

Building Our Future: The State of Virginia's Early Childhood System

Decades of brain research have clearly established that the greatest opportunity to impact a child's development occurs between the prenatal period and age five. The quality of early care and the learning experiences that children receive during this period are critical to their future learning, development, and success in life.¹ Early childhood development opportunities are essential for closing achievement gaps and ensuring that all children enter school healthy and ready to learn. Research also shows that they are critical to our economy.² Well developed, well educated children are the foundation of our future workforce, and investing in them should be considered an essential strategy for economic development.

In 2002, Virginia joined a 17-state initiative, known as the School Readiness Indicator Project, to identify and use child well-being indicators to improve school readiness. One of the major products of that initiative was the 2004 "Indicators of School Readiness Data Book," a collaborative effort by the School Readiness Indicators State Team and Voices for Virginia's Children. This data book was then updated by Voices in 2006.

This report provides an overview of Virginia's early childhood system and the progress the state has made since the publication of the 2004 School Readiness Data Book. Specifically, the report discusses the state's early childhood governance and infrastructure; examines the accessibility and quality of Virginia's primary early care and education programs; reviews important health measures; discusses food insecurity; proposes policy recommendations in each of these areas; and reviews the overall effectiveness of the Commonwealth's early childhood programs from 2004 to 2011.

Understanding Readiness

School readiness can be a confusing term. Historically, school readiness has referred to a child's emotional, cognitive, linguistic and social abilities; however, the contemporary understanding emphasizes that the sources of readiness play an equally important role, including the contexts in which children live and interact, including families, schools, neighborhoods and early childhood settings.³

In 2008, the Virginia Board of Education adopted a comprehensive definition of school readiness. Their definition is: "School readiness describes the capabilities of children, their families, schools and communities that will best promote student success in kindergarten and beyond."⁴ Each component - children, families, schools and communities - is fundamental and interconnected with the others.

- Ready children refers to the social, physical and intellectual development and capabilities of children. Some indicators of ready children include their ability to communicate with others, their early literacy and academic skills, the development of their motor skills, and their ability to exhibit self-control and cooperate with others.
- Ready families refers to the active participation of parents in their children's lives, acting as their first teacher and taking responsibility for the health and early education of their child. Ready families have parents who understand the importance of quality interactions with their children, guide them socially, and ensure they are healthy by completing appropriate screenings and vaccinations.

- Ready schools refers to schools which are prepared to accept all children and provide them with high quality learning opportunities. Some indicators of ready schools include their capacity for fostering smooth transitions between home and school, their ability to support teachers and utilize best practices in the classroom, and their provision of resources and services, such as educational services, health and mental health services, and social services.
- Ready communities support families by providing them with affordable access to information, services, high quality child care, and learning opportunities. Ready communities promote collaboration between community stakeholders to develop effective school readiness strategies and ensure that there is a full spectrum of early childhood programs available.

Virginia's Governance and Infrastructure

Since the publication of the 2004 School Readiness Indicator Report, Virginia has taken steps to build a comprehensive governance structure and infrastructure to promote early care and education.

In 2005, the Virginia Early Childhood Foundation (VECF) was created under Governor Mark Warner as a public/private partnership to engage leaders from state government, and business, health and education sectors. The foundation's purpose is to leverage state support to garner significant private investments in school readiness strategies for Virginia's children ages birth to five and to provide grants, resources, and technical assistance to local and regional early childhood coalitions, known as Smart Beginnings. In 2010, VECF and its local partners leveraged additional resources at a ratio of three times greater than public funds, and it provided support to Smart Beginnings coalitions which serve 90 localities.⁵

The Working Group on Early Childhood Initiatives was formed in 2006 under Governor Tim Kaine and renamed the Virginia's Early Childhood Advisory Council in 2009. The Advisory Council brings together high-level representatives from cabinet secretariats and state agencies in the areas of Education, Health and Human Resources, Economic Development, Finance and Policy, as well as representatives of the business community and local Smart Beginnings initiatives. The goal of the council is to coordinate and strengthen early childhood programs in the state, including child care, Head Start, Early Head Start, pre-kindergarten, and IDEA preschool and infants and families programs. The council is chaired by the Secretary of Education and co-chaired by the president of the Virginia Early Childhood Foundation.

Virginia's early childhood infrastructure is further enhanced by the Office of Early Childhood Development, which was created in 2008 to coordinate and align early childhood initiatives across the Departments of Education, Social Services, and Health. Housed within the Department of Social Services, the office works toward greater efficiency and integration of funding, policy, and programming to enable the Commonwealth to maximize its resources and serve more families. The director of the Early Childhood Development Office also coordinates the activities of the Early Childhood Advisory Council.

With these governance structures in place, Virginia has developed several broad initiatives to strengthen its early childhood system. This report will highlight the state's early childhood strategic plan, Virginia's Star Quality Initiative (VSQI), the Smart Beginnings network, the Home Visiting Consortium, the Head Start Collaboration Project, and the Infant/Toddler Specialist Network.

Virginia's Plan for Smart Beginnings

Virginia's Plan for Smart Beginnings, the state's strategic plan for building a comprehensive early childhood system, is a major accomplishment of recent years. The plan lays out clear priorities, goals, objectives, and measures for ensuring that all children enter kindergarten healthy and ready to learn. The plan brings together more than 50 public and private early childhood stakeholders to work toward five umbrella goals:⁶

- Goal 1: Governance and Financing – Engage all sectors to create and sustain collaborative structures to ensure an effective early childhood system
- Goal 2: Parent Support and Education – All families of children prenatal to five will have information and support they need to promote their child's development and school readiness
- Goal 3: Early Care and Education – All families will have access to high quality early care and education
- Goal 4: Health – All families of children prenatal to age five will have access to a full range of prevention and treatment services to ensure their children are healthy
- Goal 5: Public Engagement – All Virginians will recognize the importance of early childhood and act to support policies and investments promoting a Smart Beginning for all children

The Virginia Early Childhood Advisory Council oversees the implementation of the plan, which is co-led by the president of the Virginia Early Childhood Foundation and the director of the Office of Early Childhood Development. Each goal is led by a committee which is co-chaired by a public and private partner. State funding to support this work went into effect in July 2010. Based on informal updates from the goal group leaders, there has been little focused activity within these groups since funding was implemented. There is a growing recognition that the Plan needs more frequent and focused committee work, improved reporting of progress toward objectives, and stronger leadership activity to continue progress.

The Virginia Star Quality Initiative

The Virginia Star Quality Initiative (VSQI) is a voluntary five-star rating system that was developed and launched in 2007 to improve the quality of care in child care centers, Head Start programs, and private and state-funded preschool programs. In Virginia, as across the nation, about 60% of all infants and toddlers are in child care while their parents or guardians are at work.⁷ Research indicates that the quality of that care is extremely important to their development. Administered jointly by the Virginia Early Childhood Foundation and the Office of Early Childhood Development, the VSQI offers voluntary assessments of child care programs and recommendations and supports for improving their quality of care. VSQI measures four domains of program quality: 1) the education, training, and professional development of directors, teachers, and assistant teachers; 2) interactions among teachers and students; 3) group size and adult-to-child ratios; and 4) the learning environment and instructional practice.

The VSQI is funded by a combination of federal funds, local support, and private investment through the Virginia Early Childhood Foundation. It does not reach all parts of the state yet, due partly to inadequate funding. However, the state received additional federal money from the 2009 American Recovery and Reinvestment Act to expand the initiative to include Family Child Care Homes. In 2010-2011, 75 homes were rated in six localities: Arlington/Alexandria, Fairfax, Appalachia, Central Virginia, South Hampton Roads, and Greater Richmond. To fully implement the VSQI across the state, a dedicated funding stream is needed in the state budget, as well as additional funding to provide an adequate level of human resources to do the work.

VSQI Highlights:⁸

- 2007-2008: 94 programs rated
2009: 118 programs rated
2010: 90 programs rated
2011: 113 programs rated
- Approximately 7,732 children were potentially impacted by their child care programs' participation in the VSQI in 2010 and 2011 (earliest data available for this indicator).
- 73 programs have attained a 2 star rating, 161 have attained a 3 star rating, and 87 have reached 4 stars.

Smart Beginnings Coalitions

The core of Virginia's early childhood system is Smart Beginnings - a statewide network of locally operated early childhood coalitions. The Virginia Early Childhood Foundation provides leadership, funding, and technical assistance to these initiatives, and serves as a bridge between local and state school readiness efforts. Since 2007, a total of 28 Smart Beginnings coalitions have been developed, covering 90 localities. Each coalition brings together a diverse group of early childhood professionals, business leaders, and other stakeholders to create and implement a school readiness plan that addresses specific priority areas. Newly formed coalitions may focus on goals such as forming a leadership council and completing community assessments. More established coalitions concentrate on areas including public awareness, resource development, family support and parent education, early childhood professional development, the Virginia Star Quality Initiative, developmental screenings and referrals, and kindergarten transition.

Since 2007, 28 Smart Beginnings coalitions have been developed, covering 90 localities.

Examples of Smart Beginnings successes include:⁹

- Six Smart Beginnings coalitions serving 20 jurisdictions expanded their use of developmental screenings to reach over 1,200 additional children, resulting in early detection of challenges and more referrals to early intervention services.
- Smart Beginnings Alexandria-Arlington partnered with Hopkins House and Virginia Women's Foundation to leverage \$60,000 in additional funds, which enabled 22 early care and education professionals to attend credit coursework through Northern Virginia Community College.

- Smart Beginnings Greater Richmond increased promotion of school registration to raise awareness among parents, and 1,114 families participated in 103 parenting classes.
- Smart Beginning South Hampton Roads created the Faithful Beginnings Interfaith Alliance, which partners with nearly 70 faith-based congregations and preschools to raise awareness and advocate for greater public investments in early childhood.

The Home Visiting Consortium

Virginia welcomed the creation of the statewide Home Visiting Consortium in 2006. The consortium is a collaboration of early childhood home visiting programs that serve families of children from pregnancy through age five. The group works to reduce duplication of home visiting services and meet gaps in services. The Consortium reports to the Early Childhood Advisory Council and is a partner in Virginia's Plan for Smart Beginnings to help meet the Plan's parent support and education goals.

The Head Start Collaboration Project

The Head Start State Collaboration Office is housed within the Division of Child Care & Early Childhood Development at the Virginia Department of Social Services. It serves to develop and enhance partnerships between Head Start/Early Head Start programs, other state agencies, and early childhood professionals. These partnerships facilitate the coordination of services that benefit low-income children from birth to school age and their families. For example, collaborative efforts and communications between Head Start/Early Head Start, the Virginia Preschool Initiative, and state and local child care offices ease transitions between child care and preschool and foster a continuum of care for the children and families.

Virginia's Infant and Toddler Specialist Network

The Virginia Infant and Toddler Specialist Network (VA ITSN) is a federally funded program that began in 2008; by early 2009 there were eight regional offices established throughout the state. The goal of the VA ITSN is to improve the quality of child care by strengthening the infant and toddler workforce. Current funding supports thirteen highly trained infant toddler specialists who provide three levels of services to child care providers. Level 1, Quality Improvement, provides intensive on-site consultation, mentoring, and support using quality improvement plans. Level 2, Quality Enhancement, includes training and technical assistance to groups of caregivers/teachers and directors. Level 3, Quality Assurance, provides resources, e-mail and telephone consultation, web site support, audio-conferencing, and linkages to existing professional development opportunities.¹⁰

In Year 1 of the network (2009-10), 121 child care programs received Level 1 intensive on-site technical assistance and training and 12,126 providers received services at all three levels. In Year 2 (2010-11), 126 programs received Level 1 services and 11,395 providers received services at all three levels.¹¹

In order for the VA ITSN to meet the great needs that providers have for program and professional development, additional funding is needed to hire more specialists, especially for the large geographic and highly populated areas of the state. Ongoing collaborative efforts between the VA ITSN and the Virginia Star Quality Initiative are strengthening both programs. Maintaining this and other linkages with the early care and education sector, both within regions and on the state level, is important to the ongoing success of the VA ITSN.¹²

Virginia's Early Care and Education Programs

As Virginia's definition of school readiness aptly explains, there are myriad formal and informal influences on a child's school readiness. This analysis will focus on the four farthest-reaching, government-supported early care and education programs in Virginia: the child care subsidy program, the public pre-k programs – Head Start and the Virginia Preschool Initiative, and home visiting.

Virginia's Child Care Subsidy Program

Quality child care greatly contributes to children's school readiness by providing a nurturing and enriching environment for babies, toddlers, and young children.¹³ Research shows that children in high quality care showed better cognitive function and language development across the first three years of life and had more positive interactions with other children at age three.¹⁴

Child care also allows families to maintain stable and productive employment; however, the costs of child care can be prohibitive for some American families. For these families, their child care subsidy is an essential work support, without which child care costs can easily exceed 30% of total income.

A recent report by the National Association of Child Care Resource & Referral Agencies found that the average fees for center-based infant care exceed the average annual amount that families spend on food. Monthly child care fees for two children exceed the median monthly cost of rent, and are nearly as high, or even higher, than the average monthly mortgage payment in every state.¹⁵

The economic recession has strained families even further and, consequently, has limited their child care choices. Child Care Resource and Referral agencies across the country have reported that parents are moving their children from licensed programs to informal, less expensive child care settings where program quality is unknown.¹⁶

Average child care costs can exceed the annual amount that families spend on food, or the monthly cost of rent or mortgage.

The Virginia Child Care Subsidy Program provides child care assistance to low-income parents who work or are engaged in educational or training activities that promote self-sufficiency. Between 2002 and 2010, approximately 56,878 children, or 32,351 families, were served by the program per year. Though there was a sharp decline in expenditures from 2006 to 2007, 2010 expenditures were still almost triple what they were in 1996 when the Personal Responsibility and Work Opportunity Act (known as welfare reform) was passed. The Act was designed to move adults from welfare and into the workforce and allotted child care assistance money to help parents with the transition. Since 1996, thousands more Virginians have received child care assistance. The reason for this is not solely welfare reform, but also because more people who have never even received welfare benefits are in need of child care assistance to help cover the high costs of care.

Figure 1. Total and Average Number of Children Served by Child Care

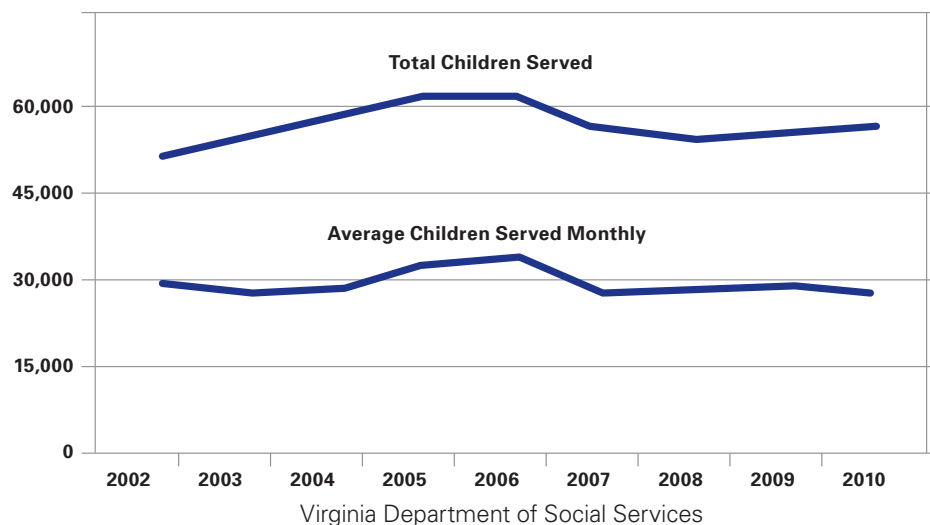
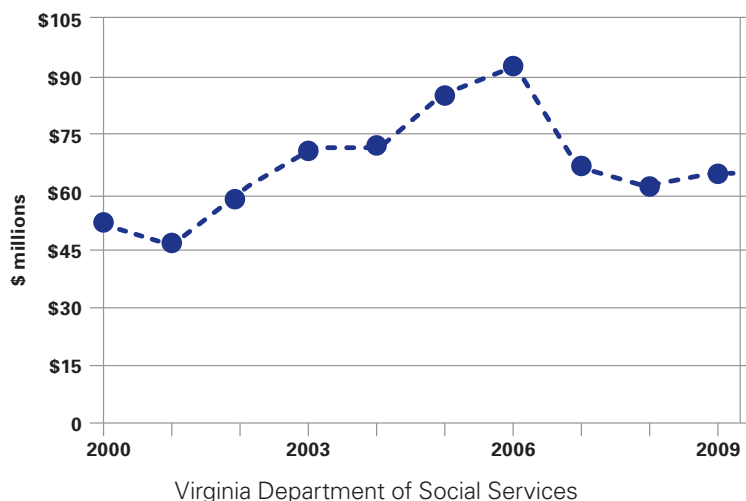


Figure 2. Total Subsidy Child Care Expenditures



Accessibility and Quality of the Child Care Subsidy Program

Local departments of social services maintain ongoing wait lists of families in need of child care assistance. While the number fluctuates slightly from month to month, the typical total range is between 10,000-12,000 children. As of July 2011, there are 10,981 children, or 6982 families, waiting to enroll.¹⁷

States are required by federal law to ensure that families receiving child care subsidies have equal access to comparable care purchased by private-paying parents. States accomplish this by conducting market rate surveys (MRS) to analyze their state's market rates and then setting their provider reimbursement rates accordingly. In most states, including Virginia, parents pay a co-pay and the state reimburses the child care provider for their services, based on the market rate survey. The federal recommendation is for rates to be set at the 75th percentile of current market rates.¹⁸ At this rate, child care providers can maintain the quality of their program and not have to turn away subsidy families.

Unfortunately, reimbursement rates for licensed providers in Virginia range between the 25th and 40th percentiles - far below the federally recommended 75th percentile of market rate.¹⁹ With the exception of infant rates that were increased to 40% of market rate with funds from the American Recovery and Reinvestment Act, provider rates have not been adjusted since 2004. When reimbursement rates do not reflect the market, providers either pass on their unfunded costs to families, making child care less affordable, or they refuse to accept children in the subsidy program altogether, reducing the number of providers available to serve low-income families.

The source of the two main challenges of the subsidy program, wait lists and low reimbursement rates, is the same – inadequate funding. Only through additional revenue will the program be able to operate at an optimal level, serving all eligible families who are trying to work and raise children and reimbursing providers at a rate that will sustain high quality child care.

Recommendations to Improve Virginia's Child Care Subsidy Program

1. **Urge congress to reauthorize and expand the Child Care Development Block Grant (CCDBG).** The Child Care Development Block grant is the primary federal funding stream for child care in the states. CCDBG was established in 1990 and reauthorized and expanded in 1996 as part of welfare reform. The last time it was reauthorized was in 2002. Reauthorization opens the window for increasing funding for child care and improving quality measures, such as establishing reimbursement rates for providers at no less than the 75th percentile of the current market rate.¹⁹
2. **Educate Virginia lawmakers about the consequences of low provider rates.** Low rates discourage child care providers from accepting families with subsidies, thereby limiting choices of high quality settings for lower-income families. Low rates also mean that parents must pay a higher share out of pocket, making quality care less affordable.
3. **Increase state funds for the child care subsidy program.** In order to reduce wait lists and increase provider rates, Virginia also needs higher state investments into the program.

Head Start and the Virginia Preschool Initiative

Research shows that economically disadvantaged children are at great risk for poor educational outcomes such as low achievement test scores, grade repetition, suspension or expulsion, and dropping out of high school. Many at-risk children enter kindergarten already behind their more advantaged counterparts and many never catch up. These risk factors include: having parents who have not completed high school, coming from a low-income or welfare-dependent family, living in a single-parent family, and having parents who speak a language other than English in the home.²¹ Data from the National Center for Education Statistics' (NCES) Early Childhood Longitudinal Study — Kindergarten Cohort (ECLS-K) show that children whose families have multiple risk factors suffer the greatest achievement gaps in school.²² Key findings from the study include:

- Children with even one risk factor are twice as likely to have reading scores that fall into the lowest 25% of children studied compared to children with no risk factors.
- In mathematics, 38% of the multiple risk group could count beyond 10 or make judgments of relative length compared with 68% in the no risk group.
- Forty-four percent of children with multiple risk factors rarely paid attention, compared to 28% of children with no risk factors.
- Children in families who receive welfare were significantly less competent in reading, mathematics, and social skills compared to children who had never received welfare.

A well-established body of national research has found that high quality pre-k instruction can be an effective strategy for reducing achievement gaps between advantaged and disadvantaged children.²³ At-risk children who receive a high quality pre-school education repeat fewer grades, require less special education, have improved social behavior and cognitive ability, and enjoy higher high school graduation rates.

A joint analysis by the Economic Policy Institute and The Commonwealth Institute found that quality early education benefits Virginia to the tune of two billion dollars over 17 years in special education savings, child welfare savings, decreased grade retention, reductions in juvenile crime, reductions in adult crime, increased earnings by parents, and increased tax contributions.^{24,25} Quality early education is not only an effective strategy for promoting school-readiness and closing achievement gaps, but also for improving Virginia's overall economy.

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Head Start

Created in 1965, Head Start was developed to promote optimal child development and school readiness for disadvantaged children. It is a federally-funded, locally-based program that provides comprehensive services including education, health, nutrition, dental, mental health, social services, and parent involvement opportunities to income-eligible families with children from birth to age five.

Head Start includes the Early Head Start program that serves pregnant women and their children up to age three. The Head Start pre-school program serves children ages three to five years in center-based classrooms or through a home-visitor model. In Virginia, Head Start programs are housed in community action organizations, single purpose agencies, and public school divisions.²⁶

Currently, approximately 14,000 children are served by Virginia's Head Start pre-school. The program enhances school readiness skills in academics - language, literacy, mathematics, science, and creative arts - as well as in social and emotional functioning and physical development. Head Start programs encourage strong parent involvement and provide guidance and social services to parents.

The national Head Start program has been criticized recently for having relatively few positive long-term impacts on school success. The Head Start Impact Study Final Report of 2010 found that while Head Start has positive impacts on children's school readiness during their time in the program, many of those benefits yielded only a few significant differences in outcomes at the end of first grade.²⁷ However, the study maintains that providing access to Head Start has a positive impact on children's exposure to high quality early care and education environments.

Voices for Virginia's Children holds that Head Start and Early Head Start are vital to strengthening families, combating poverty, and preparing children for school and life. Without Head Start, the children it serves would be left with little hope of starting kindergarten at the same level as their peers and would most likely stay behind. The answer is not to shrink Head Start, but strengthen it with quality and accountability improvement efforts and find ways to continue the comprehensive health and social services offered to Head Start families throughout the elementary years.

Below are data that indicate that Virginia's Head Start programs are succeeding in fostering solid foundations for children and their families and preparing children for academic success in school.

Many of Virginia's Head Start programs administer the Phonological Awareness Literacy Screening for pre-K (known as PALS-PreK) to measure emergent literacy skills. Results from the Spring 2010 assessment show that the majority of students assessed met the expected age and developmental range in eight categories used to measure school readiness. For these children to perform at this level indicates that Virginia Head Start programs are succeeding in closing the school readiness gaps between low-income children and their more advantaged peers.

Table 1. Spring PALS-PreK Assessments – Virginia Students

Literacy Skill	2007	2008	2009	2010
Name Writing	81%	82%	84%	82.5%
Alphabet Knowledge	73%	74%	74%	69%
Letter Sounds	59%	61%	64%	62.5%
Print and Word Awareness	76%	78%	78%	76.5%
Beginning Sound Awareness	80%	78%	78%	79.6%
Rhyme Awareness	76%	76%	79%	79%
Nursery Rhyme	74%	83%	78%	84%

*Data from Virginia Head Start Association Annual Reports 2006-2007; 2007-2008; 2009-2010.
Data reported in percentages of students meeting expected age and developmental levels.

Table 2. 2010 Key Program Indicators

Family Indicators	2007	2008	2009	2010
Number of families served	14,380	14,188	14,655	15,481
Number of children served (Early Head Start / Head Start)	1698/13,996	1,848/13,786	1,592/14,081	2,162/14,361
Number of families with a working parent(s)	73%	73%	Not available	67%
Percent of families who received family services	87%	82%	77%	75%
Health Services Outcomes				
Percent of Head Start (HS) children with health insurance	95%	96%	96%	98%
Percent of HS children with medical home	98%	95%	98%	99%
Percent of HS children with dental home	91%	91%	96%	97%
Number of children referred for mental health services	602	465	308	2,477 or 16% of families served**

*Data from Virginia Head Start Association Annual Report 2010, Head Start Works for Virginia.
Data represent measures taken at the end of the program year.

**Mental health data for 2010 did not separate out children from families.

Recommendations for Strengthening Head Start

- Poorly performing Head Start programs should re-compete for their federal funding rather than be automatically funded.** The Department of Health and Human Services recommends this proposal and Voices for Virginia's Children supports it as a valid approach to improving quality and narrowing achievement gaps among students across the nation.²⁵
- Federal quality improvement initiatives should be implemented.** Voices supports federal proposals to provide national Technical Assistance and Training Centers to identify and disseminate best practices, the assignment of mentors to selected programs to assist them in meeting standards, and the designation of exemplary programs as "Centers of Excellence" to provide peer-to-peer technical assistance.
- Increase funding to provide more student slots to successful Head Start programs.** Results of the Virginia 2010-2011 Head Start Focus Group Report found that Head Start programs provide much needed support to both children and families within communities and that expanding Head Start enrollment would better meet community demand for high quality, affordable pre-school.²⁶

The Virginia Preschool Initiative

In 1994, under Governor George Allen, Virginia started the Virginia Preschool Initiative (VPI) to provide a high-quality early education experience to four-year-olds at risk of entering kindergarten unprepared to succeed. The program targets four-year-old children who are not served by the federal Head Start program.

Funding for VPI has gradually increased as the program grows to support more at-risk children. From FY 1996 to FY 2006, the General Assembly funded VPI at \$5,400 per pupil. In 2001 a public education study by the Joint Legislative Audit and Review Commission (JLARC) recommended increasing funding to approximately \$6,500 per pupil. No increase came until 2006 when the General Assembly increased the per pupil amount to \$5,700 for FY 2007 and FY 2008. The 2008 General Assembly increased the per pupil amount to \$6,000 and capped the local match requirement at 50%, making it more affordable for some school divisions to participate.

While these incremental increases over time are a move in the right direction, the per pupil funding amount still falls below the recommended amount of \$7,627 to achieve an “optimal model” preschool program.³⁰ The National Pre-Kindergarten Center reported that pre-k costs typically ranged from \$6,000-\$8,000 in 2007. In Virginia, the prevailing cost across all school divisions in 2007 was \$6,790 per pupil, although there were differences in the cost experience of rural, suburban, and urban divisions. The prevailing per pupil cost among urban programs was \$7,883. In suburban school divisions, the typical per pupil cost was \$7,578, and in rural divisions it was \$6,053.³¹

Table 3. State Funding for the Virginia Preschool Initiative, FY 2001-11

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
State Funding Totals (millions)	18.4	18.8	18.1	18.2	34.9	38.5	44.7	46.9	54.5	59.0	60.4

Virginia Department of Education

Quality of VPI

Data from a 2007 JLARC study indicate that VPI is a high quality pre-school program that produces students who are more prepared for kindergarten than non-participants. These children score higher on the Phonological Awareness and Literacy Screenings for pre-k (known as the PALS-PreK) and kindergarten (PALS-K). These screenings measure a child's knowledge of literacy fundamentals and provide a means for identifying children who may need special instruction. The report also found that 70% of kindergarten teachers surveyed said that VPI graduates were “very well prepared” academically and socially for kindergarten, and 80% of elementary principals believe that VPI increases the academic and social abilities of children.³²

A longitudinal study of one group of preschoolers from the 2002-2003 school year showed that at-risk students with pre-k experience had higher third grade SOL scores than economically disadvantaged students without any pre-k.³³ This suggests that the benefits accrued from preschool continue throughout the early school years, though more long-term tracking of students and analysis are needed.

VPI helps to close achievement gaps by producing students who are more prepared for kindergarten than non-VPI participants.

Table 4. Key Outcomes Associated with Pre-K Preparation

Academic Year	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Number served by VPI	5,858	10,318	11,237	12,224	12,845	14,045	14,491
PALS K % "Not Ready"	21.4%	19.7%	17.9%	17.2%	16.5	14.3%	14.1%
Grade 3 SOL Pass Rate - Reading	71%	77%	84%	80%	84%	86%	83%

Virginia Department of Education

* The PALS-K data are statewide percentages of children who scored below kindergarten readiness levels. The screening is administered the fall of the kindergarten year.

* The Grade 3 SOL data are statewide percentages of children who scored in the pass range on the reading SOL.

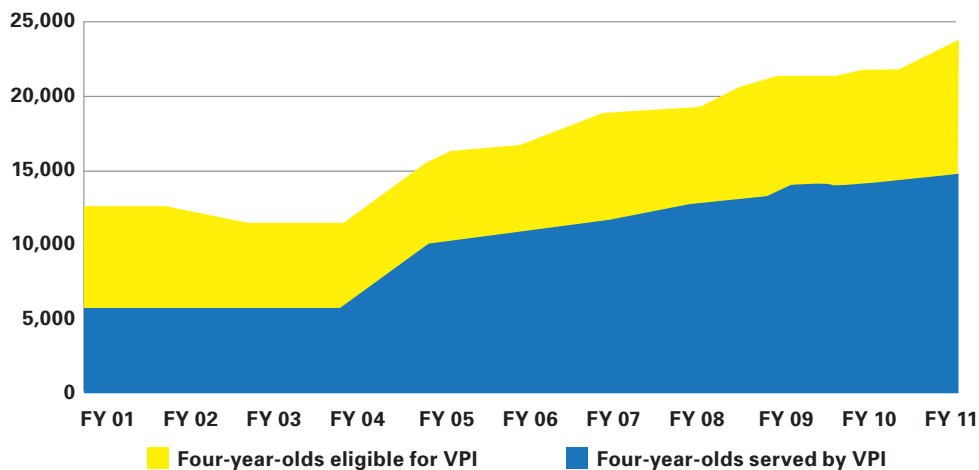
* Although VPI students are not separated out in the above two categories, it is noteworthy that these percentages have improved as the VPI participation numbers have increased over time.

Access to VPI

Virginia has made great strides in expanding VPI for at-risk four-year-olds but has not met the goal of ensuring that 100% of VPI-eligible children³⁴ are served. Despite the fact that the state budgets for 100% of these children, the most recent data indicate that there are approximately 7,808 at-risk four year olds in the state who are left unserved by VPI or Head Start.³⁵

Approximately 7,808 at-risk four year olds in Virginia are left unserved by VPI or Head Start.

Figure 3. Unmet Need for Preschool Services in Virginia, FY01-FY11



Virginia Department of Education

There are several explanations for this. Local participation in VPI is not mandatory, and local governments have considerable control over the implementation of VPI. First, localities can be eligible for VPI funding but can choose not to participate.³⁶

Another explanation is that participating divisions/localities can choose not to fill all of their VPI slots, meaning that there are at-risk children for whom the state allocates funding but who are not served.

The major factors for nonparticipation, as reported by many of these localities, are the lack of physical classroom space, start-up costs for the program, and the annual local share costs.³⁷ Because some localities opt not to participate in VPI, and others do not utilize all their slots, access to the program can be different for at-risk children depending on where they live.

Table 5. Number of Eligible School Divisions that Did Not Participate in VPI

Academic Year	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Number of School Divisions	22	25	25	21	18	12	13	14

Virginia Department of Education

Table 6. VPI Utilization by Localities

Academic Year	Localities/divisions leaving 100 or more VPI slots unutilized (Available slots/Used slots)
2008-09	Prince William Co. (1,089/36), Fairfax Co. (1,782/768), Henrico Co. (818/208), Richmond City (1,451/881), VA Beach City (1,216/704), Alexandria City (702/228), Chesterfield Co. (529/112), Loudoun Co. (403/240), Chesapeake City (506/304)
2009-10	Chesterfield Co. (537/112), Fairfax Co. (1,798/876), Henrico Co. (830/275), Loudoun Co. (422/240), Prince William Co. (1,128/36), Alexandria City (731/246), Richmond City (1,480/881), VA Beach City (1,224/774), Chesapeake City (513/304)
2010-11	Arlington City (612/510), Chesterfield Co. (649/112), Fairfax Co. (2,033/969), Henrico Co. (791/275), Spotsylvania Co. (231/90), Alexandria City (866/241), Charlottesville (223/80), Harrisonburg (200/96), Richmond City (1,455/882), VA Beach City (1,190/704), Chesapeake City (526/304)

Virginia Department of Education

Pilot Program to Improve VPI Access and Quality

The 2007 General Assembly allocated \$1.7 million for FY 2008 for a Preschool Pilot project. This pilot tested innovative strategies for delivering high quality preschool and addressing the barriers to serving all eligible children. Ten communities participated in the pilot during the 2007-08 academic year and found the following key results:³⁸³⁹

Using a “mixed-delivery” approach (that is, using both public and private preschool settings), participating localities served more children.

- Braiding funding streams including VPI, child care subsidies, Head Start, and parent tuition, increased access for children who had not previously been able to attend preschool due to funding stream constraint. For example, VPI money can be used to pay for the educational component of a child’s preschool experience, while the child’s child care subsidy can be used to offset the cost of full-day care.
- Blending programs so that VPI, Head Start, and private tuition children share the same classroom settings increased access and improved program quality, including providing more comprehensive services to children.
- Having a “single-point-of-entry” (a centralized enrollment process) facilitates eligibility determinations, makes the enrollment process easier for parents, and increases parental awareness of additional services that may be available to families. Single-point-of-entry strategies are important to the success of mixed-delivery systems.

Since the Preschool Pilot, there has been an increase in the number of localities utilizing public-private partnerships to deliver preschool. In the 2007-08 academic year, eight localities partnered with private preschool programs to deliver pre-k. Currently, there are ten. The data below are from the 2010-11 academic year, the first year that DOE collected information about VPI providers other than public schools.

Table 7. VPI Implementation by Private Providers, AY 2010-11

Locality	Number of Private Providers Implementing VPI
Albemarle	3
Alexandria	4
Alleghany	1
Arlington	1
Chesapeake	1
Fairfax County	28
Fauquier	1
Hampton	2
Richmond County	1
Virginia Beach	1

Virginia Department of Education

Recommendations for Enhancing VPI Quality and Access

- 1. Establish a statewide VPI Policy Council.** Made up of state-level policy advisors, Department of Education administrators, local school superintendents, and child advocates, this council would address the barriers that prevent localities from participating in VPI or from utilizing all their student slots and make specific policy recommendations to the Governor and General Assembly.
- 2. Achieve parity of status and funding with K-12 public education.** Unlike other education costs, the VPI per pupil amount is not routinely updated through the Department of Education's re-benchmarking process. Adjusting the original FY 1996 per pupil amount based on an average annual inflation rate of 2.6 percent would yield an FY 2008 per pupil amount of \$7,348.⁴⁰
- 3. Include pre-k in the reauthorization of the Elementary and Secondary Education Act (ESEA).** Since early education is the first step to education reform, it should be an integral component of the country's leading education law, the ESEA. Shifting from a K-12 public education system to a Pre-K-12 system holds many promising policy changes that would bolster the early education system and increase school readiness across the country. Such policy reforms may include mandating increased funding for early education, promoting alignment between pre-k and K-3 standards, ensuring that state longitudinal data systems include children before the age of five, and including early childhood professionals in professional development programs.

Home Visiting

A 14-year study by the Centers for Disease Control and Prevention found a causal relationship between adverse childhood experiences, such as child abuse, neglect, and family dysfunction, and adult health problems, shorter life expectancy, and difficulties maintaining employment.⁴¹ Research shows that home visiting programs can be an effective method of delivering family support and child development services which reduce the likelihood of poor outcomes and increase children's school readiness.⁴² Home visitors mentor parents to provide safe and healthy homes and promote preventive health care for children, including immunizations. Through comprehensive screenings and referrals, mentors address issues of depression and other mental health issues, domestic violence, and substance abuse. They also make referrals for early intervention services based on child developmental screenings.

In Virginia, home visiting is viewed as a strategy for delivering different services to different families with different needs. Healthy Families of Virginia is designed to serve families who are at risk for poor parenting (and the poor outcomes that are related). Comprehensive Health Investment Project (CHIP) of Virginia is for Medicaid-eligible families with a focus on health issues. Resource Mothers strives to improve birth outcomes for first time pregnant teens that have few resources. Project Link serves mothers with substance abuse problems. Finally, Parents as Teachers is the least intensive home visiting program that promotes child development in any family. All of these programs are members of the Virginia Home Visiting Consortium.⁴³

Access to Home Visiting Services

America's Great Recession caused unprecedented challenges for Virginia's vulnerable families. Between January 2007 and January 2010, Virginia's unemployment rate rose drastically from 2.9% to 7.2%. By June 2011 (the latest available data) the rate had improved modestly to 6% but was still double that of the 2007 rate.⁴⁴ Despite evidence that 1) economic struggles and job losses are correlated with increased rates of child abuse and neglect⁴⁵ and that 2) home visiting has proved effective in mitigating these outcomes, Virginia's largest state-supported home visiting providers, Healthy Families of Virginia and CHIP of Virginia, were significantly cut in the 2010-2012 biennial budget.

America's Great Recession caused unprecedented challenges for Virginia's vulnerable families. Home visiting services should be expanding, not shrinking.

Consequently, home visiting sites have had to merge or close their doors entirely because of these funding cuts, meaning fewer vulnerable families are able to access services. CHIP shrank from eleven program sites serving 30 localities to 8 sites serving 27 localities (the Richmond and Petersburg programs merged, Chesapeake and Portsmouth merged, and the CHIP of Williamsburg will close altogether effective August 2012).⁴⁶ Healthy Families has lost five sites, leaving 33 sites across the state. Two of the closed sites were in Halifax and Eastern Shore, where there are almost no other services for families with children between 0-5 years.⁴⁷

Additionally, in 2010, Virginia was required by the Federal Health Care Reform Legislation to conduct a home visiting needs assessment that would identify communities that have few quality home visitation programs and are at-risk for poor maternal and child health. Thirty-eight localities were identified; demonstrating that home visiting services should not be shrinking but expanding. These at-risk communities are:⁴⁸

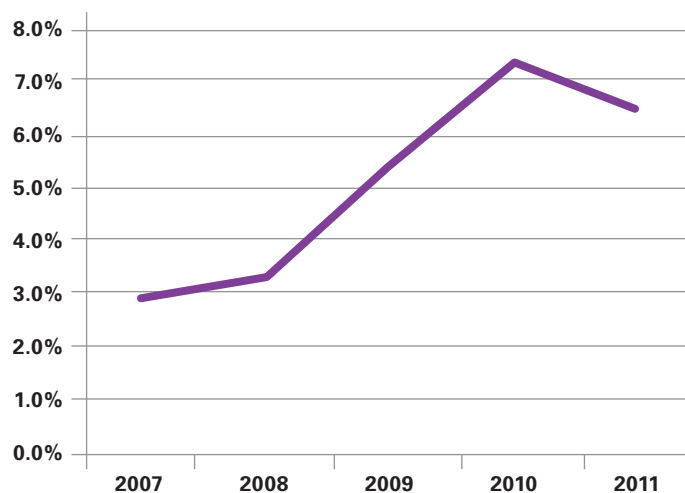
Accomack County
Bristol City
Campbell County
Charlotte County
Cumberland County
Danville City
Emporia City
Essex County
Fredericksburg City

Gloucester County
Greensville County
Halifax County
Hampton City
Henry County
Hopewell City
Lancaster County
Lunenburg County
Montgomery County

Newport News City
Norfolk City
Northampton County
Nottoway County
Orange County
Patrick County
Petersburg City
Portsmouth City
Radford City
Richmond City

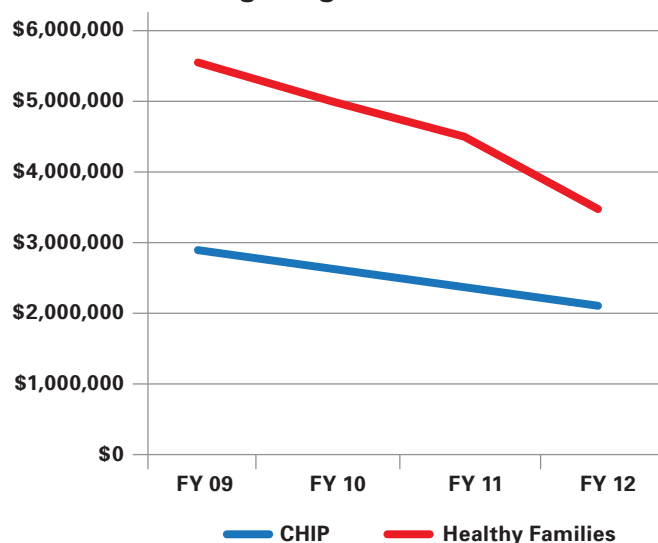
Smyth County
Southampton County
Staunton City
Suffolk City
Sussex County
Warren County
Waynesboro City
Williamsburg City
Winchester City

Figure 4. Virginia's Unemployment Rate Since 2007



United States Department of Labor,
Bureau of Labor Statistics

Figure 5. Funding for Virginia's Home Visiting Programs, FY09-FY12



Virginia FY 12 Budget Cuts – CHIP and Healthy Families legislative brief. January 2011

Table 8. Numbers Served by CHIP⁴⁶ and Healthy Families⁴⁷

	FY 07	FY 08	FY 09	FY 10	Decrease from FY07-FY10
CHIP					
Families	2,964	2,871	2,954	2,874	3%
Children	4,112	3,827	3,992	3,710	10%
Pregnant women	621	582	599	492	21%
Healthy Families					
Families	2,836	2,766	2,844	2,362	17%
Children	3,799	3,763	4,011	3,843	+1%
Pregnant women	1,600	1,630	1,664	1,346	16%

Quality of Home Visiting Services

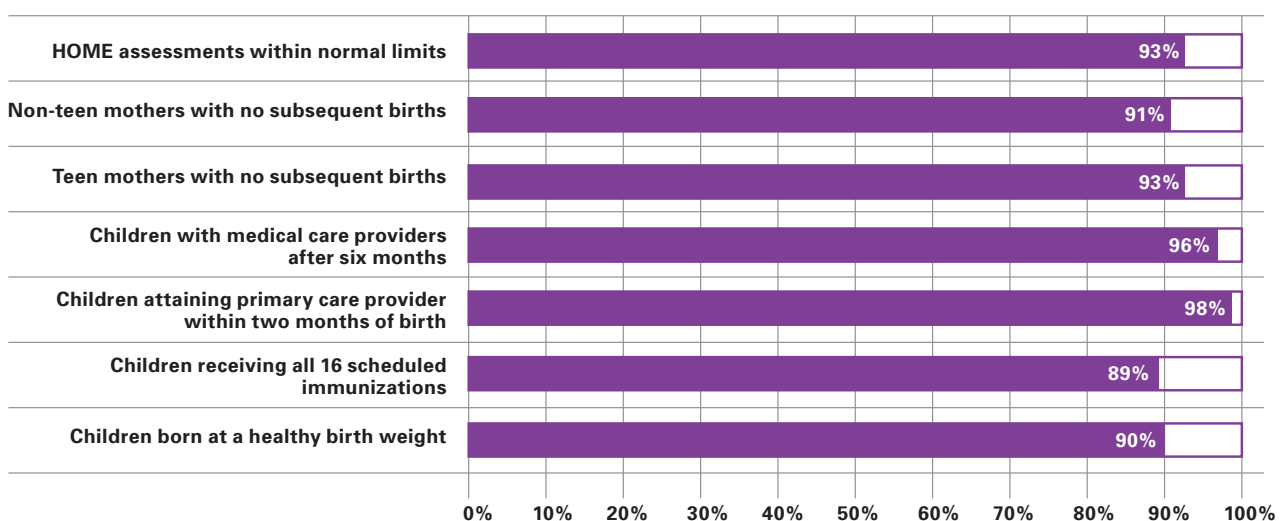
Program outcomes are a good measure of program quality. Healthy Families and CHIP of Virginia are proven home visiting programs that improve developmental outcomes for children and their parents and prevent long-term health, social, and learning problems for thousands of at-risk children.

A Healthy Families Virginia statewide evaluation summarized outcomes from fiscal years 2006-2010.⁵¹ Key findings include:

- Healthy Families is contributing toward the goal of breaking the cycle of violence. Over five years, the rate of child abuse and neglect was 1.24% among participating parents in Healthy Families. In 2010, the rate of founded cases for Healthy Families participants was 0.8%, the lowest rate ever obtained.⁵²
- Healthy Families participants have higher rates of child immunizations than the state. Between 2006 and 2009, immunization rates in Virginia fell from 81.5% to 69.6% while the rate for Healthy Families participants remained at 89%.
- Healthy Families participants have succeeded in securing medical providers for their children. The figure below demonstrates several other positive outcomes experienced by Healthy Families participants.

Evaluation data also demonstrate that CHIP of Virginia improves health outcomes and prevents long-term health problems for at-risk children. Data from fiscal years 2008-2010 found that after one year of receiving CHIP home visiting services:⁵³

- The percentage of participating 3-4 year olds who attended early childhood programs or out of home care increased from 31% to 67%.
- The percentage of children who had a medical home rose from 90% to 98%.
- The percentage of families with one or both parents employed increased from 34% to 44%.
- The percentage of families who receive food stamps increased from 43% to 55%.
- The percentage of mothers who use a method of family planning rose from 42% to 66%.

Figure 6. Healthy Families Program Outcomes, FY 2006 - FY 2010

Recommendations to Strengthen Home Visiting in Virginia

- 1. Increase funding for Virginia's home visiting programs.** Home visiting in Virginia is limited in its outreach solely because of funding constraints. At a minimum, the General Assembly should fully restore funding for Healthy Families and CHIP to the 2009 funding level (funding prior to the 2010 biennium budget cuts). This would enable these programs to reopen the sites they have closed since 2010. However, even prior to funding cuts, members of the Home Visiting Consortium had identified several gaps in home visiting services, including insufficient staff to provide for the overall unmet need, lack of services to fathers, insufficient services for teen parents, lack of services for diverse cultural populations, unavailable mental health and substance abuse treatment resources for parents, inadequate domestic violence prevention and treatment, insufficient parent support in crisis situations, and increased need for education/training for parents.⁵⁴ This suggests that state funding for home visiting needs to be even higher than the 2009 level in order to fill the gaps in service and meet the needs of Virginia's at-risk children and families.

Children's Health and School Readiness

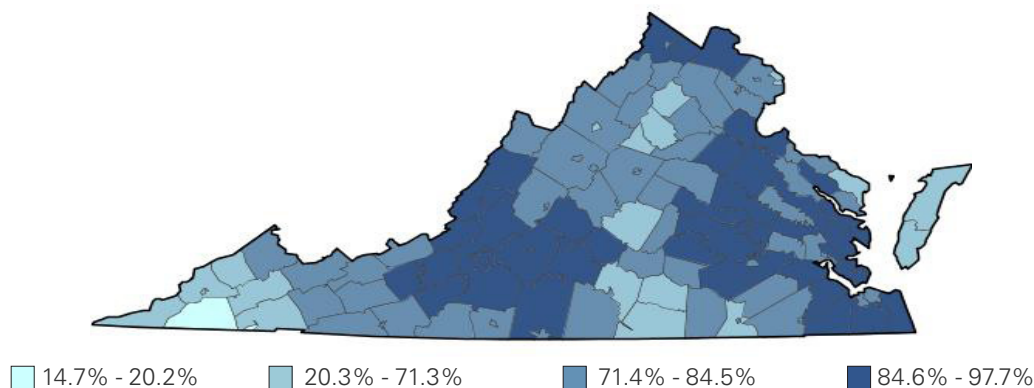
Children's physical well-being is equally important to their school readiness as their cognitive and social development.⁵⁵ However, experts in the early care and education sector have observed that child health is too often viewed as distinct from early care and learning rather than as an integral part of school readiness.⁵⁶ Fortunately, the early childhood system in Virginia reflects an understanding of the significant role of health. The state's early childhood strategic plan, Virginia's Plan for Smart Beginnings, has a clear focus on improving health outcomes in families with children ages zero to five. Leaders from across state agencies, Smart Beginnings coalitions, home visiting programs, and early intervention programs work together to increase access to prevention and treatment services for all families.

Prenatal Care

Mothers who have access to prenatal care are less likely to have low-birth-weight babies who are at higher risk for poor health and developmental outcomes and are also more likely to obtain pediatric care for their young children.⁵⁷

The statewide rate of women who receive prenatal care beginning in the first trimester has remained largely consistent between 2003 and 2009 (hovering between 83% and 85%), though pockets of low rates exist across the state.

Figure 7. Percent of Women Receiving Prenatal Care Beginning in the First Trimester, 2009



Annie E. Casey Foundation, KIDS COUNT Data Center

Low-income expectant mothers can receive health care coverage through Medicaid for Pregnant Women or Virginia's FAMIS MOMS program. Medicaid covers pregnant women of any age with family incomes no greater than 133% of the federal poverty level. FAMIS MOMS covers pregnant women with family incomes greater than 133% but no more than 200% FPL. Both programs provide access to vital prenatal and postpartum care that increases the likelihood of healthy babies and healthy moms.

Enrollment numbers for FAMIS MOMS have increased steadily, from 408 enrolled in June of 2006⁵⁸ to 1,328 in June 2011.⁵⁹ This increased coverage can be attributed to the incremental increases in the eligibility income limits from 150% of the Federal Poverty Level in 2006, to 185% FPL in 2008, to 200% FPL in 2009.

Health Insurance

Children who have health insurance are more likely to obtain regular well-child and preventive health services and to receive treatment for conditions that could impact their development and their participation in early learning experiences.⁶⁰ The federal Medicaid program and State Children's Health Insurance Program (SCHIP) provide health insurance coverage to three of every ten children age zero to five.⁶¹ In Virginia, the recent economic downturn significantly increased Medicaid enrollment. In fiscal year 2008 there were 480,392 children enrolled in Medicaid; and by fiscal year 2010, there were 563,379 children - or 30% of the total child population in Virginia -enrolled in Medicaid.⁶² Despite this growth in health coverage, data show that 132,000 Virginia children remain uninsured – 50,000 live in families with income above 200% FPL.⁶³

Table 9. Medicaid Enrollment Among Virginia's Children

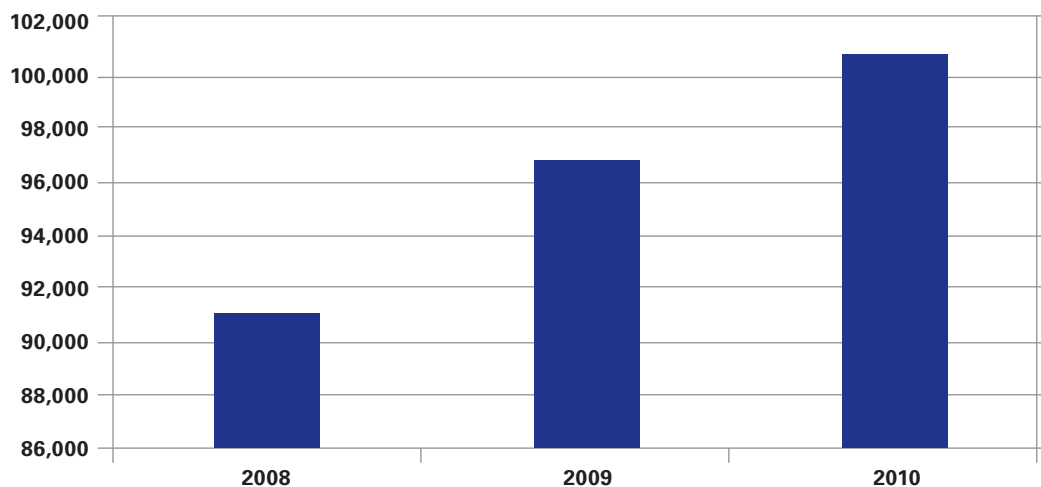
	Children enrolled in Virginia Medicaid**	Total child population	Percent of total child population
2008	480,392	1,863,837	26%
2009	521,095	1,847,182	28%
2010	563,379	1,853,677	30%

Department of Medical Assistance Services

**These figures do not include FAMIS or CHIP Medicaid Expansion enrollment numbers.

The Family Access to Medical Insurance Security (FAMIS) is Virginia's children's health insurance program (SCHIP) for low-income children under the age of 19 who are not eligible for Medicaid. The CHIP Medicaid Expansion program is designed to meet the gaps between Medicaid and FAMIS, serving children between the ages of six and eighteen whose families have incomes between 100% and 133% of the federal poverty level.

Figure 8. Number of Children Enrolled in Virginia's SCHIP Program



Department of Medical Assistance Services

**These enrollment numbers include both FAMIS and CHIP Medicaid Expansion and reflect enrollment as of September 1 of each year.

Recommendations to Improve Child Health and School Readiness

- 1. Increase FAMIS eligibility to 300% FPL.** Virginia's current FAMIS eligibility threshold is lower than 42 other states and the District of Columbia. Fifteen states and D.C. use income eligibility levels at or higher than 300% FPL.
- 2. Increase Medicaid payments to health care providers to address provider shortages.** Cuts in Medicaid and FAMIS provider payments have led to fewer providers in the system. Even when a child, pregnant woman, or parent has health insurance through Medicaid or FAMIS, he or she may not be able to access care if providers become unwilling to accept their insurance due to payment rates that do not adequately cover the costs of providing care.
- 3. Seek Medicaid providers and other pediatric health care providers to serve on the board of directors of Smart Beginnings coalitions to ensure stronger links across health, early learning and programs addressing children's special needs.** Since child health providers are often "first responders" to issues that affect child development and school readiness, collaboration between them and other supports for children and their families is essential to promoting school readiness.⁶⁴

Food Insecurity

Food insecurity, broadly defined, refers to inadequate "access at all times to enough food for an active, healthy life for all household members."⁶⁵ Research from the Children's Sentinel Nutrition Assessment Program (C-SNAP) demonstrates that food insecurity has a negative impact on child development. Beginning at infancy, children from low-income families face developmental risks due to poverty and food insecurity, and by the time they reach school they are more likely to be behind in their development compared to children from more financially secure families. Challenges for these children persist through the school years as they are more likely than their peers to struggle academically and socially.⁶⁶

Beginning at infancy, children from low-income families face developmental risks due to poverty and food insecurity.

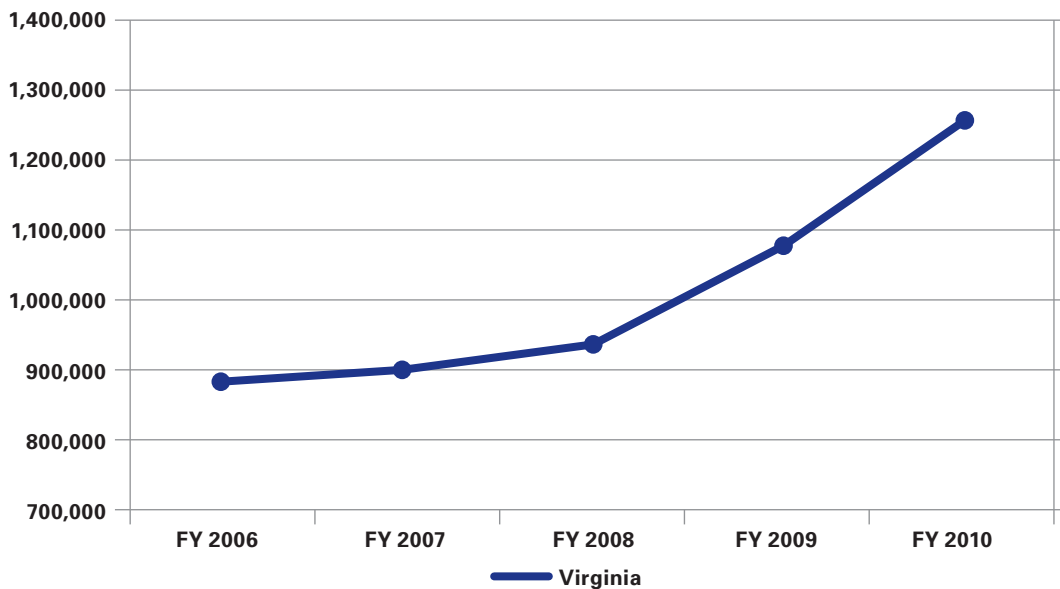
Federal nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) and the Special Supplemental Program for Women, Infants and Children (known as WIC) buffer children against the harmful effects of food insecurity.

SNAP is the largest nutrition assistance program which provides monthly benefits to eligible low-income families to help purchase food. Households, except those with elderly or disabled, must have incomes below 133% FPL to be eligible. In May 2011 (the most recent data available), SNAP/Food Stamps participation rose to a record 45,753,078 people nationwide, an increase of 1,105,217 individuals from April 2011, and an increase of more than 4.9 million people compared with May 2010.⁶⁷ One in seven Americans receives SNAP.⁶⁸

WIC provides low-income pregnant women, new mothers, infants and children (under age five) with nutritious foods, nutrition education, and improved access to health care. In 2009, more than 9.1 million women, infants and children in America relied on the WIC program every month. The program served 4.7 million children, 2.2 million infants and 2.2 million women.⁶⁹ In Virginia, the annual monthly case load in 2008 was 158,642.⁷⁰

Studies show that WIC improves birth outcomes, improves diet and diet-related health outcomes, improves infant feeding practices, increases immunization rates and a regular source of medical care, and improves cognitive development.⁷¹

Figure 9. SNAP Participation Among Individuals in Virginia, FY 2006-10



Annie E. Casey Foundation, KIDS COUNT Data Center

Recommendations to Improve Food Security for Virginia's Families

- 1. Include a goal on improving food security in Virginia's Plan for Smart Beginnings.** Currently, there is no goal or objective in the plan related specifically to food security. Mirroring the current structure of the Plan, a goal to increase food security should be developed and a goal group of diverse stakeholders should be formed to create strategies around achieving the goal.
- 2. Advocate for SNAP in 2012 when the federal Farm Bill is up for renewal.** The Farm Bill is the country's comprehensive farm and agriculture legislation that includes SNAP policy. Congress renews the Farm Bill every five years. The renewal process is an opportunity to inform members of Congress about the problem of food insecurity in Virginia and its harmful effects on child development and school readiness. It is also an opportunity to advocate for needed changes to SNAP policy, such as an increase in the income eligibility requirement.
- 3. Protect WIC from budget cuts during the annual appropriations process.** Significant cuts to discretionary spending will occur in the coming years. Child advocates must work together to protect funding for WIC.

Effectiveness of Early Childhood Initiatives: School Readiness Progress Since 2004

One way to assess the overall effectiveness of Virginia's early childhood initiatives since 2004 is to look for improvements in indicators of school readiness and early school success. By comparing key 2004 indicators with the latest current data, we can examine progress over time. Doing so presents a relatively encouraging picture.

As discussed in the section on the Virginia Preschool Initiative, Virginia's young students have improved over the years in early literacy measures, as measured by PALS-K (the standardized early literacy screening tool for kindergartners). In 2004, 21% of kindergartners scored in the range of "not ready" for school; whereas, in 2011 only 14% of kindergartners were "not ready."

Improvements in school readiness should drive corresponding improvements in measures of early school success. SOL pass rates in reading and math have improved demonstrably since the first report, as has the K-3 retention rate (lower is better), indicating that, on the whole, today's students are achieving greater success in the first years of school than their counterparts in 2004.

This view is bolstered by results on an additional indicator - the National Assessment of Education Progress (NAEP) is the nationwide program of standardized academic testing conducted annually with fourth, eighth and twelfth graders. Similar to SOL results, fourth-grade NAEP reading and math performances have improved such that today fewer students fall into the "below basic" range (Table 10).

Table 10. Virginia Indicators of School Readiness/Early School Success, 2004 – 2011*

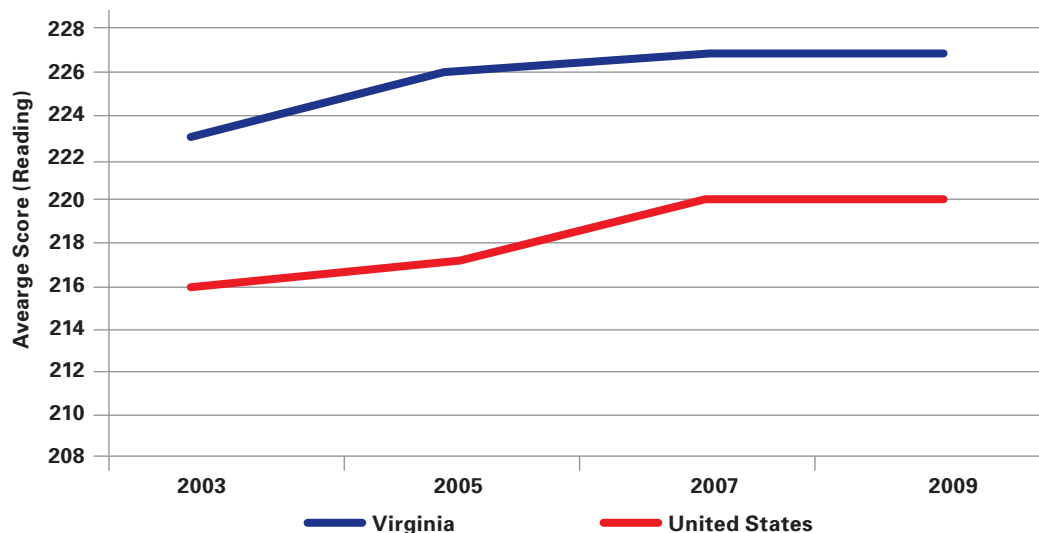
Indicator	2004	2011
PALS- K: % of Children "Not Ready"	19.7	14.1
Grade 3 SOL Pass Rate		
Reading	72	83
Math	80	92
NAEP: % of Students Scoring "Below Basic"		
Reading	29	26
Math	17	15
K-3 Retention Rate	3.10	1.99

*Data retrieved from Virginia Kids Count Data Center, August 2011. Data for PALS-K, 3rd Grade SOLs and K-3 retention rate are from school years 2002-3 and 2009-10 respectively, the most recent data available at the time of each report.

NAEP data are from 2002 and 2009 respectively.

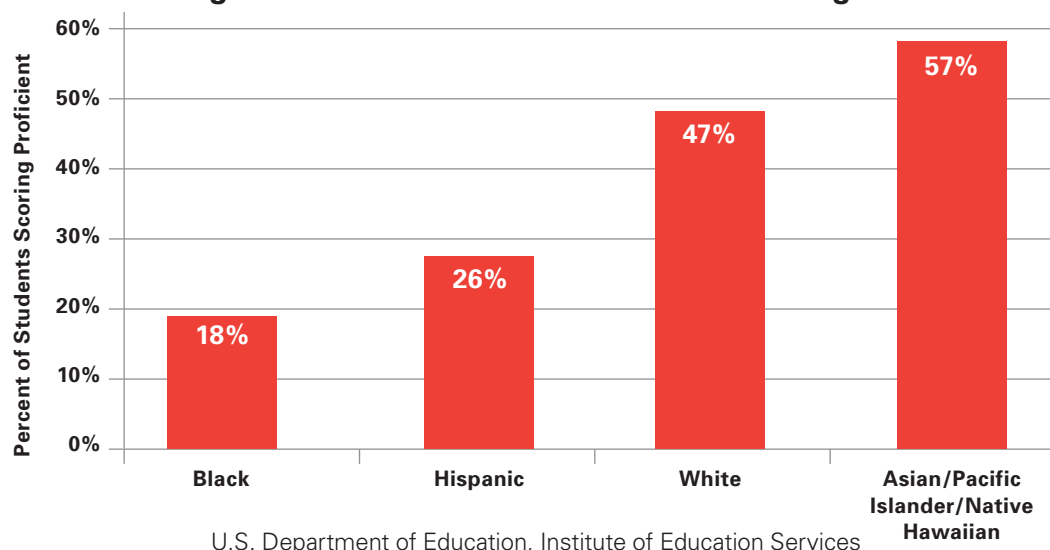
Significant Achievement Gaps Persist

While progress has been made, NAEP scores also tell us that much more work needs to be done. In 2009, only 32% of students in the United States read at the proficient level (cut off score for proficient is 238). Virginia students performed slightly better at 38% (an average score of 227). Significant disparities are found between subgroups based on students' household income, race, and ethnicity (Figure 10). These are significantly pronounced in low income and African American students (Figure 11). Only 18% of poor students were reading proficiently in 2009. African American students performed at the same rate of 18% compared to 47% of white students. Hispanic students in Virginia performed at 26%, half the rate of white and Asian students in Virginia.⁷²

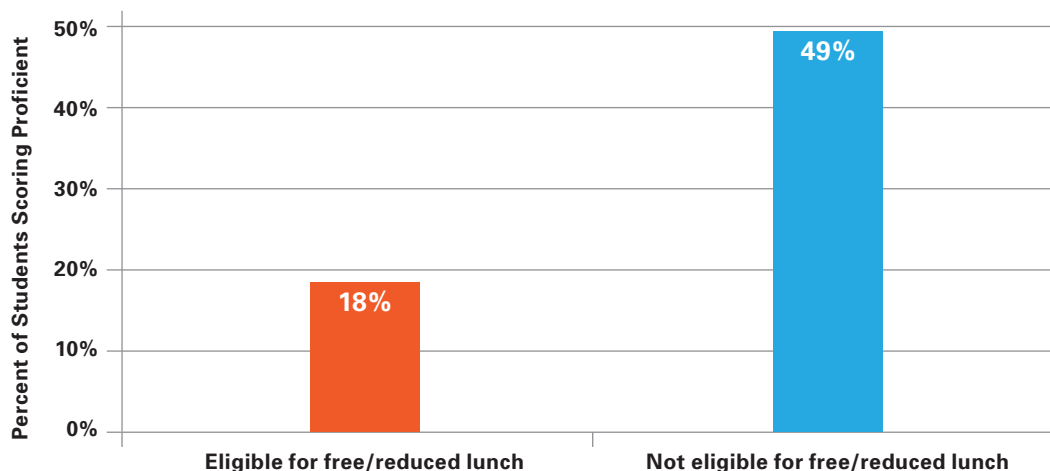
Figure 10. NAEP Average Scores in Reading for Virginia and the United States, 2003-09

U.S. Department of Education, Institute of Education Services

Figure 11. Students Scoring Proficient on Fourth Grade NAEP Reading Assessment by Race, 2009



Students Scoring Proficient on Fourth Grade NAEP Reading Assessment by Economic Status, 2009



*Eligibility for the National School Lunch Program is used as an indicator for low-income

Conclusions and Implications

Achievement gaps start well before school age due to differences in children's resources and opportunities for optimal development. By the time children from low-income families enter kindergarten, they are typically 12-14 months below national norms in language and pre-reading skills. However, early education programs and services can help close readiness gaps. Public policies must promote healthy births, access to health care during early childhood, strong families that nurture early learning, and access to quality child care and pre-k, so that all children are ready to learn when they enter school.

Virginia has made advancements in building its early childhood system, but there's still work to be done. Virginia's Plan for Smart Beginnings is an invaluable guide for improving early childhood outcomes; however, stronger leadership to fully implement the plan needs to be developed. The Virginia Star Quality Initiative needs adequate funding so that every part of the state and every child care program have access to it.

The Great Recession left Virginia short on funds and long on human service needs in child care, pre-k, home visiting, health, and food security. The state's early childhood professionals are developing innovative strategies to meet the increased demands. However, now more than ever, Virginia must allocate its scarce resources where they will be most effective - in our youngest citizens. Investing in early childhood development is a proven strategy for increasing school-readiness among all children, closing achievement gaps, and ultimately, developing an educated, capable future workforce. The costs of not making such investments are too great to ignore.

Voices Impact on School Readiness in Virginia

School readiness issues have been an organizational priority since Voices' founding in 1994. Voices' partnerships have been essential for successful advocacy. Key statewide partners include: the Virginia Early Childhood Foundation, the JustChildren Program of the Legal Aid Justice Center, Prevent Child Abuse Virginia, CHIP of Virginia, Virginia Association of Childcare Resource and Referral Network, and the Virginia Association of Early Childhood Education. Numerous local and regional stakeholders have also partnered tirelessly to improve Virginia's early care and education system.

During the last 17 years, Voices and its partners have successfully advocated for numerous funding and policy enhancements that have improved opportunities for Virginia's youngest children, including many pertaining to school readiness. Recent efforts have especially improved the child care subsidy program and the Virginia Preschool Initiative. In 2008, Voices created a coalition of 26 organizations and spearheaded a statewide effort to increase funds for the subsidy program. That year the General Assembly approved a \$12 million increase in funding that allowed an additional 2,600 children to be served by program. Parents in these families were therefore able to stay employed and on the path to self-sufficiency.

In 2008, Voices co-led a statewide campaign to foster public and legislative support to expand VPI to serve additional at-risk 4-year-olds. The General Assembly allocated \$23 million in additional funds for VPI so that an additional 7,000 children have access to VPI.

In 2010, Voices worked closely with other vital early childhood programs including Healthy Families Virginia, CHIP of Virginia, and the Virginia Early Childhood Foundation to restore funding to those programs.

Voices for Virginia's Children is a statewide, privately funded, nonpartisan research and advocacy organization that builds support for practical public policies to improve the lives of children. We are the independent voice advocating for children, especially those who are disadvantaged or otherwise vulnerable and who often go unheard in the public policy arena. Using our KIDS COUNT system, we track multiple indicators of the well-being of Virginia's children and use that information to identify unmet needs and guide policy recommendations. A recognized leader in child advocacy, Voices mobilizes support for initiatives by conducting research, developing sound, data driven policy solutions, building coalitions, and helping people articulate their support for children.

This report was written by Ann Rasmussen, Early Care and Education Policy Analyst.

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End Notes

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¹⁷ Personal communication with Mary Ward, Child Care Subsidy Manager, Virginia Department of Social Services. July 27, 2011.

¹⁸ Early Care and Education Consortium. Child Care Assistance for Working Parents. Retrieved from http://ececonsortium.org/ECEC_Child_Care_Assistance.pdf.

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²⁰ For a list of specific funding and quality recommendations see http://earlychildhoodfocus.net/policy/background_issues/ccdbg/reauthorization-recommendations.

²¹ Department of Health and Human Services. Strengthening Head Start: What the evidence shows. Retrieved from <http://aspe.hhs.gov/hsp/strengthenheadstart03/report.htm#IIA>. The Early Childhood Longitudinal Study-Kindergarten Cohort follows a nationally representative sample of children from kindergarten entry through fifth grade. These data include only those children who completed assessments in English. Approximately 19% of Asian children and 30% of Hispanic children attending kindergarten for the first time were not assessed in English. The sample includes children with disabilities if they could hear the questions, see the testing materials and respond orally or by pointing.

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³⁴ VPI-eligible children are those that are considered at-risk and are unserved by Head Start. Income eligibility for Head Start is 100% of the federal poverty level.

³⁵ Virginia Department of Education. Virginia Preschool Initiative participation data. FY 2011. 30,370 of estimated at-risk 4 year olds – 15,314 4-year olds served by VPI – 7,248 4-year olds served by Head Start = 7,808 at-risk who are unserved.

³⁶ Local eligibility is determined by multiplying the division/locality's free lunch participation by the estimated number of four year olds in the division/locality. The number of children served by Head Start is subtracted from this number to determine the number of VPI student slots to be funded. If the resulting number is zero, the division/locality is not eligible to participate.

³⁷ See endnote 24.

³⁸ Glazer, Kathy. Office of Early Childhood Development. Progress Report on the Office of Early Childhood Development. April 2009.

³⁹ Glazer, Kathy. Office of Early Childhood Development. Solving the Preschool Puzzle. April 2008.

⁴⁰ Senate Finance Committee Report. Public Education: Virginia Preschool Initiative for At-Risk Four-Year-Olds. November 2007. Retrieved from [http://sfc.virginia.gov/pdf/retreat/2007%20Retreat%20-%20Blacksburg/2007%20Retreat%20-%20PreK%20_FINAL_\(Revised\).pdf](http://sfc.virginia.gov/pdf/retreat/2007%20Retreat%20-%20Blacksburg/2007%20Retreat%20-%20PreK%20_FINAL_(Revised).pdf)

⁴¹ The National Children's Advocacy Center. Adverse Experiences in Childhood (ACE Study). Overview by Chris Newlin. 2011.

⁴² DiLauro, Elizabeth. Zero to Three. Reaching Families Where They Live: Supporting parents and child development through home visiting. February 2009.

⁴³ Personal communication with Johanna Schuchert, Executive Director, Prevent Child Abuse of Virginia. July 21, 2011.

⁴⁴ U.S. Bureau of Labor Statistics. Retrieved from http://www.google.com/publicdata/explore?ds=z1ebjgk2654c1_&met_y=unemployment_rate&idim=state:ST510000&fdim_y=seasonality:S&dl=en&hl=en&q=virginia%27s+unemployment+rate.

⁴⁵ Galano, Joseph, Ph.D. and Huntington, Lee, Ph.D. Healthy Families Virginia, FY 2005-2009, Statewide Evaluation Executive Report. January 2010.

⁴⁶ Personal communication with Lisa Specter-Dunaway, President and CEO, CHIP of VA. July 12, 2011.

⁴⁷ Schuchert, Johanna, Executive Director, Prevent Child Abuse Virginia. Presentation to Healthy Families Virginia Advisory Council. June 1, 2011.

⁴⁸ Indicators used to identify "At Risk Communities" include substantiated child maltreatment rate, preterm birth rate, low birth weight, infant mortality, percent passing scores for Grade 3 SOL's, percent of children estimated uninsured, percent of children enrolled in Medicaid, percent of population below 100% FPL, reported crime rate, juvenile arrest rate, unemployment rate, high school dropout rate, reported maltreatment rate, percent of adults with children where smoking is allowed, and maltreatment caseload.

⁴⁹ Data provided by Lisa Specter-Dunaway, CHIP of Virginia. July 12, 2011.

⁵⁰ Data provided by Johanna Shuchert, Prevent Child Abuse of Virginia. August 15, 2011.

⁵¹ FY 2006-2010 Healthy Families Virginia Statewide Evaluation. Summary of outcomes, new findings and a partnership with Pew Charitable Trust.

⁵² Data retrieved from the Virginia Department of Social Services Central Services.

⁵³ CHIP of Virginia. Data retrieved from <http://www.chipofvirginia.org/outcomes.asp>.

⁵⁴ Commonwealth of Virginia. Home Visiting Needs Assessment. 2010. The assessment was conducted jointly by the Virginia Department of Health and the Home Visiting Consortium.

⁵⁵ Child Trends Research Brief. Scholl readiness: Helping communities get children ready for school and schools ready for children. 2001. Washington, D.C.

⁵⁶ Bruner, Charles. Connecting Child Health and School Readiness. February 2009. The Colorado Trust.

⁵⁷ McCann, Carey. Including Health in a School Readiness Agenda: Lessons from Illinois. Ounce of Prevention Fund (Lead agency, BUILD Initiative in Illinois).

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- ⁶⁸ Ibid.
- ⁶⁹ Ibid.
- ⁷⁰ Virginia Department of Health
- ⁷¹ United States Department of Agriculture, Food and Nutrition Service. <http://www.fns.usda.gov/wic/aboutwic/howwichelps.htm>.
- ⁷² U.S. Department of Education. Institute of Education Sciences. Reading 2009: State snapshot report. Retrieved from <http://nces.ed.gov/nationsreportcard/pdf/stt2009/2010460VA4.pdf>.