

QUALITY EARLY CARE

High quality care means that children are engaging in meaningful learning and play, guided by qualified caregivers in an enriched educational environment. Science shows early experiences literally shape how the brain gets built. A strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties. That's why it is important that all children have high quality early experiences.

WHAT IS THE NEED?

In the greater Richmond and Petersburg region the vast majority of children under six live in households where all parents work - from 65 to 77 percent among localities where estimates are available.ⁱ As a result, many of our region's children spend a significant portion of their first five years of life in child care. The average fees for center-based infant care exceed the average annual amount that families spend on food and monthly child care for two children costs as much as an average rent payment.ⁱⁱ There are an estimated 4,863 at-risk four year olds in our region. Approximately 65% are enrolled in public preschool programs. *(In terms of program eligibility "at-risk" children and families are generally considered as those living below the poverty level or a certain percentage of the poverty level.)*

WHY DOES IT MATTER?

The future prosperity of our society will be determined by the health and development of our children. With the majority of a child's brain developing during the first five years, the quality of care a child receives during this time is critical. Children with access to high quality early learning experiences are more likely to acquire the skills they need to adapt to new learning and social environments and succeed in school and in life.

There are several principles of brain architecture that help explain why the quality of early care and education programs are so important:ⁱⁱⁱ

- Brains are built over a long period of time through the interaction of genetics and experience.
- Genetics determine when development occurs, while experience determines the actual construction of the brain circuits.
- The brain is built from the bottom up: basic circuits are established first and they form the foundation for more complex circuits and skills.
- It is better to get it right the first time than to try to fix it after the fact.

Certain kinds of stressors in a child's environment can interfere with how the brain gets built. In the absence of positive and protective relationships, "toxic stress" in early childhood, caused by conditions

WHY DOES IT MATTER? *(Continued)*

such as extreme poverty, abuse, or severe maternal depression, damages the developing brain. Toxic stress leads to lifelong problems in learning, behavior, and both physical and mental health. The more stressors a child experiences, the greater the effect. Children whose families have multiple stressors have been shown to suffer significant achievement gaps in school. A longitudinal study of the effect of risk factors like low parent education, poverty, single-parent families, and non-English speaking parents, on kindergarteners found that:^{iv}

- Children with one risk factor are twice as likely as children with no risk factors to have low reading scores and nearly twice as likely to lack basic math skills.
- Forty-four percent of children with multiple risk factors rarely paid attention, compared to 28 percent 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.

However, the extent to which toxic stress harms brain development can be influenced by the quality of relationships and environments in the early years. Poor quality early care and education settings where care providers are overwhelmed by too many children, lack training, or have high turnover rates are unlikely to provide care that supports positive development. High-quality settings, on the other hand, provide the positive relationships and environments that make the difference for developing children.

Rigorous studies have compared outcomes for at-risk children who participated in high-quality, center-based programs compared to control groups who did not, finding that participants:^v

- Had better language and cognitive skills in the first few years of elementary school.
- Were more likely to score higher on math and reading tests, complete more years of education and attend a four-year college.
- Were less likely to repeat a grade, drop out of school, need special education or remedial services, or get into trouble with the law in the future.

Benefits were greatest for low-income and minority children and those whose mothers had a high school education or less.^{vi} In the greater Richmond and Petersburg region, 13,695 children under six live in poverty and nearly 15% of all births are to mothers with less than a 12th grade education.

WHY DOES IT MATTER? *(Continued)*

Children 0-5 below 100% Poverty 2005-2009 5 Year Estimate		
	#	%
Charles City	62	15%
Chesterfield	2,496	10%
Colonial Heights	105	8%
Goochland	47	4%
Hanover	360	5%
Henrico	3,683	16%
New Kent	31	3%
Powhatan	60	3%
Petersburg	836	27%
Richmond	5,780	35%
Region	13,695	17%
Virginia	93,269	15%

Births in 2009 to Mothers with Less than a 12 th Grade Education	
Charles City	6.5%
Chesterfield	11.0%
Colonial Heights	14.3%
Goochland	5.6%
Hanover	6.8%
Henrico	10.7%
New Kent	8.7%
Petersburg	22.9%
Powhatan	4.1%
Richmond	26.5%
Region	14.6%
Virginia	13.3%

A longitudinal study of children who attended the High/Scope Perry Preschool Project found that benefits have long-term staying power. After forty years, at-risk participants continued to be more law-abiding, earn higher incomes, and have more stable home lives than similar adults who were not enrolled in the program.^{vii}

WHAT ARE THE ECONOMIC BENEFITS?

Positive results lead to cost savings, which means that investments in high-quality early care and education make financial sense. Economic analyses show that high quality programs have stronger and longer-lasting effects than alternative options such as remediation, class size reductions, and programs that start later in life. Rigorous evaluations of three high-quality early care and education programs have shown economic benefits that outweigh the program costs. These benefits result from reduced costs for special education services, grade retention, child maltreatment and juvenile arrests, increased likelihood of employment and higher monthly earnings.

Costs and Benefits per Participant in 2002 Dollars^{viii}

	High/Scope Perry Preschool Project (age 27)	Abecedarian Project (age 22)	Chicago Child- Parent Centers (age 21)
Total benefit for each \$1 invested <i>(benefits to participants and to the public)</i>	\$8.74	\$3.78	\$10.15
Public benefit for each \$1 invested	\$7.16	\$2.69	\$6.87

WHAT ARE THE ECONOMIC BENEFITS? *(Continued)*

The cost to replicate a program like the Perry Preschool Project is estimated to be about \$11,300 per child per year. In comparison, Virginia spends an average of \$11,020 for a child to repeat a grade, \$20,714 a year per child receiving Comprehensive Services Act services,^{ix} and \$21,380 to house a prisoner for a year.^x

Over time, the economic benefits continue to rise. For example, the High/Scope Perry Preschool Project has found a total cost/benefit ratio of \$17.07 for each \$1 invested in 2000 dollars when the children in their study reached the age of 40.

It must be noted, though, that most of these long-term effects stem from relatively small-scale, intensive, evidence-based model programs, designed and conducted by experts. The programs that have been proven to achieve long-term benefits typically incorporate best practices, or “Effectiveness Factors,” such as language-rich, developmentally appropriate education; highly trained teachers; and low child-staff ratios. Not all early care and education settings meet these high standards. Researchers have demonstrated that in the absence of these effectiveness factors, some children can spend just as many hours in a program, but not show many positive outcomes.

Paying attention to effectiveness factors can guide investment in and replication of programs that work rather than those that don’t. Fortunately, there is a strong science base for this approach.

WHAT IS “QUALITY”?

Knowledge about quality in early childhood settings is largely built on three studies of high-quality early care and education programs: the High/Scope Perry Preschool Project, the Carolina Abecedarian Project and Chicago’s Child-Parent Centers (CPC).

There are a few overarching principles that these three interventions had in common:^{xi}

- They began early: the Abecedarian Project began in the first months of life; and the Perry Preschool Project and the Child-Parent Centers began at age three.
- They had well-educated, well-trained, and well-compensated teachers—with resulting low staff turnover.
- They maintained small class sizes and high teacher-child ratios.
- They were intensive, providing many contact hours with the children for more than a year and transitioning to elementary school.
- Two of the three worked intensively with parents.

In addition, these programs:^{xii}

- Had clarity of focus with clear goals and support among participants and in the larger community for accomplishing these goals.
- Focused on children’s intellectual, social, emotional and physical growth and well-being and viewed children as active and experiential learners.
- Emphasized the relationship between the teacher and the child as central to learning.

WHAT IS “QUALITY”? (Continued)

- Employed responsive teaching and direct teaching. The curriculum was not set in stone, but was rather a framework for learning.
- Focused on teachers’ ongoing learning, providing time and resources for teachers to reflect on what the children were learning and on their own teaching to find ways to improve their teaching practice.

The key features of a quality setting that are the foundations of Virginia Star Quality Initiative (VSQI), our state-wide early care and education quality rating and improvement system, include^{xiii}:

- **Education, qualifications, and training of staff:** Effective early childhood professionals have a strong background in education and child development, building specialized early childhood competencies.
- **Interactions:** Effective teachers have the warmth and sensitivity to engage children, fostering self-confidence and positive interactions, and encouraging questions and curiosity.
- **Structure:** Small class sizes and low child to teacher ratios that allow for individual student attention are hallmarks of a high quality program.
- **Environment and Instruction:** An age-appropriate curriculum recognizing the psychological development of children is important, but the way a teacher implements that curriculum is more significant. Learning environments should stimulate children’s cognitive development, with classrooms divided into smaller activity-based centers.

WHAT CAN BE DONE?

There have been great strides across the nation in implementing evidence-based quality early care and education systems with standardized strategies to measure and improve outcomes. In Virginia, support for policies and funding from both the public and private sectors are needed in the following programs:

- Virginia Star Quality Initiative (VSQI)
- Virginia’s Infant and Toddler Specialist Network (VA ITSN)
- Virginia’s Child Care Subsidy Program
- Public Preschool: Head Start and Virginia Preschool Initiative (VPI)

Virginia Star Quality Initiative

Virginia, along with more than half of the states in the U.S., has designed a system to evaluate and improve the quality of early care and education programs^{xiv}. The system is called the Virginia Star Quality Initiative (VSQI) and is a state-wide, voluntary child care quality assessment and improvement project that is administered jointly by the Virginia Early Childhood Foundation and the Office of Early Childhood Development. VSQI offers a market-based solution to support continuous quality improvement so that all children arrive in kindergarten ready to succeed. VSQI also provides families with an easy to use tool to help them choose the best child care programs for their children. VSQI is funded by a combination of federal funds, local support, and private investment through the Virginia Early Childhood Foundation.

WHAT CAN BE DONE? *(Continued)*

Participating child care centers are rated by state-trained and approved raters on four quality standards:

- Standard 1: Teacher Education, Qualifications, and Training *(assessed by documentation)*
- Standard 2: Teacher-Child Interactions *(assessed by observation using CLASS)*
- Standard 3: Program Structure *(assessed by documentation)*
- Standard 4: Classroom Environment and Instruction *(assessed by observation using Environment Rating Scales- ERS and documentation)*

Participating early care and education providers work with mentors to develop and implement quality improvement plans, receive support for teacher training, supplies, and improvements, and are re-rated every two years to monitor progress. The ratings, from one to five stars, provide families with an easy to use tool to help them choose the quality programs for their children. It costs an average of \$10,000 to fund a center's full participation in VSQI.

In the greater Richmond and Petersburg region, VSQI is implemented by Smart Beginnings Greater Richmond (SBGR) in partnership with ChildSavers, a strong community-based agency with over 85 years of experience supporting mental health and positive social and emotional development of children. ChildSavers is also the lead agency for the Family Day Home pilot of VSQI, which assesses home-based providers of early care and education on similar standards of quality:

- Standard 1: Teacher Education, Qualifications, and Training *(assessed by documentation)*
- Standard 2: Environment and Interactions *(assessed by observation)*
- Standard 3: Program Structure *(assessed by observation)*
- Standard 4: Parent Partnerships and Transition Practices *(assessed by documentation)*

VSQI does not yet reach all parts of the state, due in part to inadequate funding. To fully implement VSQI, 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 so that all centers can be rated.

VSQI State-wide Highlights:

- 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.

In the greater Richmond and Petersburg region, currently 34 child care centers are participating in VSQI. Of these, 32 are rated. Eleven are 2-star, fifteen are 3-star and six are 4-star. The remaining two are awaiting ratings. There are four participating centers in Chesterfield county, three in Hanover county, four in Henrico county, one in New Kent county, seven in the city of Petersburg, and fifteen in the city of Richmond. Priority is given to providers that serve a high percentage of low-income children.

WHAT CAN BE DONE? (Continued)

Participating centers report the percentage of children receiving child care subsidies from Departments of Social Service. Fourteen participating centers report that less than 20 percent of the children they serve receive subsidies, seven centers report 20 to 50 percent, and nine centers report more than 50 percent. It is important to note, however, that all participating programs serve a high percentage of low-income children. Some use other funding streams, such as private dollars, to offer scholarships and sliding-scale fees to low-income families who are not eligible for or are on a waiting list for public child care subsidies.

VSQI is a key strategy in the *Regional Plan for Children's School Readiness*^{xv}, with a target of having 15 percent of eligible child care centers (71 of 474) participating in VSQI by 2015. VSQI needs public support and a sustainable funding stream to reach scale.

Virginia's Infant and Toddler Specialist Network

Another strategy for improving quality is the Virginia Infant and Toddler Specialist Network (VA ITSN), a federally funded program with 13 specialists serving the state's eight regions. The goal of the VA ITSN is to improve the quality of child care for infant and toddlers in both center- and home-based settings by strengthening the childcare workforce serving these populations. 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.

In 2009-10, 12,126 providers were served, with 121 receiving intensive Level 1 services. In 2010-11, 11,395 providers were served, with 126 receiving intensive Level 1 services. Ongoing collaborative efforts between the VA ITSN and VSQI strengthen both programs and reduce duplication of effort.

It is important to remember that efforts such as these that are working to improve the quality of early care and education programs are only part of the equation. As important as it is to have a supply of high-quality care available, it is equally important to make sure that families can access that care, particularly low-income families.

There are several ways states and localities increase access for low-income families: public subsidy, private scholarship programs and public preschool programs.

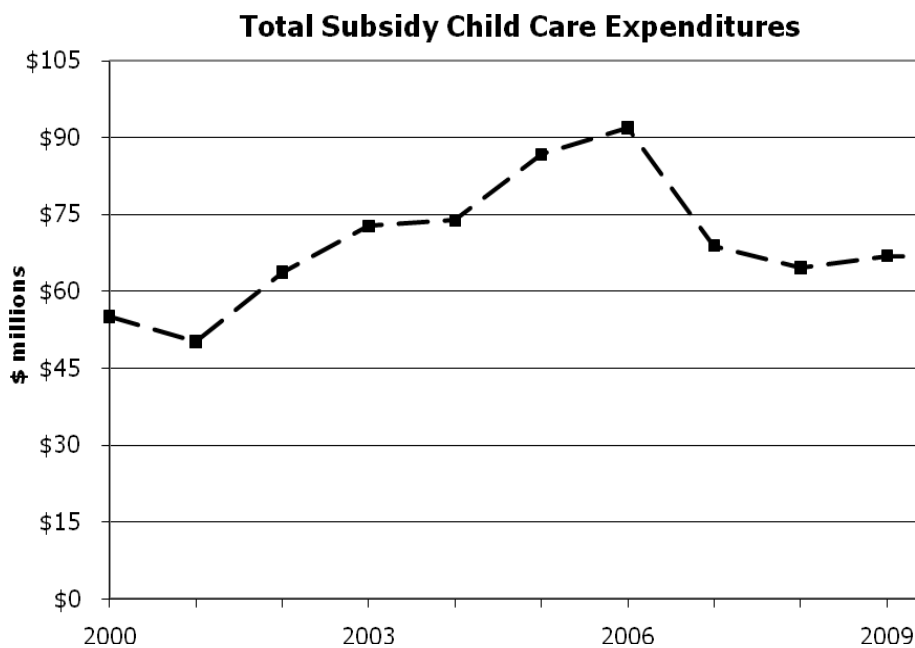
WHAT CAN BE DONE? (Continued)

Virginia Child Care Subsidy Program

The cost of high-quality care can be prohibitive for many working families, even exceeding 30 percent of total income for many low-income families.^{xvi} The National Association of Child Care Resource and Referral Agencies recently reported 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.^{xvii} In Virginia the average annual cost for full-time center care for an infant is \$9,672, for a four-year old, \$7,137.^{xviii}

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.^{xix}

The Virginia Child Care Subsidy Program provides child care assistance to low-income parents who work or are engaged in education or training to promote self-sufficiency. Between 2002 and 2010, approximately 56,878 children, or 32,351 families, were served by the program per year.



There are two main challenges of the subsidy program, (1) waiting lists and (2) low reimbursement rates. Both are driven by inadequate funding.

WHAT CAN BE DONE? (Continued)

Across Virginia, local departments of social services maintain ongoing wait lists of families in need of child care assistance, typically between 10,000 -12,000 children. As of July 2011, there are 10,981 children, or 6982 families, waiting to enroll.^{xx} In the greater Richmond and Petersburg region, 1,251 children are on the waiting list.^{xxi}

Waiting List for Child Care Subsidies July 1, 2011		
Locality	# of Families	# of Children
Charles City	1	2
Chesterfield	275	441
Colonial Heights	19	37
Goochland	0	0
Hanover	35	64
Henrico	347	596
New Kent	3	4
Petersburg	74	105
Powhatan	0	0
Richmond	1	2
Regional Total	755	1,251

All local departments must follow the same procedures for screening families and adding them to their waiting list, so the numbers can be compared across localities. Virginia Department of Social Services reports that localities that have no families on a waiting list had sufficient funds to serve all eligible families who applied.

For families that are able to receive subsidies, many find they aren't enough to pay for quality programs. **Reimbursement rates for licensed providers in Virginia are between the 25th and 40th percentiles of market rate, far below the federally recommended 75th percentile.**^{xxii} Also, reimbursement rates are not tied to quality in Virginia, unlike in other states where higher quality is rewarded with higher subsidy reimbursement rates, driving the market for quality improvement.

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.

Some non-profit providers receive funding from United Way and other private funders to help them make up the difference between the cost of providing high-quality care and what families are able to pay. At this time there is no comprehensive source of information on total private dollars invested in scholarships and the impact on families' ability to access quality. A more thorough assessment of this system would be beneficial.

WHAT CAN BE DONE? *(Continued)*

Public Preschool: Head Start and Virginia Preschool Initiative (VPI)

Virginia serves many at risk four-year olds in public preschool programs, including Head Start, a federal program with income eligibility restrictions, and VPI, a state-funded program requiring a local match, for families who have risk factors but do not meet the income eligibility of Head Start. In the greater Richmond and Petersburg region, there are an estimated 4,863 at-risk four year olds. Approximately 65 percent are enrolled in public preschool programs.

The Head Start State Collaboration Office serves to develop and enhance partnerships between Head Start/ Early Head Start programs, other state agencies, and early childhood professionals. This office is housed within the Division of Child Care & Early Childhood Development at the Virginia Department of Social Services. These partnerships facilitate the coordination of services. 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.

Head Start

Head Start is a national child development program for children prenatally to age three (Early Head Start) and from three to five (Head Start), which provides services to promote academic, social and emotional development for income-eligible families. Head Start is the longest-running national school readiness program in the United States. Head Start is a child-centered, family focused, community-based program. Head Start provides comprehensive education, health, nutrition, dental, mental health, social services and parent involvement opportunities to low-income children and their families. Head Start also provides transportation and home visits to families, developmental and health screenings, and family literacy and vocational supports for parents. It connects families to other services available from community partners. Family involvement is emphasized.

Currently, approximately 14,000 children are served by Virginia's Head Start preschool, including 1,590 three- and four-year olds in the greater Richmond and Petersburg region.

Numerous studies have shown that Head Start children begin kindergarten on track for success. While that achievement ebbs and flows from grade to grade throughout the school years, long-term studies continue to conclude that Head Start produces significant improvements in a number of important outcomes. Studies have documented:^{.xxiii}

- Fewer grade repetitions and fewer children going into special education classes
- Increased high school graduation rates and increased college attendance
- Higher vocabulary levels
- Better emotional development
- Lower mortality rates of young children
- Fewer commissions of crimes as adults
- Families moving out of poverty and
- Significant impact on long-term cognitive abilities of adults who attended Head Start

WHAT CAN BE DONE? *(Continued)*

In Virginia, Head Start programs report positive outcomes as well. The Phonological Awareness Literacy Screening for pre-Kindergarten (PALS-PreK) is a standardized measure of emergent literacy skills. Spring 2010 PALS-PreK results show that the majority of Head Start students assessed met the expected age and developmental range in eight categories used to measure school readiness, closing the school readiness gaps between low-income children and their more advantaged peers.

Spring PALS-Pre-K Assessments – Virginia Head Start Students				
% of students meeting expected age and developmental levels				
Literacy Skill	2007	2008	2009	2010
Name Writing	81%	82%	84%	83%
Alphabet Knowledge	73%	74%	74%	69%
Letter Sounds	59%	61%	64%	63%
Print & Word Awareness	76%	78%	78%	77%
Beginning Sound Awareness	80%	78%	78%	80%
Rhyme Awareness	76%	76%	79%	79%
Nursery Rhyme	74%	83%	78%	84%

*Data from Virginia Head Start Association Annual Reports

2010 Key Head Start 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)	1,698/ 13,996	1,848/ 13,786	1,592/ 14,081	2,162/ 14,361
Percent of families with a working parent(s)	73%	73%	NA	67%
Percent of families who received family services	87%	82%	77%	75%
Head Start Participant Health Service Outcomes				
Percent of children with health insurance	95%	96%	96%	98%
Percent of children with medical home	98%	95%	98%	99%
Percent of children with dental home	91%	91%	96%	97%
Number of children referred for mental health services	602	465	308	2,477*

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.

*16% of families served: Mental health data for 2010 did not separate out children from families

To ensure that Head Start gains are maintained, the focus needs to be on strengthening Head Start with quality and accountability improvement efforts, as well as finding ways to continue offering comprehensive health and social services to Head Start families throughout the elementary years.

WHAT CAN BE DONE? (Continued)

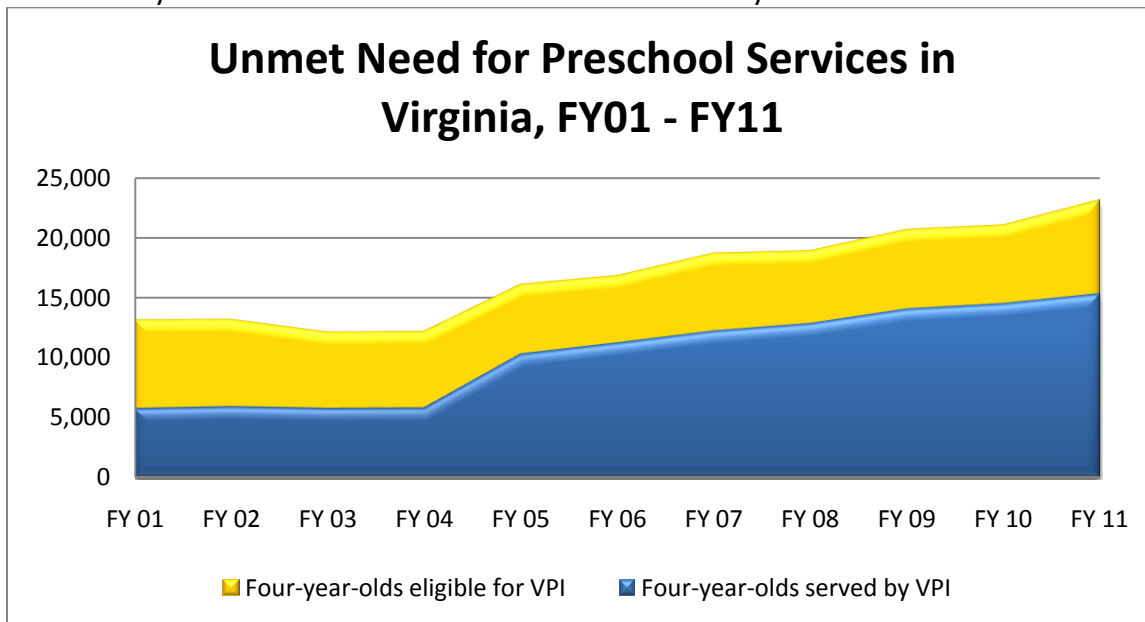
The Virginia Preschool Initiative

The Virginia Preschool Initiative (VPI) began in 1994 to provide a high-quality early education experience to four-year olds at risk of entering kindergarten unprepared but not eligible for Head Start. General Assembly funding for VPI has gradually increased from \$5,400 per pupil in 1996 to \$6,000 currently, with the local match requirement capped at 50%, making it more affordable for some divisions to participate. Per pupil funding amount still falls below the recommended \$7,627 to achieve an “optimal model” preschool program.^{xxiv}

A 2007 Joint Legislative Audit and Review Committee (JLARC) study found that VPI is a high quality program that produces students who are more prepared for kindergarten than non-participants. Participants score higher on the PALS-PreK (pre-kindergarten) and PALS-K (kindergarten), standardized early literacy screenings. In addition, 70 percent of kindergarten teachers surveyed said that VPI graduates were “very well prepared” academically and socially for kindergarten, and 80 percent of elementary principals believe that VPI increases the academic and social abilities of children.^{xxv}

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 Standard of Learning (SOL) scores than economically disadvantaged students without any pre-k.^{xxvi} 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.

Virginia has made great strides in expanding VPI for at-risk four year olds but has not met the goal of ensuring that 100 percent of VPI-eligible children are served.^{xxvii} 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 un-served by VPI or Head Start.^{xxviii}

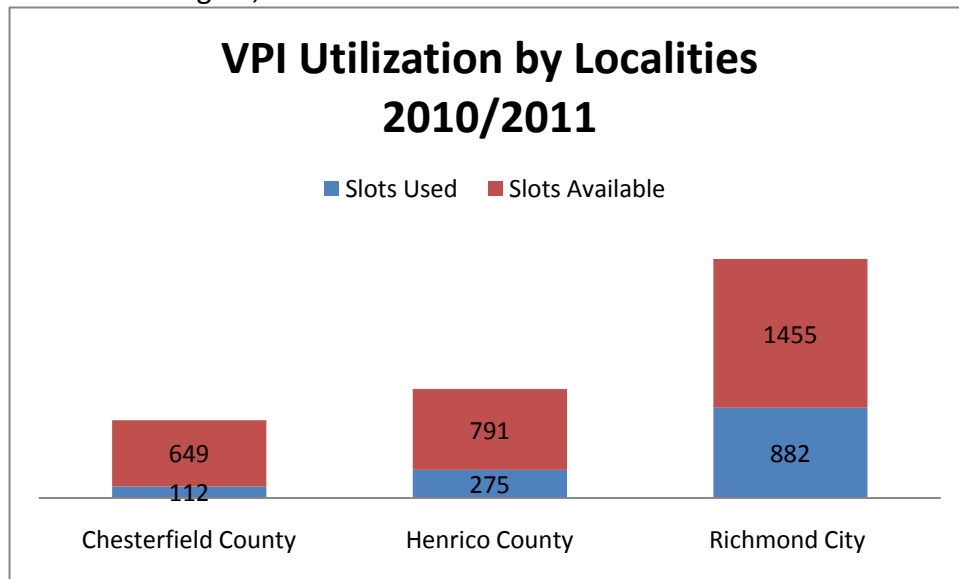


Source: Virginia Department of Education^{xxix}

WHAT CAN BE DONE? (Continued)

State-wide there are 14 localities that have elected not to provide VPI. In the greater Richmond and Petersburg region in 2011, Charles City, Chesterfield, Colonial Heights, Hanover, Henrico, Petersburg, Powhatan, and Richmond provided VPI and Goochland and New Kent did not.^{xxx}

Localities can choose not to participate or not to fill all of their VPI slots for many reasons, including lack of classroom space, start-up costs for the program, and the annual local share costs.^{xxxi} Because some localities do not participate or do not use all their slots, access to the program can depend on where children live. In our region, three of ten localities leave 100 or more VPI slots unutilized.



Source: Virginia Department of Education^{xxxii}

In January 2011, the Henrico County school system approved the addition of \$283,176 in matching funds. An additional eight classrooms will serve an additional 144 children. There are more than 500 on the waiting list. Henrico is one locality that blends Head Start, Virginia Preschool Initiative and Title I programs, a Preschool Pilot strategy that has been found to have good results. The Preschool Pilot project tested innovative strategies for delivering high quality preschool and address barriers to serving all eligible children. Ten communities participated in 2007-08 and found the following key results:^{xxxiii}

- 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. For example, VPI money can be used to pay for the educational component of preschool, while 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 centralized enrollment process facilitates eligibility determinations, makes the enrollment process easier for parents, and increases parental awareness of additional services.

CONCLUSION

For at-risk three- and four- year olds, public preschool programs like Head Start and VPI help level the playing field and prepare children to enter kindergarten ready to succeed. Localities need support to find the best ways to make these programs available to the greatest number of eligible children possible. These programs should continue to be held accountable for quality and should be supported in their efforts to strengthen the longer-term transition of children and families from pre-k to elementary grades.

High-quality private and public early care and education programs can mitigate the effects of toxic stress and build a strong foundation for future success. We can recognize high-quality programs by the presence of clearly identifiable characteristics. Investing in evidence-based early care and education programs that provide high-quality services to at-risk children generates a significant return on investment for children, families, and the community.

These strategies require an educated and informed public willing and able to promote policies and funding in support of early childhood.

END NOTES

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- ^{iv} Ibid
- ^v American Educational Research Association. *Research Points: Essential Information for Education Policy*, Fall 2005, Volume 3, Issue 2. Available from: http://www.aera.net/uploadedFiles/Journals_and_Publications/Research_Points/RPFall05.pdf
- ^{vi} Hill, J.L., Brooks-Gunn, J., Waldfogel, J. (2003). “Sustained Effects of High Participation in an Early Intervention for Low-Birth-Weight Premature Infants,” *Developmental Psychology*, Vol. 39, No. 4, pp. 730–744. Referenced in American Educational Research Association. Available from: http://www.aera.net/uploadedFiles/Journals_and_Publications/Research_Points/RPFall05.pdf
- ^{vii} See iii
- ^{viii} See iii
- ^{ix} Comprehensive Services Act, CSA Data Set, FY11-QTR 4 130/131 Localities Report Number : R1 Avg Expenditures per Child. Available from: http://www.csa.virginia.gov/publicstats/csastats09/region/expenditures_child_region.cfm?RequestTimeout=500&export_fyqtr=20114
- ^x The cost to replicate Perry Preschool from Coalition for Evidence Based Policy. *Social Programs that Work*. Available from: http://evidencebasedprograms.org/wordpress/?page_id=65. Virginia Department of Education provided the cost of repeating a grade. The annual cost for a prisoner from Children’s Defense Fund. *Children in Virginia*. January 2011. Available from: <http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/cits/2011/children-in-the-states-2011-virginia.pdf>
- ^{xi} See iii
- ^{xii} See iii
- ^{xiii} Virginia Early Childhood Foundation. *Why Does Quality Matter?* Available from: <http://www.smartbeginnings.org/Portals/5/PDFs/WhyDoesQualityMatter.pdf>
- ^{xiv} U.S. Department of Health & Human Services QRIS Resource Guide <http://nccic.acf.hhs.gov/qrisesourceguide/index.cfm?do=qrystate>
- ^{xv} The Regional Plan for Children’s School Readiness http://www.yourunitedway.org/index.php?pr=sb_school
- ^{xvi} Voices for Virginia’s Children. *Building Our Future: The State of Virginia’s Early Childhood System*, October 2011. Available from: <http://www.vakids.org/pubs/ECE/Building%20Our%20Future%20Oct%202011.pdf>
- ^{xvii} National Association of Child Care Resource & Referral Agencies. *Parents and the High Cost of Child Care: 2010 update*. August 2010. Available from: www.naccrra.org/docs/Cost_Report%20_073010_ExecSumm-final.pdf.
- ^{xviii} National Association of Child Care Resource & Referral Agencies. *2011 Child Care in the State of Virginia*. Available from: <http://www.naccrra.org/randd/data/docs/VA.pdf>
- ^{xix} See xv
- ^{xx} See xv
- ^{xxi} Report requested from Child Care Subsidy Manager, Virginia Department of Social Services, October 17, 2011.
- ^{xxii} See xv. Note: The federal recommendation of 75% of market rate is based on the calculation that this rate will ensure equal access to comparable child care services. Low provider rates have the result of limiting high quality child care choices.
- ^{xxiii} Region IV Head Start Association and the Tennessee Head Start Association. *Head Start Impact Study—A Position Paper*. Available from: http://www.tnheadstart.org/Head_Start_Impact/Head%20Start%20Impact%20Study%20Position%20Paper.pdf and National Head Start Association. *Researchers Letter to Congress*. March 2011. Available from: http://www.nhsa.org/researchers_letter_to_congress
- ^{xxiv} Virginia Board of Education, Virginia Department of Education, and the Virginia Council on Child Day Care and Early Childhood Programs. *A Study of Programs Serving At-Risk Four-Year-Old Children*. 1993.
- ^{xxv} Ibid
- ^{xxvi} Ibid
- ^{xxvii} See xv
- ^{xxviii} See xv
- ^{xxix} See xv
- ^{xxx} The Annie E. Casey Foundation. Kids Count Data. <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=VA&ind=3258>
- ^{xxxi} See xv
- ^{xxxii} See xv
- ^{xxxiii} See xv