



CHILD CARE ISSUE GROUP

POSITION STUDY 2021-2023

STUDY REPORT

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EXECUTIVE SUMMARY

In order to update LWV-VA's position on child care, the member delegates approved a study on child care at the June 2021 Convention. This study is the synthesis of the Child Care Study Group's (CCSG) work over the past year.

The study is informed by interviews with over 50 individual stakeholders, academic reports, and data analysis to explore the accessibility, affordability, effectiveness, safety and equitability of Virginia's current child care system. The study identifies gaps and challenges in the current system and also recommends solutions to these challenges.

The study found that child care for children age 0-6 in Virginia is woefully inaccessible, meeting only 57% of projected demand. Similarly, for every child that attends an after-school summer program, four others would do so if it was available and affordable. There aren't enough providers, especially in rural counties, for infant care and for after-school programs. This lack of access is largely driven by the low pay available for child care educators with compensation often trailing hourly rates earned by fast food and retail workers while requiring higher levels of education. Child care is also unaffordable to hundreds of thousands of families, requiring parents making the median wage or below to spend up to 30% of their incomes on childcare. This means women especially leave the workforce while children aren't adequately prepared for kindergarten and miss out on the benefits of after-school enrichment activities.

After years of treating child care like glorified babysitting, Virginia is taking steps to improve the quality of Early Childhood Care and Education (ECCE) for children 0-6 by rolling out quality standards. Yet many private providers are exempt from participating. This means it remains to be seen how much these standards will address the issue that 42% of Virginia's kindergarteners began the 2021-2022 school year below the expected levels for kindergarten entry. Virginia's child care system also fails to meet the needs of all children equitably. Black, Hispanic, rural, neurologically divergent and children who speak English as a second language all trail behind others in terms of participating and benefiting from ECCE and after-school opportunities.

To address these issues, the study sought to explore various policy solutions and organized these by stakeholder group. We found that:

For **parents**, especially black, Hispanic, and low-income parents, the most important variables affecting whether they lean in to paid work or stay home to care for their child(ren), include the supply of care options and how affordable these options are. To ensure sufficient supply and affordability, the Government needs to help establish more providers while offsetting the cost of care for parents.

For **child care providers**, the single most important variable affecting their ability to deliver quality care and remain operational in Virginia is the availability of qualified staff. The shortage of staff is driven by low compensation compared to other occupations, but the only way that compensation

can increase is if the Government increases its investments in the industry because providers' fees are constrained by what parents can afford.

For **young children (0-6)**, the most important variables affecting whether they are safe and learn requisite social-emotional skills to be ready for kindergarten involve the quality of care they receive, the health and safety standards practiced in their care settings, and how equitably they are treated by those providing care. To address these variables, the Government needs to expand the adoption and adherence to quality and safety standards while streamlining equity considerations in policy and funding decisions.

For **school age children (6-12)**, the most important variable affecting whether they have a safe and nurturing place to go after school is related to the accessibility and affordability of after-school programs. To address these issues, the Government needs to directly fund quality after-school programs that students can easily access and all parents can afford.

PURPOSE OF STUDY

The purpose of this child care study was to determine **WHAT IT WILL TAKE (with a focus on specific policy solutions)** to ensure that:

1. **every parent** - ESPECIALLY minority or low-income parents - has access to affordable child care while they work
2. **every childcare provider** has the ability to deliver quality care and remain operational
3. **every young child (age 0-5)** is healthy, safe and learns requisite social-emotional skills to be ready for kindergarten.
4. **every school-age child (6-13)** has a safe, nurturing place to go after school until they can look after themselves

THE LWV's POSITION ON CHILD CARE - WHY A NEW STUDY WAS NEEDED

LWV-VA's position: At the 1985 state convention, delegates adopted a two-year study of the issue. The final report along with consensus questions were sent to the local Leagues early in the fall of 1986 and 17 of 19 local Leagues participated. The resulting 1987 position stated that the LWV should offer *"support for state policies that promote quality child care that is affordable, accessible, and available, including minimum comprehensive state license standards for care facilities, incentives for development of programs, financial assistance for low income families, coordinated resource and referral systems, and training for caregivers and parents"*. While broad in nature, this position is not sufficient to clarify the League's position on particular policies related to accessibility, affordability, quality and equity - policies that have gained relevance in the 35 years since the position was developed. A substantial amount of detail is offered to clarify the League's position on licensing and health and safety standards but much less is offered in the areas of access, affordability and quality. The position suggests different assistance options that COULD be offered rather than taking a firmer stand on what SHOULD be offered in the same way the League has taken a stronger stand on the particular health and safety standards that should be required for licensing (LWV-VA Positioned for Action 2021).

LWVUS Position: The national League position on childcare is similarly insufficient stating only that “LWVUS supports programs, services, and policies at all levels of government to expand the supply of affordable, quality child care for all who need it, in order to increase access to employment and to prevent and reduce poverty” (LWVUS Impact on Issues - A Guide to Public Policy Positions).¹

Other state positions: Several other state leagues completed studies on childcare in the 1980s focused on health and safety considerations. Few have been updated since, although Oregon is currently in the process of updating their 1985 study to “support the needs of working parents with children from birth to high school graduation”. In 2008, the League of Women Voters of Washington [State] completed a study that raised some key questions to guide future policy discussions. While the study explored many of the same issues and challenges identified in our study, it resulted in raising key questions for further considerations rather than offering concrete policy recommendations. Some of the questions they raised include “Which early learning and child care services should be provided?”, “Who should provide them?”, and “Should the focus be on children birth to three, or on preschool and pre-kindergarten age children?”.

Recognizing the need to further consider, and answer, these questions the LWV-VA member delegates approved a study on child care at its June 2021 Convention.

STUDY METHOD

This study involved three phases of work: Exploration, Solutioning, and Recommendations.

1. Exploration: From July 2021-May 2022, the child care issue group completed a root cause analysis to understand what barriers are currently preventing the child care system from achieving the stated goals. The analysis considered all possible barriers including financial, political, legal, cultural, and demographic and all relevant actors including policy makers, program administrators, employers, child care providers, parents, and children. The analysis consisted of primary research (interviews with over 50 stakeholders) as well as secondary research (literature review, cost analyses, and review of other League positions). Insights from this research are included throughout this report with source materials included as appendices.

2. Solutioning: The child care study is currently in its solutioning phase. Based on findings from the exploration activities, the issue group has identified a set of policy solutions that we recommend LWV-VA incorporate into its position on child care. The local Leagues now have an opportunity to consider these recommendations and determine whether they agree.

3. Recommendations: The study will conclude with a recommended revision to the position based on the responses from the local Leagues. A final presentation will be given at the 2023 LWV-VA Convention at which point all member delegates will vote on whether to adopt the recommended position revisions.

¹ The LWVUS does include preschool in its position on education calling on the Government to “provide an equitable, quality public education for all children pre-K through grade 12”. Our study builds on this and goes further in considering preschool under a mixed delivery model leveraging state (as compared to federal) funding.

BACKGROUND ON EARLY CHILDHOOD CARE AND EDUCATION

The “Mothers Pension”: Historically, in the U.S., child care was provided by family members, primarily women. Into the twentieth century, “nursery school” child care was primarily used by the poor, minorities, and immigrants and was stigmatized because of this (Michel, 2011). This background provided a weak foundation for building twentieth-century social services. Social justice leaders believed that children fared best when mothers were at home, and thus any social policy should help women stay out of the workforce. For example, the main program of the Children’s Bureau was a “mothers’ pension” or “widows pension” to support poor, single mothers whose husbands had died or disappeared. Unlike child care, the idea of mothers’ pensions had popular support because it did not challenge conventional gender roles (Michel, 2011). However, payment levels for mothers’ pensions did not fully cover living expenses and the program was not implemented equitably. African American mothers were frequently denied benefits, in the North as well as the South, on the grounds that they, unlike white women, were accustomed to working for wages. Because pension coverage was inadequate and sporadic, maternal employment not only persisted but increased, adding to the demand for child care.

Expanding subsidized care: During World War II there was some improvement in support for working mothers because women were needed to work in war-related industries. In 1941, Congress passed the Lanham Act which eventually (1944) funded child care for areas impacted by war production. By 1944, about 3,000 publicly subsidized child care centers served 130,000 children, a fraction of the 2 million initially envisioned. The Department of Labor estimated that Lanham funds only addressed about 10% of child care needs.

At the end of the war, the Lanham funds were cut off (Michel, 2011 and Cohen, 2015). Nonetheless, by the 1950s and 1960s, there was a growing recognition that mothers were joining the workforce. At a National Conference on the Day Care of Children in 1960, child care activist Elinor Guggenheim noted that mothers would work “whether good care is available or not. It is the child,” she emphasized, “that suffers when the care is poor.”

Inequities and divisions: In the 1960’s, expansion of child care faced an uphill battle due to sexism, while splitting along class and race lines. In order to get low-income women off public support, child care became part of the 1960’s “new deal” programs for mothers who entered training programs or employment outside the home. These programs and the 1990 creation of child care subsidies through the Child Care and Development Block Grant (CCDBG) dramatically reduced child care expenditures for low-income families. Yet eligibility criteria and support levels within anti-poverty programs were lowest in states where low-income families were disproportionately black or other people of color (BIPOC) (Floyd et. al 2021). To this day, the CCDBG subsidies given to providers serving predominantly BIPOC families are often lower than those given to providers serving predominantly white children (Hollett & Frankenberg, 2022).

How child care failed to universalize: These historic race and class divisions, have made it difficult for parents to unite to lobby for improved services and increased public funding for child care for all children.(Michel, 2011) The 1971 Comprehensive Child Development

Act came closest, spurred on by a coalition of feminists, labor leaders, civil rights leaders and early childhood advocates. It passed congress with bipartisan support but was vetoed by President Nixon because he objected to committing “the vast moral authority of the national Government to the side of communal approaches to childrearing over the family centered approach”. It would take 50 years and a global pandemic before universal child care was considered again at the federal level. The 2021 Build Back Better agenda initially included universal preschool for 3- and 4-year olds and a new federally-backed, state-opt-in child care subsidy entitlement structured similarly to Medicaid. It was cut from the bill despite bipartisan acknowledgment that the child care industry is broken and needs to be fixed to meet employers’ demands for labor.

Child care as an industry: U.S. child care began as a charity enterprise in the late 19th century. While the concepts of day nurseries and nursery schools failed to gain broad support as long as the majority of women could stay home, this changed after World War II when women’s labor force participation soared. As the demand for child care increased, private entities sprang up to meet the demand. While centers were initially set up as a response to market demand, three interdependent factors influenced their abilities to function as a standard business. The first factor was child care licensing standards which emerged in the 1980s and 1990s in response to many instances where children experienced harm and even death in the care of a paid provider. These standards varied across states but generally included limitations on space and adult-child ratios, and norms for safe care—especially for infants. Since child care centers risked losing children if they raised prices, centers instead depressed staff wages - the second factor. Staff willing to work for this pay often lacked formal education and training. But, in the 1990s and 2000s evidence emerged that quality early education can have a profound impact on childrens’ brain development and school readiness (Harvard University, 2017). The demand for greater quality, the third factor, put additional pressure (and cost) on child care providers to offer a quality curriculum, to hire teachers with recognized credentials in early education, and to offer continuous professional development to staff.

Child care and women’s labor force participation: During the 1980’s and 1990s tax incentives for employer-sponsored child care and ways of using child care costs to reduce personal income taxes helped with child care costs for middle and high-income families. This did not offset the cost of child care for higher-earning families which nearly doubled in the last 20 years. These rising costs had a chilling effect on womens’ labor force participation which had significantly increased from the 1950’s to 51.4% by 1980. By 1990 it was 57.7%. It peaked in 2000 at 60.1% but dropped to 58% *before* COVID. By July, 2022, it was only 56.9%. The Labor Department’s monthly survey of households shows that unmarried mothers without college degrees have returned to work more slowly than others. This confirms scientific studies of the correlation between child care costs and womens’ labor force participation. A 1992 statistical study testing the effect of child care costs on married women’s labor force participation found strong evidence that higher child care costs lower the probability of a married woman participating in the labor force (Connelly, 1992). A quasi-experimental study conducted by the U.S. Department of Health and Human Services (HHS) among low-income mothers found a similar correlation – higher child care subsidy expenditures (i.e., lower child care costs) significantly increased employment rates (Enchautegui et. al, 2016).

Quality and safety standards: Given providers' needs to maintain quality and safety standards while being limited in how much revenue they can generate (since they can't affect state subsidy reimbursement rates or charge parents the true cost of care), the only way that private centers can remain operational is by further depressing staff salaries. This ticking bomb strategy exploded during the COVID pandemic as thousands of early educators left the industry and have not returned (Rockeman & Pickert, 2022). While some publicly funded child care centers exist, and have been growing recently as more states and localities have enacted school-based universal preschool programs, publicly funded preschools have made it even harder for private providers to remain operational because their preschool programs, due to more lenient staffing ratios, provided the revenue to cover the more expensive infant and toddler programs.

The benefits to children of Early Childhood Care and Education (ECCE): Aside from child care's economic benefits to families and women, quality, affordable child care provides benefits to children's overall learning and development. A review of impact assessments of different publicly-funded preschool programs conducted in the 2000s and 2010s led the University of Wisconsin's Population Health Institute to conclude that there is strong evidence that pre-kindergarten programs generally improve school readiness and increase academic achievement in the early grades. They found this to be especially true for children from disadvantaged backgrounds and for English language learners (University of Wisconsin, 2022). In general, children who attend preschool demonstrated gains in cognitive and social skills, as well as modest improvements in social-emotional and self-regulatory development. A meta-analysis of publicly funded pre-K programs, found strong positive effects on math and reading scores in the short-term. This analysis also suggests that quality preschool programs may be helpful but not sufficient to impact children's long-term success and development (DeAngelis et al., 2018). In essence, a child who attends a quality preschool program is more likely to be ready for kindergarten and be set up for success, but success isn't guaranteed just because a child attends pre-school. What happens after preschool matters for whether the preschool boost lasts into elementary school.

The quality of instruction in a preschool program has a big impact on how effective the program is. A study of the impact of Tennessee's publicly funded preschool program as it was implemented in 2009-2010 found that the program led to worse academic and behavioral outcomes compared to available alternatives. A consensus statement issued by Brookings Institute following the release of the Tennessee study indicated that their review of decades of research suggested that, on average, children who attend preschool entered kindergarten with stronger school readiness skills than if they had stayed home, but that public preschool programs vary in how, and how well, they operate. High teacher turnover, harsh teacher-child interactions and the absence of an evidence-based curriculum can all impact how well a preschool program prepares a child for kindergarten. The statement also points to evidence that programs targeting children from low income families are less effective than universal preschool programs in moving the needle on learning gains for those children (Weiland et al., 2022)

Similar to preschool, the benefits of after-school care have shown positive impacts on childrens' learning and development. Until the 1990s, funding for after-school programming was provided largely by community organizations, such as the YMCA and the Boys & Girls Clubs of America. In the mid-1990s, new research began to demonstrate the benefits of after-school programs, and in 1994 congress passed an updated education bill that included the creation of the 21st Century Community Learning Centers program (21st CCLC). While 21st CCLC started as a program to serve all ages, subsequent education bills shifted the program's focus to serving youth and emphasized supporting academic performance. The program also went from a competitive \$750,000 pilot initiative in a few states to a national, formula-based program that, in 2022, appropriated \$1.29 billion to states based on their Title I allocations. Still, the CCLCs meet only a fraction of need for after-school programs. The Afterschool Alliance estimates that 25 million children nationwide aren't able to access after-school programs including over 600,000 in Virginia. The evidence for the benefits of after-school care remains undisputed (after-school Alliance, 2022). A meta-analysis of after-school programs completed in 2010 found that, compared to controls, participants demonstrated significant increases in their self-perceptions and bonding to school, positive social behaviors, school grades and levels of academic achievement, and significant reductions in problem behaviors (Durlak et al., 2010).

OVERVIEW OF THE CURRENT CHILD CARE LANDSCAPE IN VIRGINIA

Governance of child care in Virginia: In 2020, the state Board of Education was assigned the following responsibilities in the Virginia Code (§ 22.1-289.03.):

- *The Board shall establish a statewide unified public-private system for early childhood care and education in the Commonwealth to ensure that every child has the opportunity to enter kindergarten healthy and ready to learn. Such a system shall be sustained through a structure that engages and leverages both state-level authority and regional-level public-private partnership assets.*
- *The system shall provide families with coordinated access for referral to early childhood education programs, provide families with easy-to-understand information about the quality of publicly funded early childhood care and education programs, establish expectations for the continuous improvement of early childhood care and education programs, and establish shared expectations for early childhood care and education programs among the Department of Education, the Department of Social Services, local school divisions, and state and regional stakeholders.*
- *The system shall consist of a combination of programs offered through the Virginia Preschool Initiative or any other school-based early childhood care and education program; licensed programs, and unlicensed programs.*

While this legislative requirement is extremely important, it falls short in three main ways - on funding, equity and scope.

- First, it does not establish any funding parameters for the mixed delivery program to explicitly tie public investment levels to the true cost of delivering quality care or to parents' abilities to pay. In order to ensure that every child is able to enter kindergarten

healthy and ready to learn, the mixed delivery system of ECCE needs to be structured in such a way that public investments are able to fill every gap left by the private market.

- Second, it does not explicitly account for or seek to address differences among Virginia’s families. Even though the Code calls for a system that ensures “every child” has the opportunity to enter kindergarten well prepared, the Code would do well to clarify that this means every child in the state, *irrespective of race, documentation status, location, family income or circumstance*. In this way, the Code would ensure sufficient attention and intention is given to delivering programs in ways that meet the nuanced needs of different children and families.
- Finally, the Code does not mention after-school care at all, focusing instead on the needs of children 0-6. As later sections of this report will show, there is continued benefit to children and working parents having access to quality, affordable after-school care.

Administration of the Virginia ECCE system: Historically, the Virginia ECCE system was managed by the Department of Social Services (DSS). DSS administered the subsidy program through its local offices, employed all health and safety inspectors, and set up the Virginia Preschool Initiative pre-school pilot. At the same time, the Department of Education was leading the state’s work on establishing quality standards, advancing evidence-based curricula and supporting professional development among child care workers. Rather than run these efforts in parallel, the General Assembly decided in 2020 that the functions should be consolidated within the Department of Education, a move that was completed in July 2021.

The demand for ECCE in Virginia: In their 2022, “Virginia Quick Facts: Children, Families, & Child Care,” child care Aware of Virginia reports that there are 403,348 children under 6 with working parents and 518,096 children 6-12 with working parents in Virginia (Child Care Aware of Virginia, 2022). This means we can conservatively estimate that there are more than 900,000 children requiring child care in Virginia today. This estimate is conservative because it does not include children whose parents would work if they could afford child care, parents seeking employment or parents who want care while they are pursuing an education. While some of this demand is offset by working parents who are able to flex their work schedules so that third party care is not needed, the After-School Alliance found that only one in four school-age children who want to be in an after-school program are participating in one leaving 602,302 Virginia students without the after-school programs their parents say they need. In fact, unmet demand for after-school programs in Virginia went from 29% in 2004 to 51% in 2020 (After-school Alliance, 2022) .

The supply of child care in Virginia: As of December 2020 (the most recent available data), the 403,348 children 0-6 were served by 3,084 registered child care centers, family child care homes, or after-school programs (Child Care Aware of Virginia, 2021). This number does not include unregistered child care providers that may be caring for children in their homes without oversight or families currently using family members as care providers. This number of programs is not enough. Among all registered centers, there were only 230,250 slots available, meeting 57% of potential need. Moreover, the number of centers and programs had been steadily declining even before the crisis brought on by the COVID pandemic (See table below).

YEAR	2014	2016	2018	2020
Child Care Need	393,888	393,407	393,077	403,348
Slots	300,143	273,613	231,174	230,250
Percent Met	76%	70%	59%	57%

As after-school programs are exempt from licensing requirements in Virginia, with many operating as private businesses or otherwise generating their own revenue through private fundraising, it’s impossible to get an accurate estimate of the number and spread of available slots. The best approximation of the accessibility of quality, affordable after-school programs is therefore the number of children who are currently in an after-school care program. A national survey from the Afterschool Alliance shows that demand for after-school care has skyrocketed since 2009 while supply has decreased.

YEAR	2009	2014	2020
Child Care Need	573,549	581,236	763,537
Slots (currently enrolled)	202,983	190,444	161,235
Percent Met	35%	33%	21%

The cost of child care: The average annual cost of infant care in Virginia is \$14,063 and child care for a 4-year-old costs \$10,867 as of 2020, when Virginia ranked 10th of the 50 states for the cost of child care. The Economic Policy Institute estimated that, in 2020, a family with two young children in Virginia would have to spend 32.2% of its income on child care for an infant and a 4-year-old. According to the U.S. Department of Health and Human Services (HHS), child care is affordable if it costs no more than 7% of a family’s income. But infant care for one child would take 18.2% of a median family’s income in Virginia. Using the 7% standard, only 11.1% of Virginia families can afford infant care. In fact, infant care in Virginia is 98% of the average rent. Because of their depressed wages, a median child care worker in Virginia would have to spend 63.3% of her earnings to put her own child in infant care (Economic Policy Institute, 2020).

In our interviews with parents, the issue of cost was repeatedly raised. Parents told us that child care needed to be more affordable. The parents recognized that workers need to be paid a fair wage, but indicated repeatedly that the price of child care was a major drain. A sliding scale or setting a percentage of income that could be paid to child care were changes suggested by our parents.

Financial support to parents: Virginia has a number of programs designed to help families meet the costs of private child care. The biggest of these is the Virginia Child Care Subsidy Program (funded

through the federal CCDBG). This program assists families in paying child care costs for children under age 13 who are not eligible to attend public school during the part of the day when public education is available, or children with special needs under age 18 who reside with the applicant. With a significant increase in federal funding for Virginia's allotment of the CCDBG, the subsidy program has recently removed participation time limits, is now available to parents who are looking for work (in addition to those already employed), has higher income limits to include more families, eliminates the waiting period, and reduces family co-payments. Conversations with the Department of Education revealed that it's not guaranteed that these expansions will remain beyond 2024 when the increased federal funding obligations run out (Department of Education, 2022).

Publicly funded programs: Children at or below the federal poverty threshold are also eligible for the federally-funded programs Head Start and Early Head Start. Though these are located across the state, they're not in every county and don't have enough slots for all the children that qualify. Individual counties throughout the state also offer some programs for preschool and after-school care but these are rarely full-day, year-round programs. To access the maximum federal amount for the CCDBG, Virginia offers a 30% state match which is used to fund the Virginia Preschool Initiative (VPI). Administered through local jurisdictions and implemented by designated VPI providers, the program offers children from low-income families not enrolled in Headstart a chance at attending preschool. Across the state, VPI serves 23,878 4-year olds and 2,290 3-year olds with most slots allocated in the Northern areas of the states while many smaller counties are allocated less than 50 slots. This is likely due to the statutory requirement that state VPI funds are matched with local funds using the same composite "ability to pay" index as state support for K-12 education funds- a formula that has shown to perpetuate inequities in per-pupil funding and school quality (More fully explored in the LWV-VA education equity study).

The cost to providers: Despite the high fees charged by care providers, providers cannot afford to pay staff a wage in line with their education and responsibilities, invest in professional development, or purchase curriculum and materials. Current fees for child care are being driven by what the market will bear, not what it actually costs to provide high quality care to infants and children. In many communities, providers cannot increase tuition rates to provide better staff compensation, required adult/child ratios, quality supports, and other resources because parents cannot afford to pay any more (Virginia Department of Education, 2022A; AmericanProgress.org, 2021).

The subsidy rates have been insufficient in compensating providers for the true cost of child care. Historically, providers in Virginia have been reimbursed at fixed rates and only for days when a child is in attendance even though providers are unable to fill missing days with another child. In acknowledgement of this cost disconnect, the FY2023-2024 state budget includes a mandate to estimate the actual cost of providing high quality care and education services in community-based settings and to adjust rates paid to providers accordingly (Virginia Department of Education, 2022A). This work is currently underway.

This disconnect was brought up in our interviews with providers. They told us their budgets were being taxed by the cost of trying to hire trained staff, the cost of training and credentialing their staff, and the cost of compliance with background check regulations. One provider said, “Parents can’t bear the cost of paying for quality.”

Quality Considerations: Two important measures of quality in ECCE involve the curriculum used in the classrooms and the interactions between educators and children. Research shows that stimulating and supportive interactions between teachers and children and effective use of quality curricula promote children’s holistic learning and development, resulting in improved school readiness (Department of Education, 2022A). In an effort to improve quality as measured by curriculum and interaction, Virginia began implementing the Unified Virginia Quality Birth to Five System (VQB5) in 2021. VQB5 is a measurement and improvement system that focuses on the quality of all publicly-funded birth-five programs. All publicly-funded programs (meaning Head Start programs and providers who accept CCDBG subsidies) will be required to participate in VQB5, with the first public ratings shared in the fall of 2024 (Virginia Department of Education, 2022B).

Another important component of quality is consistency in care provision. As we recover from the worst of the Covid 19 pandemic, care providers are experiencing ongoing, severe levels of staff turnovers and empty staff positions which impact providers’ abilities to offer care consistency (Department of Education, 2022A). In support of staff retention, the Virginia Department of Education has set up an incentive program for educators whose organizations participate in VQB5. The program, known as RECOGNIZEB5, will provide up to \$2000 in a one-time bonus payment.

Health and Safety Considerations: The legal attention to health and safety has come a long way since the last LWV-VA study in the 1980s. Virginia now has a well-developed system of licensing and inspection. In addition to bi-annual visits, inspectors are required to follow up on any complaint filed against a provider. Parents and community members can file a complaint (anonymously if they wish) verbally or using an online form. The biggest health and safety concerns that inspectors currently see relate to maintaining safe adult-child ratios, again harking back to the significant staff shortages coming out of the pandemic. Many inspectors and providers told us they’ve had to reduce the number of available slots for children, close early when ratios drop, and require administrators and other staff to step in as educators to maintain safety ratios. Inspectors and providers also told us that caregivers were being challenged coming out of the pandemic by the need for more support for children with special needs, children struggling to transition to group care, and children in need of mental and emotional support.

Equity Considerations: In its extensive research on what factors influence early education and care, the National Association for the Education of Young Children (NAEYC) points out that “it is essential to understand that child development and learning occur within a social-cultural, political, and historical context” (NAEYC, n.d.). Traditionally, the dominant narrative in the United States—in our history, scientific research, education, social policy and media—has reflected the ways in which society has granted or denied privilege to people based on certain aspects of their identity. Whiteness, for example, confers privilege, as does being male. Other aspects of identity that society

tends to favor with easier access to power structures and an increased tolerance for human error and mistakes include being able-bodied, US born, Christian, heterosexual, cisgender, thin, educated, and economically advantaged (NAEYC, n.d.). Conversely, other aspects of identity tend to be associated with societal oppression, experienced, for example, by those who are members of indigenous societies and those who do not speak fluent, standard English.

In the ECCE space, these biases manifest on multiple fronts. For educators, it means that sexist norms surrounding the care of children as well as barriers to entry into other professions led to the field of ECCE being filled by women. The field is also stratified because fewer women of color and immigrant women have access to higher education opportunities that lead to the educational qualifications required for higher-paying roles (NAEYC, n.d.) Systemic barriers limit upward mobility, even when degrees and qualifications are obtained. As a result, children are typically taught by white, middle-class women, with women of color assisting rather than leading.

The demographic makeup of teachers and of people in authority matters in educational settings, especially with elementary-grade children. Several studies referenced by NAEYC suggest that a racial and gender match between teachers and children can be particularly beneficial for children of color without being detrimental to other children (NAEYC, n.d.). This is because teachers of young children—like all people—are not immune to bias. Even among teachers who do not believe they hold any explicit biases, implicit biases are associated with differential judgments about, support for, and treatment of children by race, gender, ability and disability, body type, physical appearance, and social, economic, and language status—all of which affect children’s opportunities to reach their potential. Implicit biases also result in differential judgments of children’s play, aggressiveness, compliance, initiative, and abilities. These biases are associated with some groups of children (especially African American boys) being disproportionately assessed at lower rates of achievement and lower rates of assignment to “gifted” services while experiencing disproportionately higher rates of suspension and expulsion (NAEYC, n.d.)

While there hasn’t been a systematic review of biased practices in Virginia’s early education settings, the disaggregated results of the fall 2021 Virginia Kindergarten Readiness Program (VKRP) indicate these biased practices are in effect among the state’s child care providers. The VKRP is used in all preschool classrooms across the states and involves each kindergarten teacher assessing students on school readiness in four areas: Literacy, Mathematics, Self-Regulation, and Social Skills. While 42% of all kindergarteners begin the 2021-2022 school year below the expected level for kindergarten entry, the percentages were far worse for historically marginalized students (VDOE, VKRP, 2021). In particular, the following percent of students in different subgroups began the 2021-2022 school year below the overall readiness benchmark:

- 52% of Black students,
- 60% of Hispanic students
- 67% of English language/Multilingual learners
- 64% of students identified as having a disability
- 56% of students from low-income backgrounds

RECOMMENDATIONS

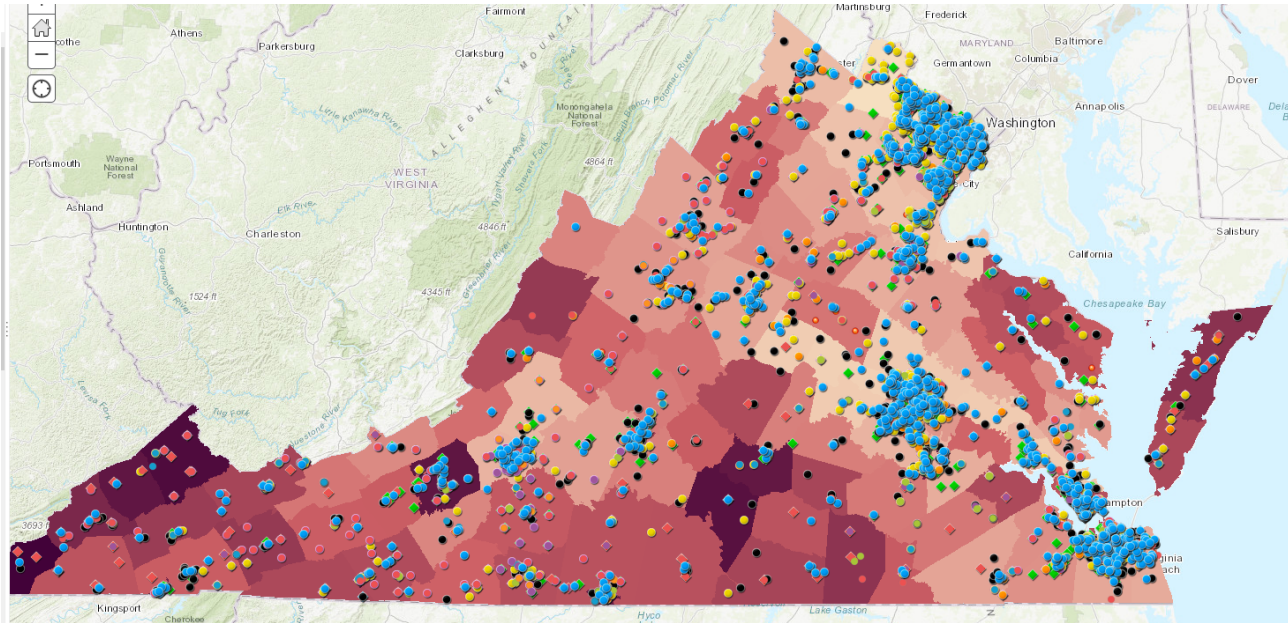
PARENTS

In order to ensure that no parents, especially minority and low-income parents ever have to choose between keeping or getting promoted in a job or leaving the workforce to care for their child, we need to recognize that the current child care market is failing. While the parents and providers we spoke to all value and want to keep the mixed-delivery method and the freedom for parents to choose a setting and location that best meets their needs, the only way that parents - especially women - can lean in to the workforce is if there is a sufficient supply of care options and if these options are affordable.

Subsidy program eligibility: To address the cost factor, Virginia has temporarily expanded family eligibility to the subsidy program and is adjusting the payment rates to providers to better reflect the true cost of care. In the 2023 budget, this adjustment comes at a cost of approximately \$130 million which is predominantly covered through the federal expansion of the CCDBG- an expansion expected to expire in 2024. Should the state wish to continue this expansion beyond 2024, funds would need to come from the state budget.

Copayment: Another cost variable involves setting the copayment amounts for parents with different income levels. The Department of Education's current proposal ties subsidy eligibility to the federal poverty guidelines with a maximum limit of 85% of the state median income (currently at \$88,954 for a family of 4). This means that, even with the increase in eligibility, a family making \$100,000 in annual income would still be required to pay over or 20% of their income in child care costs in the event they had two children needing full-time care. Of the approximately 2.1 million families in Virginia, there are an estimated 980,000 (47%) who make \$100,000 or above. To address this drop-off in support, the Biden Administration initially proposed to cap at 7% the amount that any family would be required to pay for child care, irrespective of their income. This solution, albeit more expensive, would ensure that no family is penalized for having multiple children or faces a complete loss in subsidy by moving just \$1 over the upper eligibility limit. While the cost of a comprehensive system of care is often cited as a prohibiting factor, our study group was not able to identify an economic analysis or model that predicts the amount needed to fully meet the demand for affordable, accessible, quality care in Virginia. The final cost is also driven by the structure of a sliding scale and the types of care covered (infant, preschool, after-school etc.)

Accessibility: Aside from the cost factor, the availability of viable care options is another factor that determines whether parents can choose to work in good conscience. Across the state, there is a big difference in the number of available child care options with some rural counties like Highland, Bath and Brunswick being completely without a licensed facility of any kind (See map below from Child Care Aware, 2019). Other counties such as Dickenson, Lee and Bland may have a single child care center for the entire county but lack any Headstart or after-school program. This means that families in more rural settings and low-income families may have to travel for many miles to access a licensed facility and do not have access to quality options the way their urban peers do.



Legend

- Licensed Child Care Centers in VA Oct 2021 ●
- VA Quality Rated Programs Oct 2021
 - Level 1
 - Level 2
 - Level 3
 - Level 4
 - Level 5
- VA Preschool Initiative - VPI Classrooms Oct 2021 ●
- Licensed Family Child Care Homes Oct 2021 ●
- Voluntarily Registered Family Child Care Homes Oct 2021 ●
- Family Day System NOVA Oct 2021 ●
- Religious License Exempt Centers October 2021 ●
- School_age child care centers Oct 2021 ◆
- CACFP - Child Care Centers Oct 2021 ◆
- CACFP - Family Child Care Homes Oct 2021 ◆
- Head Start & Early Head Start Oct 2021 ◆
- Subsidy Vendors All Programs Oct 2021 ●
- ACS Poverty Status Variables - Boundaries - County
 - Percent of Population whose income in the past 12 months is below poverty level
 - > 26%
 - 13% - national figure
 - < 1%
 - No Value

Recognizing the need to recruit additional teachers, Governor Glenn Youngkin included as part of an August 2022 Executive Order a directive that the Superintendent of Public Instruction issue a statewide model policy to establish child care specialist apprenticeship opportunities for high school students. While this may help alleviate some support teacher positions, it does not address the requirement that lead teachers possess a Bachelor’s degree. Other states are farther along in their thinking on how to increase ECCE teachers. For example, the Department of Early Education and Care (EEC) in Massachusetts is currently developing a career pathway for early educators and looking for ways to coordinate and collaborate with the state’s workforce and community college

system to increase the number of licensed teachers, providers and administrators. The Department is also partnering with United Way of Massachusetts to offer training and support to individuals interested in becoming licensed family home care providers. Initiatives to help current in-home providers expand their capacity may also serve to increase supply as would grants or low-interest loans to small business owners looking to establish new centers.

Another aspect of access involves providing care, and information about care, in accessible ways. This also ties in to issues of classism and racism as many low income families, families of color, and immigrant families work in hourly jobs with non-traditional hours. Unless care options extend to evenings and weekends, these families may not be able to lean into the workforce. Parents who are not fluent in English similarly need access to information about care in understandable, culturally appropriate ways. As part of the subsidy program, Virginia allows providers who offer extended care beyond 12 hours/day to be reimbursed for additional costs of care.

A note on the “choice” to work: While this study focuses on solving for child care as a pull-factor that, unless addressed, will keep women from career-advancing employment, there are other factors that affect whether a working mother chooses to stay in paid work. In particular, the conditions of paid work (salary, culture, schedule) may act as a push factor that drives women from the workforce even when child care is accessible and affordable. Some parents also chose to leave the paid workforce simply because they want to and are fortunate enough economically to have this option. While we acknowledge that there are likely many policies (such as extending paid parental leave, incentivizing employers to offer on-site child care, or requiring employers to offer flexible schedules) that would reduce the push factor that poor work conditions have on parent’s abilities to reconcile work and family-life, fully exploring these factors is outside of this study’s scope.

CHILD CARE PROVIDERS

The single most important variable affecting whether a provider has to choose between delivering quality care or remaining operational in Virginia is the availability of staff. And the ability to recruit and retain staff is directly tied to pay. Due to the market dynamics of the private system, salaries for child care educators have remained at or below minimum wage for decades. The current state median income for a general child care educator is \$10.96/hour and \$15.91/hour for a preschool teacher- which requires a Bachelor's degree. Both amounts fall below the state’s living wage level of \$19.20/hour for a single adult without children. Both amounts are also lower than many entry level jobs in retail and fast food that do not require any professional degree and are less physically and emotionally demanding. During the pandemic in Virginia, nearly 40% of centers closed down and while many have reopened, 74% are still facing staffing shortages (Masters, 2020 and the National Association for the Education of Young Children, 2021).

To increase pay, centers need more funding and the Virginia Department of Education is planning to support this through increases in the subsidy rate, meaning providers who chose to participate in the subsidy program would get reimbursed at higher rates to reflect the true cost of care. At the same time, the Department is revising the reimbursement formula to cover the number of hours a

child is committed to attend, even when a child may be absent for a particular day. The Department hopes that increased reimbursements will incentivize more providers, including in-home providers, to join the program. It remains to be seen whether this holds true.

Separate from increases to subsidy reimbursements, federal ARPA funding included stabilization grants paid directly to providers, and VDOE is currently distributing a third round of grants to providers proportionate to their size with some equity bonuses for providers who are located in high-need communities identified by the Center for Disease Control's Social Vulnerability Index (SVI) and for providers who participate in the Child Care Subsidy Program. There is no current plan to continue these grants beyond 2024 in Virginia. Other states such as Massachusetts are considering making these stabilization grants permanent on the condition that they are used to raise staff salaries.

In addition to pay, the ability of providers to deliver quality care is dependent on their ability to recruit, cultivate and retain qualified staff. Through our consultations with providers and through recent news reports, we know that many ECCE providers in Virginia are spending record amounts on advertising and recruitment yet they get no applicants or applicants who go through the interview process only to drop out before their start date. After solving the fundamental issue of low pay, Virginia would benefit from developing and cultivating a dedicated pipeline of staff rather than recruiting from the open labor market. Similar to other industries with clear and progressive career pathways, the ECCE industry would do well to recruit candidates directly from high schools and to establish referral partnerships with the state's workforce development programs and agencies who could help channel candidates into assistant teacher and then on to lead teacher roles. Providers would then need to offer on-the-job training while supporting staff to gain the necessary education and credentialing to move into lead teacher positions. This model has been successfully piloted in Massachusetts and is about to be scaled up with the intention of identifying, training and placing 400 new early educators in the greater Boston area.

YOUNG CHILDREN (0-5)

To ensure that every child 0-5 is healthy, safe and learns requisite social-emotional skills to be ready for kindergarten, there need to be sufficient slots for children to attend an early education program and these programs need to be of sufficiently high quality. Since the slots question has generally been discussed in the section on access under the parent header, this section will largely focus on solutions for ensuring quality, health and safety, and equity. It will also consider options for preschool since this is a specialized form of care and education for 3-year-olds and 4-year olds.

On Quality standards: In 2019, Virginia's Department of Education began developing VQB5 - the measurement and improvement system that assesses education quality for children aged 0-5 on two levels: 1) teacher-child interactions using a trademarked Classroom Assessment Scoring System (CLASS) and 2) the use of an approved curriculum. At the local level, VQB5 will be managed and implemented by designated lead organizations selected through a competitive process. In the first practice year for VQB (2021-2022), a sample of providers across the state participated and feedback from these are informing a second practice year (2022-2023) which is about to begin. Again,

participation is voluntary but strongly encouraged. By fall 2023, all publicly-funded programs will be required to participate in VQB5 with ratings shared publicly in fall 2024. The VQB5 system covers infant, toddler and preschool programs with different CLASS measurement tools and different curriculums approved for each. The hope and intention is that increased quality will also lead to improved safety as providers will have greater knowledge and skills on how to effectively engage, nurture and discipline children.

On Health and Safety standards: In Virginia, issues of health, safety and quality are increasingly connected as the state attempts to transition to a system of supportive supervision rather than what, to many providers, felt like a system of policing and punishment. With the oversight of child care shifting from VDSS to VDOE, the vision is to offer more support and training to providers rather than simply monitoring for compliance with standards.

The LWV-VA's current position on child care calls for minimum standards for child care licensing in the following areas:

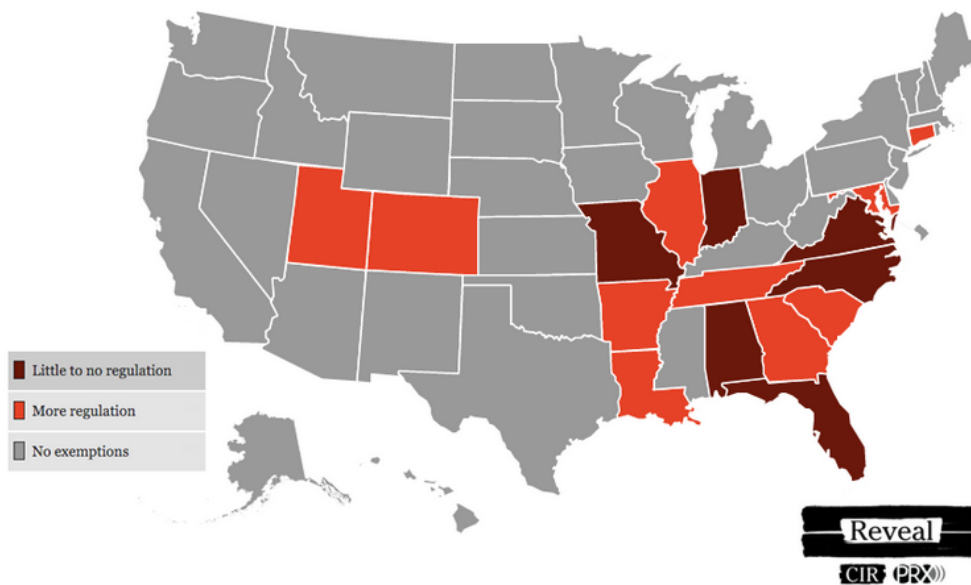
- Space and physical facilities, including equipment;
- Health and sanitation;
- Staff/child ratios;
- Qualifications of staff (training, experience, absence of criminal record);
- Admissions policy (health and immunization records);
- Identifier and locator information; and
- Written statements to parents (on operations policies and procedures).

While these areas were appropriate in 1985, they are now out-of-date compared to the standards recommended by the U.S. Department of Health and Human Services Administration for Children and Families (HHS/ACF). In their "Caring for Our Children Basics Health and Safety Foundations for Early Care and Education" guidelines, HHS/ACF includes additional clarification on what should be required for staff (such as continuing education) as well as additional areas not mentioned in the LWV-VA position (such as program activities for healthy child development including methods of supervision and nutrition and food service). Rather than outline specific areas of standards (as these are likely to change and be updated as times change and new research on child development emerges), we recommend that the LWV-VA position be revised to call for "adequate standards in line with those recommended by HHS/ACF". VDOE maintains and continuously updates Virginia's standards for child care centers and family day homes and, while these are largely aligned to the federal HHS/ACF guidelines, there are areas of improvement. For example, Virginia's standards do not explicitly call out a prohibition on the use of tobacco, alcohol, and illegal drugs on program premises or the precautions necessary to safely supervise infants and toddlers near bodies of water (Virginia Department of Education, 2021). Again, this study focuses less on proposing specific language for standards but rather the importance of ensuring that Virginia's standards (and those supported by the LWV-VA) are aligned to those recommended by the federal government.

On licensing: Whether a provider is licensed and therefore bound to standards of care can affect children's health and safety. There are two child care provider types in Virginia that are exempt

from being licensed, which means they are not regularly inspected and do not have to adhere to the standards. These are family day care homes that care for four children or fewer and religiously exempt centers. In 2014, an investigative article in the Washington Post uncovered an alarming number of child deaths among unlicensed and unregulated child care providers in Virginia. The Post found that over the previous decade, at least 43 children had died in unlicensed/unregulated day home settings compared to only 14 deaths in the same period among regulated providers (Fallis & Brittain, 2014).

While religiously exempt centers are not required to be licensed, they do have their own limited set of standards that they are required to follow. The Department of Education also has the ability to inspect these providers to ensure compliance, a right that has been exercised sporadically. Virginia is one of only 16 states that exempt religious centers from licensing. Most others have ended the exceptions in response to reports that children have been punched, slapped and locked in closets at unlicensed religious facilities. For example, in Alabama, one woman ran at least a dozen dangerous centers out of reach of regulators by declaring herself a church, even though she had no services or congregation (Harris, 2017). Yet smaller day home and religiously exempt providers have long argued that additional regulation is not needed and that their facilities are safe. For smaller providers, anecdotal evidence suggests that the burden of completing the licensing application and the cost of complying with standards represent potential barriers that would make it harder for them to operate.



In 16 states, religious day cares are exempt from at least some regulations. Credit: Scott Pham/Reveal

On Equity: To address the glaring disparities in kindergarten readiness for historically marginalized children, NAEYC recommends several policies and we recommend that the LWV-VA incorporate them as part of our updated position on child care (National Association for the Education of Young Children, 2021). These recommendations include:

1. Within early learning standards, reflect the culturally diverse settings in which educators practice. Provide ongoing, in-depth staff development on how to use standards in diverse settings where children bring different identities, family compositions, abilities and circumstances that affect how they might behave and respond to instruction.
2. In pre-school settings, make sure policies promote the use of authentic assessments that are developmentally, culturally, and linguistically appropriate for the children being assessed and use valid and reliable tools designed for a purpose consistent with the intent of the assessment. Assessments should be tied to children's daily activities and should be purposefully used to make sound decisions about the best teaching techniques and most conducive learning environment for different children.
3. Increase opportunities for families to choose ECCE programs that serve diverse populations of children. Incentivize these choices and seek to provide supports such as transportation in order to reduce program segregation (primarily by race, language, ability, and class), which reflects segregated housing patterns and fuels persistent discrimination and inequities.
4. Ensure sufficient funding for, access to, and support for children, teachers, and administrators to respond to children's behaviors that others find challenging. Mental health supports and prevention-oriented interventions can help meet each child's needs, without stigmatization, and eliminate the use of suspensions and expulsions across all early childhood settings.
5. Incorporate the science of toxic stress and adverse childhood experiences (ACEs) into federal and state policies and programs. Trauma-informed care and healing-centered approaches can support resilience and help mitigate the effects of toxic stress and ACEs, which affect children of all social groups but disproportionately affect children of marginalized groups.

On Preschool (children age 3-4): In Virginia, an evaluation of the state's publicly funded preschool initiative (VPI) found that the program "produced significant, positive outcomes for children and helped to build stronger, more supportive relationships within school communities" (Chapdelaine, 2019). Similar to Headstart, key components of the program's success involved building strong relationships with families to involve parents in children's learning and supporting teachers through individualized, data-driven professional development and coaching. Aside from the benefits that a universal and free preschool program would offer parents struggling to juggle child care and work, a universal program can offer extensive benefits to children, especially children from low-income families. Compared to other states, Virginia ranks 30th for preschool enrollment among four-year-olds at 18% enrollment. Maryland ranks 18th at 31% but these numbers are expected to start ticking up over the next decade, as the state plans on offering universal preschool for four-year-olds. West Virginia already has a universal preschool program which enrolls 56% of the state's 4-year olds (Friedman et al., 2022). The program proved essential to increasing the supply of care options in rural areas which were previously classified as "child care deserts". While Virginia has not yet taken steps towards establishing a universal preschool program at the state level,

Richmond City has started exploring what it would take to set up a city-wide program, a model adopted by other cities (Philadelphia, San Antonio, Boston) in states that lack state-wide programs.

Similar to other publicly funded ECCE initiatives, the cost of a universal preschool program is often cited as a constraint to its adoption. In its 2022-2023 budget, the Virginia legislature approved a budget of \$46 million for VPI to cover 25,260 slots for 4-year olds and to pilot a program for 2,924 3-year olds. The National Institute for Early Education Research estimates that to cover all low-income 3 and 4 year olds in Virginia not currently served by VPI or Headstart, an additional 29,603 slots would be needed at a cost of approximately \$403 million. The state would cover \$118.7 million and the rest would come from local matches through the local composite “ability to pay” index (Friedman et al., 2022).

SCHOOL-AGE CHILDREN

To ensure that every school-age child has a safe, nurturing place to go after school until they can look after themselves, greater investment is needed to expand access and affordability of after-school programs.

On access and affordability: The 2020 survey for Virginia from the Afterschool Alliance found that parents who did not enroll their child in an after-school program did so due to cost (60%), the lack of available programs (43%), and a lack of transportation to get children to and from the programs (47%). To increase accessibility and affordability, some jurisdictions in Virginia administer aftercare programs on a sliding fee scale, whether located directly in elementary schools (Fairfax) or in community centers accessed through public shuttles from schools (Virginia Beach). While the programs are open to all students on a first-come-first basis, the Office of Children in Fairfax told us that they are never able to accommodate all students who wish to participate due to space and staffing constraints. Locally led public solutions like those in Fairfax and Virginia Beach are important in making after-school programs more accessible but there are still many counties and communities in Virginia with no or limited access to after-school programs. For example, the counties of Dickenson, Buchanan, Tazewell, Charlotte, Mecklenburg and Brunswick all have between 0 and 3 after-school programs most of which are exempt from any licensing or regulatory requirements (Childcare Aware, 2019).

Legend

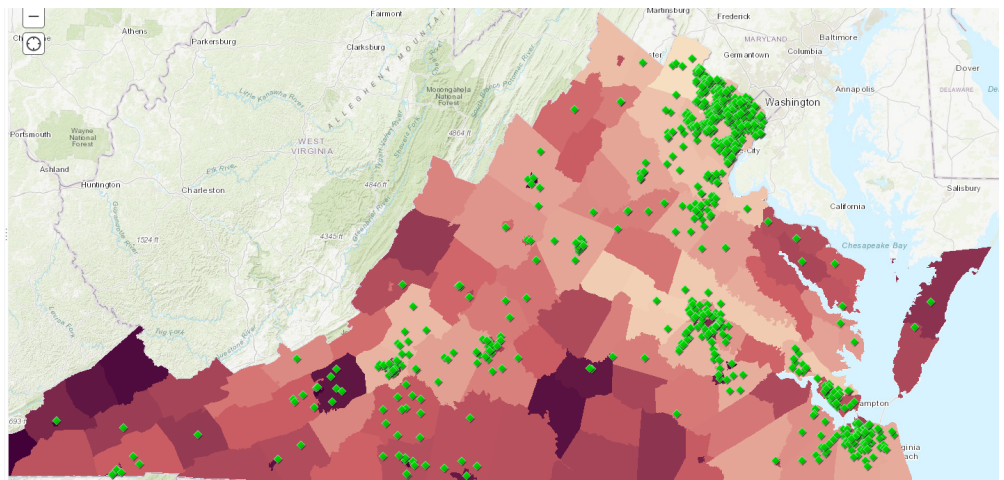
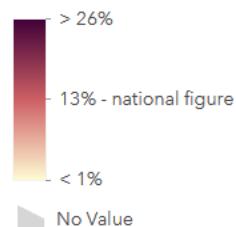
School_age child care centers Oct 2021



ACS Poverty Status Variables - Boundaries - Cour



Percent of Population whose income in the past 1 months is below poverty level



While no state has yet to adopt a universal after-school/summer program, Vermont is moving in this direction with a goal to have a program up and running by 2025. As the first in the country to consider this approach, the state has developed a roadmap for other states interested in this model (DiMarco & Morehouse, 2022). Conversations with the Virginia Partnership for Out-of-School Time (VPOST), Virginia's representative in the Afterschool Alliance, indicate a strong interest in learning from this pilot and exploring what a similar program might look like in Virginia.

Another option to make after-school (as well as child care for younger children) more affordable involves offering state-level tax credits. Aside from the federal government, twelve states have enacted their own child tax credit laws. Virginia is not one of them. Nine of the twelve states (California, Colorado, Connecticut, Maryland, Massachusetts, New Jersey, New Mexico, New York and Vermont) have made the child tax credit refundable. California, Connecticut, Idaho, Maine, Maryland, Massachusetts, New Jersey, New Mexico and Vermont established a fixed limit for the tax credit ranging from \$100 to \$1,000 per qualifying child. Colorado developed a tiered system based on income levels and is calculated by a percentage of the federal child tax credit (National Conference of State Legislatures, 2022).

Eligibility requirements differ among states' child tax credits. Oklahoma limits the child tax credit to families earning less than \$100,000 per year. Colorado and New York have age restrictions for qualifying children (under age 6 in Colorado, at least age 4 in New York). Maryland's child tax credit is specifically for the lowest income families and restricts eligibility to those earning \$6,000 or less per year. Maryland also restricts eligibility to families with children with disabilities. All eight states allow filers to claim both the state and federal child tax credit (National Conference of State Legislatures, 2022).

On Quality: Similar to preschools, the effectiveness of after-school programs varies depending on its quality. When implemented well, after-school programs have the potential to greatly boost academic performance, build social & emotional skills, and help children identify and nurture extracurricular interests. Regardless of their focus, quality programs all share some traits and in the last decade many states have followed the recommendations made by the U.S. Department of Health and Human Services to develop quality standards even though none have gone as far as mandate their use or require that all after-school providers become licensed. In Virginia, the Department of Education has endorsed quality standards developed by VPOST. The standards cover areas including active and engaged activities; linkages to the school day and the learning standards; health, nutrition & physical fitness; safe and supportive space; relationships, culture & diversity; staffing, volunteer & professional development; leadership & management; and continuous improvement (Virginia Partnership for Out-of-School Time, 2021). While adherence to standards is voluntary, conversations with VPOST identify several financial and non-financial options for incentivizing programs to adopt and embrace the standards. For example, bonuses could be made available to programs that participate in the subsidy program and adhere to the standards, priority points could be offered to standard-adhering programs in their applications for CCLC funds, and a list of programs adhering to the standards could be created, kept up to date and broadly published so that the public have greater insights into the programs in their communities.

On equity: Aside from cost barriers that disproportionately exclude low-income children from participating in many academic support and enrichment activities, aspects of program implementation have the ability to alleviate or perpetuate inequities along class and racial demographics. For example, the Wallace Foundation identifies that programs that don't intentionally embrace equity practices may accidentally assume a "savior" or "deficit-driven" engagement model where lower-income children and children from historically marginalized groups such as black and indigenous people are treated as subjects that are "lacking" and need to be "fixed" rather than typical children who all possess a set of individual strengths and weaknesses (Wallace Foundation, 2022). Programs without an equity focus may also perpetuate a single cultural norm on what is "good" that risks excluding and diminishing certain children and their experiences. For example, programs that fail to incorporate diverse materials, activities, and celebrations that reflect and honor the varied identities and experiences of the children in the program risks depressing some children's sense of self and value while elevating others'. While Virginia started on a path to explore the importance of equity in education through its EdEquityVA initiatives but the initiatives were recently suspended on the grounds that they "promote discriminatory and divisive concepts". While some local school districts such as Fairfax continue advancing education equity agendas which encompasses its school age child care (SACC) program, there is no longer a coordinated effort at the state level to make the implementation of school and afterschool programs more equitable.

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