite can be used as a central spot to share information with providers about local services, how to access, and upcoming training.	Expanded use of existing training programs and resources at the state and local level to build capacity and knowledge (including paraprofessional training available free from VDOE). These include the new VDSS course for all child providers on inclusion. Child care providers who care for young children (under 5) could complete the CDC's "Watch Me! Celebrating Milestones and Sharing Concerns," a free on-line module that can be used for continuing education in Virginia.	Pros: • Takes advantage of existing professional development resources and networks. • Builds on expertise of agencies/providers involved in the care and education of children with special needs. Cons: • Funding may be limited. • Staff time and resources for developing additional content may be required. Cost: Low to Medium. (Access to "Watch Me!" module is free.)
It is important to clarify the ways children with disabilities are served through different systems in Virginia (e.g. definition of care for a child with special needs under Subsidy, early intervention eligibility, and/or school eligibility for special education) so that families and	Develop resources/information about typical services and supports for children with disabilities in a variety of formats to reach child care providers. Increased focus on providing training/technical assistance to family child care providers serving infants and toddlers through the development of family child care provider peer to peer networks and through the work of the VA ITSN.	All TA providers who reach child care providers should have resources for and materials about services for children with special needs in their communities.	Pro: • Take advantage of existing training providers who interact with child care providers, particularly family day home providers. Con: • May take time to develop the materials/resources and to create resource materials for the website. Cost: Low.

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
providers are able to access needed services and supports in their locality.			
Recognize the role child care providers play in ongoing developmental monitoring, relationships with families for education about development, and identification of developmental concerns. Recommend that child care providers incorporate the use of the CDC's "Learn the Signs. Act Early." materials about developmental monitoring.	Train all PD providers who reach child care providers on the CDC's "Learn the Signs. Act Early." materials and resources.	Train all PD providers who reach child care providers on the CDC's "Learn the Signs. Act Early." materials and resources.	Pros: • Expands network of caregivers who are prepared to identify developmental concerns. • Resources for "Learn the Signs. Act Early." are free to access and download. Cons: • Some providers don't feel comfortable having conversations with families about developmental concerns. • Time needed for staff training. Cost: Low to Medium. (For example, printing materials would have a cost.)

Non-Traditional Hours Recommendations

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
Most NTH care is provided by family day homes. Anecdotal evidence suggests that this is parental choice. Many FDHs are unregulated.	Provide targeted outreach, mentoring, training, and support to family day home providers offering NTH. Training topics should include: • Licensing • Health and safety • Nurture and support • Safe sleep practices Provide info sheet encouraging start-up of non-traditional hours of care, ex: http://smallbusiness.chron.com/run-daycare-part-time-10559.html	Involve VA Quality, VA ITSN, CCA-VA, and VDSS T/TA & Public Affairs Campaign.	Pros: • Uses existing resources. • Could be implemented fairly quickly. Cost: Low.
Family day home providers are least likely to be connected to supports and information that help improve quality.	Establish provider networks to offer: • Administrative support • Licensing information • Networking to reduce isolation and burnout • Professional/business development	CCA-VA and existing family day home networks.	Pros: • Takes advantage of existing resources. Cost: Low to medium.

Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
Employers can be important partners in identifying and developing creative approaches to meet need for NTH care.	Pilot outreach to providers near NTH employers. Employers can contract for slots in existing programs. Employers can work together to create centers for employees or recruit and train providers for NTH care. Employers could provide employees with advance notice of scheduling. Grant workers the right to request flexible work arrangements and/or predictable scheduling. Work with employers to develop family friendly policies around child care. Consider Petco model of not penalizing employees who miss work due to lack of child care. State could offer tax credits for businesses in underserved areas that offer child care (example: neighborhood tax credit).	Regional chambers of commerce and other workforce entities would be good sources of information/potential partners. VECF has coordinated with various chambers of commerce.	Pros: • Engages employers in strategy development. • Some states have been successful with similar ideas. Cons: • Proposals have gone to General Assembly, but most have not gained approval. • In addition to general objections to any new tax credits, there are concerns about focusing tax credits solely on VQ. • Need to creatively think through how state would make up tax dollars it would lose from providing new credits. (There was previously a tax credit for businesses that started child care. It was not used, so it was repealed.) Cost: Unknown.
Some VIEW parents have difficulty meeting program requirements because of need for NTH care.	Targeted CCA-VA support for VIEW participants in need of NTH care to understand need for and find resources for quality NTH care.	Targeted CCA-VA support for VIEW participants in need of NTH care to understand need for and find resources for quality NTH care.	Pro: • Additional info on this topic would be helpful to families and the Subsidy and VIEW programs. Cost: Low.
Some pilots have successfully used students to provide supplemental staffing to increase providers' capacity to serve children during non-traditional hours.	Engage student work programs to provide NTH care in existing programs. Hire college work-study students to provide extra staffing for family day home providers that allow FDHs to take in additional children during overlap of parents' work shifts.	Evaluate options in partnership with community colleges and universities.	Pros: • Provides assistance to CC providers. • Provides experience and possible income for students. Con: • Students would need to meet background check and other requirements with which all provider staff comply. Cost: Unknown.

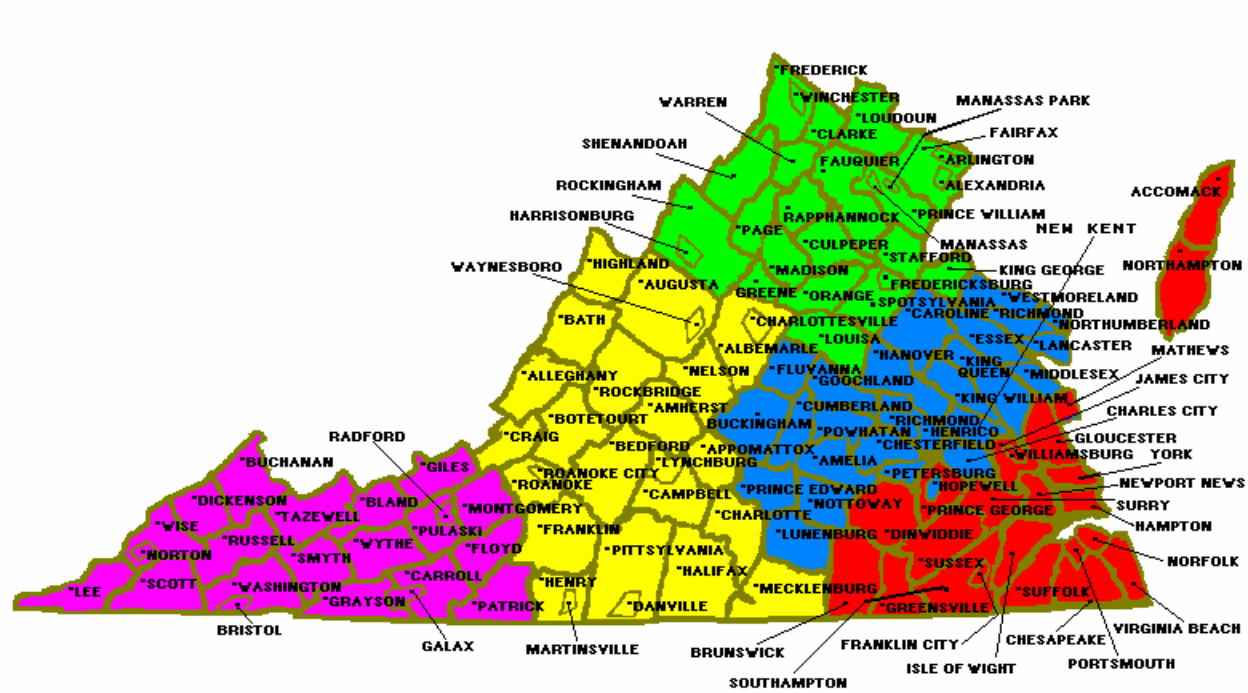
Finding	Recommendation	Implementation Ideas	Pros/Cons/Estimated Cost
Incentives to provide NTH care may be effective in increasing supply/quality.	Institute subsidy rate bonus for providers offering NTH care. Encourage employers to contract for NTH slots with licensed providers. Provide mini-grant and loan programs which incorporate incentives for providers to become licensed. Pay providers for days when children are absent (Virginia does this).	Request information from federal partners and Region III states regarding extent to which NTH incentives are offered and the success of such incentives.	Pro: • More providers may be willing to provide NTH care. Cost: Low to high.
Some military families have NTH care needs on reserve and drill weekends and during times of deployment.	Work with DoD to consider models, like Delaware's, where a center provides low cost care on drill weekends. Work with DoD to consider Air Force program that pays for family providers on drill weekends.	www.usa.childcareaware.org/military/air-force-hcc-program Explains requirements for providers who are interested in receiving up to $72 per child per day for reserve weekend care.	Pro: • Solutions in this area would be helpful to military families. Con: • DoD and the military branches operate and control their respective child care subsidy programs. Cost: Unknown.

VIII. Supporting Documents

Acronyms Used in this Report

Administration for Children and Families (ACF)
Ages and Stages Questionnaire (ASQ)
Center for Disease Control (CDC)
Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
Child and Adult Care Food Program (CACFP)
Child Care and Development Fund (CCDF)
Child Care Aware (CCA)
Child Care Aware-Virginia (CCA-VA)
Department of Defense (DoD)
Division of Child Care and Early Child Development (CCECD)
Division of Licensing Programs Help and Information Network (DOLPHIN)
Early Head Start (EHS)
Family Day Home (FDH)
Family Friend and Neighbor Care (FFN)
Head Start (HS)
Head Start State Collaboration Office (HSSCO)
Individuals with Disabilities Education Act (IDEA)
Infants and Toddlers (I&T)
Local Ordinance Providers (LOP)
National Accreditation Commission (NAC)
National Association for Family Child Care (NAFCC)
National Association for the Education of Young Children (NAEYC)
Non-Traditional Hours (NTH)
Office of the State Superintendent of Education (OSSE)
Point in Time (PIT)
Professional Development (PD)
Project SEED (Social Emotional Education and Development)
Quality Rating Information System (QRIS)
State Fiscal Year (SFY)
Training/Technical Assistance (T/TA)
Virginia Commonwealth University Medical Center (VCU-MC)
Virginia Department of Social Services (VDSS)
Virginia Head Start Association (VHSA)
Virginia Infant & Toddler Specialist Network (VA ITSN)
Virginia Initiative for Employment not Welfare (VIEW)
Virginia Preschool Initiative (VPI)
Virginia Quality (VQ)

Map of VDSS Regions



Key: Northern=Green, Central=Blue, Eastern=Red, Piedmont=Yellow, Western=Purple

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Name	**Organization**
Underserved Areas	
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Armstrong, Tatanishia[1]	VDSS – Division of Licensing Programs
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Lawman, Angela	Child Care Aware of Virginia
Barnes, Susan	James Madison University
Goldsmith, Robert	People, Incorporated of Virginia
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Jones, September[1]	KinderCare
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Archer, Pamela	Loudoun County Department of Family Services
Arjona, Ernesto	Loudoun County Department of Family Services
Davis, Pearl	VDSS – Eastern Regional Office
Wylie, Joanne	Richmond City Department of Social Services
Rhodenizer, Ashley	Shenandoah Valley – Head Start/Early Head Start

[1]Steering Committee Member

[2]Steering Committee Co-Chair

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