Charlottesville
Early Childhood
Mapping Project

A project of the UVA Batten Community Impact Lab

Contents

EXECUTIVE SUMMARY

This project aims to create a base map of services available in Charlottesville and Albemarle county for children ages 0-5 living in low-income families, at or below 200% of the federal poverty line. As a team, we inventoried child care, early childhood education, health, nutrition, special education, home visiting, and foster care prevention services available to low-income families. While we were not able to map every single service available to families in Charlottesville and Albemarle county, we feel as though we were able to paint a broad picture of the area's early childhood landscape for the use of the Early Childhood Funders Network. Our research led us to identify access and affordability of services, the importance of trust between clients and service providers, culturally relevant services, the intersectionality of need for low-income families, scarcity and capacity of resources, limited data and outcome measurement capacity, and lack of coordination between service providers as the major gaps in the Charlottesville- Albemarle early childhood landscape.

KEY GAPS FOUND:

- **Trust is key:** Many providers emphasized the importance of trust between clients and direct service providers. In the absence of a comprehensive informational resource, trusted community members often serve as points of entry into the networks of services, and trusted providers are able to effectively connect clients with other resources to meet their needs.

- **Access, affordability, intersectionality:** Many clients struggle to access services because of financial, time, language, or cultural barriers. Low-income families often have needs across multiple sectors, and issues that affect parents, including lack of affordable housing or difficulty finding high-quality jobs, affect the whole family.

- **Coordination, communication, cooperation:** Some providers go above and beyond to connect clients with resources beyond their scope of work, but the system currently lacks a universal communication or coordination mechanism. There is no comprehensive resource guide for families to find and access services they may be eligible for.

- **Outcome tracking, measurement, and data:** Data capacity among providers was inconsistent. Some providers had little if any data storage and use while others had complex database systems. Most data was kept siloed within organizations, with little integration between providers in order to provide a holistic evaluation of service provision.

In order to fill these gaps, we recommend exploring a peer navigator program, identifying capacity for Early Head Start, creating a central body for coordination, and expanding provider data capacity and system data integration. This report concludes with directions for future work, areas which we believe the ECFN could explore in future research. We recommend the ECFN consider pursuing further research by interviewing low-income families in order to understand their perspectives, evaluating policies and best practices from other communities and feasibility in Charlottesville and Albemarle County, and researching innovative financing and funding models in order to understand all possible channels for grantmaking (including pay for success, impact investing, and more).

1   FINDINGS

1.1   CHILDCARE (PUBLIC, PRIVATE, HOME BASED)

BACKGROUND

There are a variety of early childcare options for families with children aged zero to five in the City of Charlottesville and Albemarle County (See Appendix A). The cost of early childhood care and education is very high and continues to increase. Childcare is estimated to cost $12,480 annually in the area. High costs of childcare are especially difficult for the working poor, who may not qualify for public assistance but still cannot afford high costs of childcare.[1] Often, if low-income families cannot access childcare services for one reason or another, they will opt out of childcare. Families will look to neighbors, friends, and family members to care for their young children.[2] However, research shows that high-quality early childhood care and education are key to a child's development and have high returns on investment.[3] If child care is not an option, some low-income families will choose to have a parent stay home rather than work, because childcare costs are simply too high.[4] If a parent cannot work because they have to watch a child, this decreases the family's total household income.

EXISTING SERVICES

- **Public programs:** The City of Charlottesville and Albemarle County offer free public preschool programs for young children from low-income and at risk families. Charlottesville City Schools' Preschool offers a program for three and four year olds, along with a special education preschool program for children ages two through five.[5] In Albemarle County, the Bright Stars and Title I programs offer free preschool for four year olds from low-income families. These classrooms are located in Albemarle County Public Schools.[6] There is also a local Head Start program, which provides early childhood development programs for children ages three through five who are from low-income families in need. Monticello Area Community Action Agency (MACAA) administers the Head Start program in the Charlottesville area, with classrooms housed in local public schools.[7]

- **Childcare subsidies and scholarships:** Low-income families also access early childcare and education through subsidies and scholarships that cover the cost of early childcare. The Virginia Department of Social Services (DSS) Child Care Program is a government funded program that provides child care assistance subsidies to low-income families whose parents are working and/or attending school.[8] The Albemarle and Charlottesville Departments of Social Services provide assistance to qualifying residents. The United Way provides scholarships for children from low-income working families to attend child care and preschool through the Early Learner Scholarship program. The percentage of child care or preschool tuition covered depends on the quality of the provider; this incentivizes families to choose high-quality providers.[9] As a non-profit, United Way has flexibility in providing assistance to meet the needs of at-risk families and can make exceptions to eligibility and coverage rates in certain circumstances.

- **Private providers:** There are several private providers in Charlottesville and Albemarle County that serve families who have child care costs covered by DSS subsidies or United Way scholarships. Some

private providers have minimal spots for these children; there are also a handful of private providers who mainly serve this low-income, at risk population on subsidies or scholarships. This group of providers includes but is not limited to Piedmont Family YMCA, Jefferson Area Board of Aging (JABA) Shining Stars, Barrett Early Learning Center, and Westminster Child Care Center. In addition to accepting DSS subsidies and United Way Early Learner Scholarships, certain providers offer adjusted tuition rates based on family income.[10]

- **Additional support:** In addition to early childhood care and services, there are also programs in Charlottesville and Albemarle County that provide alternate sources of support for early childhood care and education. Through the Promise Baby Academy, City of Promise supports and provides informational sessions to low-income mothers from the prenatal stage up until their child turns five.[11] Another organization that offers free programs to support early childhood learning is ReadyKids, which is one of the largest early childhood support organizations in the region. The four early childhood learning programs ReadyKids offers are: Ready Steps (an early learning, preschool-like playgroup), STAR Kids (social and emotional skill development lessons), Play Partners (teaches literacy, listening, and focus), and Growing Minds (coaches and trains early childhood educators and directors).[12]

CHILD CARE FINDINGS: OBSERVATIONS

In conducting interviews with early childhood care and education organizations in Charlottesville and Albemarle County, certain trends emerged.

Lack of capacity in existing programs: While providers, subsidies, and scholarships exist to serve low-income, at-risk families in need, they often do not have enough capacity to meet the needs of all low-income, at-risk families in the area. MACAA Head Start currently serves 213 children and their families, but they have a waitlist of about 80.[13] Albemarle County Bright Stars has 191 seats, but also a waitlist of 20 children.[14] Charlottesville City Schools three year old program receives almost double the number of applications for students it has the capacity to serve.[15] Albemarle DSS provides subsidies for 117 children from 63 families, but 89 children from 52 families are on the waitlist; similarly, United Way provides Early Learner Scholarships to about 50 children, while approximately the same number of children remain on the waitlist.[16] Several ReadyKids programs, including Ready Steps, Play Partners, and Growing Minds, all have waitlists of community centers or classrooms.[17]

Complex system: Due to the complex web of various providers, organizations, and services offered in Charlottesville and Albemarle County, families often have difficulty understanding, distinguishing, and accessing available services. Notably, public preschool application and DSS subsidy applications are lengthy and can be confusing, especially for families who speak little or no English. Furthermore, during busy application times, if the families have questions or problems with an application, they may have difficulty finding information or getting in contact with public program staff members.[18] Early child care providers often assist the families they serve with preschool and subsidy applications, even if this lies outside the organization's specified services.[19]

In addition to early childhood care and education services, many organizations provide family support. Public preschool programs (Albemarle County Bright Stars, Charlottesville City Preschool, MACAA Head Start) and the United Way all employ family support workers or provide family case management to help families outside of the classroom and mitigate risk factors for children.[20] Often, organization staff

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members also provide direct assistance to families outside of specific program services. For instance, staff members might provide transportation for families, offer general or problem-specific advice, or connect families to outside resources as needed.[21]

Case Study: *shared by Charlottesville City Schools*
Given the private nature of raising children and the high level of trust required to ask for help, sometimes families find it difficult to seek out help when faced with challenges. In some cases, providers who work with families will reach out to families personally and provide additional support if they notice irregularities or problems at school. Last year, a family support staff member at Charlottesville City Schools Preschool noticed that one student often missed school. In one school year, he missed about one third of school days; to put that in context, chronic absenteeism is defined as missing 10% or more of school days.

The boy was the son of a single mother, who was raising both him and a high school aged daughter on her own. The mother had no other relatives or support in Charlottesville, and the family had a history of depression. Despite trying her best, often the mother could not get up and going for the day, causing the son to miss school. The family support staff member noticed the boy was missing a significant amount of school, so she connected with the family and offered any support she could for them. She connected the family members with counseling services, where they received counseling both as a family and individually. She also found wraparound care for the son, so that he had someone to supervise him after school, which allowed the mother to work her job, which had irregular hours.

The son is now regularly attending preschool, the daughter is going to her high school classes, and the mother now has a job with hours more conducive to the school day. The family support staff member keeps an eye on the boy's attendance, and if he misses school, she reaches out to the mother to check in. By connecting the family to necessary resources, by providing support and care, and by simply expressing her belief that the family's situation could get better, this Charlottesville City Schools family support staff member has worked with this family to re-engage with services and support.

Goal to empower families so they can advocate for themselves and their children: In our interviews with early childhood care and education organizations, many individuals expressed the goal of empowering families and children to learn how advocate for themselves. Additionally, these individuals emphasized the importance of working with families to support them, as opposed to doing a one-time fix for the families.[22]

Provider network: Early childhood care and education service providers frequently partner with each other, through formal and informal networks, to provide early childhood care and education services to low-income families in the region. If an organization themselves does not or cannot provide a service that a family needs, staff members will work to connect the family with an organization that can meet those needs.[23]

CHILD CARE FINDINGS: GAPS

In our interviews with local stakeholders, three main gaps emerged in the early childhood care and education space for low-income families in Charlottesville and Albemarle County. These gaps were noted not only by early childcare and education providers, but also overwhelmingly by other early childhood service providers in the region.

Lack of affordable, high-quality early childcare and education: Early childhood service stakeholders we interviewed named lack of affordable, high-quality childcare and education as one of the main gaps in early childhood services in Charlottesville and Albemarle County. There are two components to this gap: affordability and quality. The cost of early childhood care and education in Charlottesville and Albemarle County is extremely high, even for basic care.[24] For low-income families struggling to make ends meet, expensive childcare often is not a financially feasible option.[25] The public, scholarship, and subsidy programs available are not sufficient to provide for all low-income families who need them, as evidenced by long waitlists. Early childhood care and service providers also face difficulties in keeping services affordable while meeting high-quality standards. This makes it difficult for providers to attract high-quality, certified teachers. Additionally, if providers cannot pay their educators and staff sufficiently, they have little incentive to stay, leading to a revolving door of educators at these centers.[26] To maintain a core staff of high-quality educators, providers must raise tuition to pay these teachers; however, low-income families cannot afford this higher tuition, leading to a vicious tug of war between affordability and quality.

Lack of childcare and education for children zero to three years old: A gap in childcare and education for children zero to three years old is apparent when examining the age ranges of children that the providers we interviewed serve. Only one of the public preschool programs, serves children under age three; the Charlottesville City Schools' Preschool Special Education program serves two year-olds. The majority of public preschool programs serve four year old children. There is no Early Head Start program or other public program that serves children aged zero through three in the region.[27] While private providers offer classrooms for younger children, most of these services are very expensive; the cost of childcare for infants and toddlers exceeds that of preschool programs. There are very few affordable options in the region, and spots for these providers fill up quickly; scholarships and subsidy programs are also extremely limited and have long waitlists.

Lack of childcare before and after school, at night, on weekends: Stakeholders in early childhood services note a need for childcare outside traditional school hours. Affordable childcare before and after school is needed, especially for low-income families whose children attend public preschools, as these preschool programs are not open all day. For instance, the Charlottesville City Schools' Preschool three and four year old programs run from 9 a.m. to 1:45 p.m. and 8:00 a.m. to 2:30 p.m., respectively. This poses a challenge for parents who work typical hours and have no relatives who can take care of children; there are no public after school programs offered for these low-income children and affordable after school programs are extremely limited. One such program, Piedmont YMCA, is discontinuing its after school program in an effort to better address another gap: meet the high demand for infant day care. Many stakeholders also noted a need for childcare at night, on weekends, and during holidays. Many low-income families have parents that work unusual hours or inconsistent shifts; however, the region lacks both high-quality child centers and affordable in-home providers that operate nights, weekends, and holidays.

1.2 MATERNAL HEALTH (PRENATAL, BIRTH, POSTPARTUM)

BACKGROUND

The risk of infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception and prenatal care.[28] Early entry into prenatal care provides women with education opportunities to learn about healthy behaviors during and after pregnancy for improving pregnancy outcomes and detection of problems. The more prenatal care visits a pregnant mother receives during pregnancy, the better health outcomes she can expect for herself and her child. From 2012-2014, an average of 70% of mothers in the Thomas Jefferson Health District (TJHD) received at least 10 prenatal care visits, which was consistently lower than the average (80.4%) across Virginia.[29]

Our team partnered with Master's in Public Health student Cristalle Madray, who is currently conducting a qualitative research study under the Department of Public Health of UVA's School of Medicine to gain a deeper understanding of mothers' concerns, preferences, and educational needs at different stages of their pregnancy. The hope is for this knowledge to point towards opportunities to improve and better inform hospital practice and the early childhood landscape of Charlottesville and Albemarle County by encouraging more anticipatory care and education during this critical period. Doing so can produce better health outcomes for mothers, infants and their families.

EXISTING SERVICES

- **Sentara Martha Jefferson Hospital (SMJH)** offers a variety of prenatal childbirth resources for new parents online and in person, including preparation for childbirth, understanding birth,and breastfeeding classes, tours for expectant parents, and sibling classes for 4-7 year olds. The hospital serves all pregnant women through 6 months postpartum. All the classes are offered in English. The racial and ethnic demographics are predominantly white. There is $25 registration fee, although it can be waived if there is a financial hardship. The total number of attendance of all programs combined is 425 last year. According to Laura Salvatierra, the team coordinator of maternity education at SMJH, one of the challenges faced by SMJH is there is a lack of awareness about the importance of maternity education. A great number of people are still not well aware of the existing prenatal services offered here in Charlottesville and Albemarle County.[30] There is a significant increase in program attendance after Laura's social media campaign. It underscores the importance of making services known to people.

- **UVA Health System** offers prenatal education classes to support women through their pregnancy and help them prepare for the birth of their baby and parenthood. Classes cover everything from childbirth and newborn care to breastfeeding and becoming a working mom. All the classes are free and offered in English and Spanish. About 70% of people served are white, 15% African American, and 10% Asian (including international students). 30% of the attendees come from low-income families and Medicaid patients. The total number of attendance of all programs combined is 500 last year. According to Diane Sampson, one challenge faced by maternal health care is a lack of awareness of and care for postpartum women.[31] Postpartum care has by and large ended when a woman leaves the hospital after giving birth, with a brief follow-up generally six weeks after.

- **Nearby Baby** is a newly founded nonprofit that provides postpartum services and prenatal home visits to support families with a newborn in the Charlottesville area, regardless of their ability to pay. Services include baby care while mother rests, bathes, and eats, breastfeeding support, planning for the return to work, and hands on guidance to care for infants and read baby's cues. It mainly serves low-income and minority families. Nearby Baby served 36 families last year. According to Cynthia Fisher, the founder of Nearby Baby, the organization faced challenges including lack of funding, manpower and support staff. Minority groups in Charlottesville tend to live in silos due to lack of culture integration. There is little attention paid to the culture and how that impacts children's development and learning.[32]

- **Sisters Keepers Collective** provides free prenatal, labor & birth, and postpartum doula services to women of color and their newborns in the Charlottesville area. During the prenatal period, the collective offers childbirth education, birth planning, care team navigation, advocacy, prenatal yoga, lactation consulting and mental health screening. Also, collective members are able to direct mothers to culturally appropriate quality maternal and family medical and social services. Last year the collective has provided doula and support services for 200 women of color and their families. According to Rachel Zaslow, founder of Sisters Keeper Collective, the integrated postpartum support for new mothers and babies is missing in the early childhood system. A visiting postpartum program that tracks and cares for families from birth through 16 weeks, supporting moms in home and helping to link families to community services is needed.[33]

MATERNAL HEALTH FINDINGS:

Quality of prenatal classes: Based on the case study interviews with clients (mothers), the perinatal classes could be improved if they build in more details of information on maternal health, lifestyle change, and caring for an infant. Many classes only provide basic information overall of what to expect when one is pregnant but they leave out important details about common challenges for first time mothers. In addition, as expressed by clients, many prenatal classes here in Charlottesville lack hands-on experience for pregnant women to practice skills in caring for infants. Prenatal education can be improved for first-time mothers with more information on the physical and emotional changes to expect during pregnancy, effective pushing during delivery, and more practice in infant care skills. It is also important to adequately educate families that have older siblings at home how to manage raising multiple children with a newborn in the home and how to acclimate the siblings to life with a new baby at home.[34]

Lack of postpartum support: In interviews with new mothers, many who lived far away from the UVA hospital found it difficult to access the services they need. Many expressed their needs for at-home postpartum services such as lactation visits to provide real-time and hands-on help within the context of the home instead of just verbal directions.[35] There is also a general lack of awareness of and care for women experiencing postpartum depression. The medical system largely focuses on the needs of a new baby rather than on the mother, whose work is often thought to be done when the baby has been born. More education and programs, such as those for emotional and mental health support, nutrition and meal support, infant care support, breastfeeding support, etc., are needed to support mothers in this critical period.

> **Case Study: Breastfeeding** *shared by Cristalle Madray, UVA Department of Public Health Scienc*
> *Names and details changed to protect client confidentiality.*
> Allison* is a first-time mother and recently delivered a baby boy. She was visited by a Lactation Specialist after her first two feeds in the hospital. Every member of her medical team provided different breastfeeding tips. She struggled with breastfeeding upon returning home.
>
> "I just need one person to help me like evaluate or assess...watch for a little bit while he feeds and give me some tips on how to fix it rather than just dialogue... I don't know maybe they do, but if they offered maybe an at-home lactation visit, which I guess the other part of that too is I have my own set up at home so to have someone could come and say, 'This is how you can best breastfeed in your home environment' would be huge because I'm still struggling with breastfeeding."
>
> This case presents an opportunity to provide additional and improved education on breastfeeding before and immediately after delivery. Some recommendations taken directly from mothers, as shown in these quotes, address their desires to have someone watch, assess, and provide hands-on assistance with the very first feed as well as an at-home service in which mothers are able to gain extended breastfeeding and postpartum support in the first few months after delivery within the context of their home breastfeeding environments. Though such services do exist, many mothers remain unaware of them.

Awareness of existing perinatal services: There is a general lack of awareness of the perinatal resources in the community. Many of the stakeholders shared their thoughts about perceived gaps, commonly discussing under-utilization of the services they offer and uncertainty of why services are not being utilized to their full potential. Many mothers expressed a lack of knowledge and awareness of the services that are available to them before pregnancy, during their pregnancy, and in the postpartum period. Some mothers even expressed the challenge of not knowing what to search or ask for because they did not realize that they would encounter particular needs and challenges.[36]

Lack of nutritional support: Mothers have also expressed being so consumed with meeting the demands of their households and new babies that they do not have the time, knowledge, or energy to provide sufficient self-care, often resulting in poor nutritional habits. Thus, enhanced postpartum support, especially nutritional support, would positively influence health outcomes of mothers and their infants in the postpartum period.

Limited knowledge about financial investment: Mothers have also expressed not knowing just how much having and caring for a baby would cost. Mothers and their partners would like to be better informed about the breakdown of costs to better plan and prepare financially for having a new baby at home.

Prenatal and postpartum classes can do more to aid preparedness: first-time mothers commonly feel underprepared in infant care skills while mothers with other children are often unsure of how to deal with juggling multiple children at home while caring for a newborn. To these points, mothers have expressed the desire for prenatal and postpartum classes to provide more hands-on practice with infant care skills and more education on how to handle sibling dynamics and having multiple children at home.

1.3 NUTRITION

BACKGROUND

Children under the age of 5 require healthy food to meet their growth and developmental needs. These foods can often be out of reach for low-income families due to the high cost of healthy foods. Though data for children under five is unavailable, a 2014 study found that around 18% of Charlottesville City residents were food insecure. That was significantly higher than the state average of about 12%. [37] The primary resources for nutrition assistance in Charlottesville and Albemarle County for low-income families, especially mothers, are SNAP, WIC, and the Blue Ridge Area Food Bank and their partner providers.

EXISTING SERVICES

- **SNAP (Supplemental Nutrition Assistance Program):** SNAP is a nutrition assistance program for low-income individuals and families that is funded by the federal government and is administered by the Albemarle and Charlottesville Department of Social Services (DSS). SNAP provides individuals and families with an Electronic Benefit Transfer (EBT) card that acts like a debit card to purchase food which increases their food purchasing power. While all individuals with a net monthly income under 100% of the Federal Poverty Line qualify for SNAP, the Charlottesville DSS states that the majority of SNAP recipients in Charlottesville are homes with children under the age of 5. In 2017, the Charlottesville DSS provided SNAP benefits to an average of 2,057 cases and 4,108 people a month. [38] In Albemarle County, 3,747 households received SNAP benefits, during FY 2017. [39]

- **WIC:** Women Infants Children (WIC) is a supplemental nutrition program for pregnant and breastfeeding women, infants, and children under 5. WIC clinics also provide counseling and support, and screenings and referrals to other health, welfare, and social services. There are income eligibility requirements for WIC, but those who qualify for SNAP, Medicaid, or TANF automatically meet WIC eligibility requirements and one can receive WIC and SNAP at the same time. This project was not able to contact a representative of WIC in Charlottesville or Albemarle County. In 2016, WIC served 892 people in Charlottesville and 1,005 people in Albemarle County, these being a mix of pregnant women, mothers, and children.[40]

- **Blue Ridge Area Food Bank:** The Blue Ridge Area Food Bank provides food for families in Charlottesville and Albemarle County through partner food pantries and their mobile food pantry. The organization is currently undergoing a data collection project and only roughly one-third of their pantries in Charlottesville and Albemarle County have been reporting data. Between July and November 1 of 2018, approximately one-third of Charlottesville and Albemarle County food pantries served around 3,600 children under 18 years of age. Of these children, about 42% were African American, 30% were white, 10% were Latino, and 5% were biracial. About 90% of the children served live in households with a household income under $2500 a month, though the Blue Ridge Area Food Bank does not have income eligibility requirements. It is unclear how many of the children served were specifically ages 0-5. In the future, as the Blue Ridge Area Food Bank's new data collection system becomes more utilized by its partners, we can expect to get a clearer picture of the clients they serve.[41]

NUTRITION FINDINGS:

Nutrition New Opportunity - Fresh Farmacy for WIC Recipients: A new programmatic initiative in Charlottesville and Albemarle County for WIC recipients is "Fresh Farmacy," a partnership between Local Food Hub and health clinics that "prescribes" patients a supply of fresh produce every two weeks. Fresh Farmacy has been operating in the area for a few years, but with a new grant to the Local Food Hub, this program will now be available to WIC recipients in the area. Community leaders have tried to bring "Fresh Farmacy" to WIC beneficiaries for years and the service now available in Albemarle County's Southwood community. This program will help families who have previously faced difficult decisions of spending WIC resources on expensive fresh produce or other foods. Now, a clinical provider can give a mother or beneficiary a "prescription" for fresh fruit and vegetables and the Local Food Hub will bring shares that feed up to a family of four to the health department so the mother can pick up the produce along with recipes to prepare the food. In Albemarle County's Southwood neighborhood, the Health Department provides WIC off site in Southwood, so families do not have to travel to receive their produce.[42]

WIC Area for Growth: Though this report was not able to get data on WIC coverage in Charlottesville and Albemarle County, Virginia state-wide data available from 2015 illuminates WIC coverage for children 2-5 as an area for growth. The WIC coverage rate in Virginia for infants is 77% of eligible infants. One-year-old children have a 61% coverage rate. At age 2, children's coverage rate drop dramatically to 36% and by 4-years-old the coverage rate is only 17%.[43] This is largely due to the fact that once mothers are no longer eligible for coverage because they are no longer breastfeeding, they do not renew coverage for their children even though the children are still eligible to receive benefits. [44]

1.4   SPECIAL EDUCATION AND SPECIAL NEEDS

BACKGROUND

There is a variety of services for children with special education and special needs in Charlottesville and Albemarle County. Access to doctors and services can help parents and children receive the planning and support they need in order to succeed and plan for the future.

EXISTING SERVICES

- **Piedmont Regional Education Program** serves low incidence special education children ages 3-22 through a variety of services, including a parent center. [45]

- **By Your Side Pediatrics** is a specialty practice within UVa pediatrics that helps children with medical complexities. They provide in the home care for children, consultation, and coordination of care. [46]

- **Elk Hill** provides special needs interventions and therapeutic services and has an alternative school that serves 5 year olds. [47]

- **Infant Toddler of the Blue Ridge** serves children with least a 25% delay in development with resources and a transition plan. [48]

- **Blue Ridge Care Connection** provides community-based services and funds to support families with children with special health care needs. [49]

SPECIAL EDUCATION AND SPECIAL NEEDS FINDINGS

In the sphere of special education and special needs, there is a wide variety of issues families must confront:

Diagnosis and the shortage of child psychiatrists: Many difficulties for families begin before diagnosis. From parents of children with medical complexities, to those who have children with minor special needs, parents do not know where to go to receive diagnosis and treatment. With a shortage of child psychiatrists, including the recent departure of Region 10's child psychiatrist, students with ADD, dyslexia, or similar disabilities face long wait times in order to receive a diagnosis.[50] Without a diagnosis and an individualized education plan (IEP), student school performance may be negatively affected. Additionally, there is a stigma attached to mental health challenges and a diagnosis can further discourage parents from getting treatment for their children. [51]

Limited communication between parents, doctors, and service providers: While diagnosis is often the first step for families and children with special needs, they will face further difficulties that require communication between the families, their doctors, and service providers in the area. There is no standard communication system between doctors and services in Charlottesville and Albemarle County.[52] Doctors can refer patients to programs such as Infant Toddler of the Blue Ridge, but there is no standard protocol for this relationship. It is difficult for parents to find sufficient resources or information on available services and how to address their child's needs. Instead many parents move around services in order to find which are accessible to them. [53]

Managing time on a limited income: Though all families that care for children with special needs manage significant challenges during child rearing, these challenges are often even more pronounced for low-income families due to scare time and financial resources. Children with special needs require more attention and care and lower-income parents often work many or nontraditional hours. While wealthier parents can afford respite care and outsource for services that require their time, low-income parents must make difficult decisions balancing caring for their children and making enough income to support them.[54]

Suspension and distrust of school administrators: Once in the public school system, children with special needs often continue to face behavioral difficulties. Children in special education and with special needs are more likely to be suspended. This can cause children to distrust administrators and the school system, which negatively impacts their educational engagement and success. Research has consistently shown that early childhood suspension is damaging to a child's learning, though this problem remains especially prevalent for children with special needs. [55]

Difficulty in preparing for future costs of treatment: Once children with special needs begin receiving treatment, many parents are overwhelmed by the immediate needs of their children and find it difficult to adequately plan for the future, such as saving for the long term care that their children will require as they age out of the current services they are utilizing. While ideally parents would be able to begin saving for their children with special needs as soon as they are diagnosed to prepare a lifetime of costly services, this is impossible for many low-income families as they struggle to meet the immediate needs for their family. [56]

A NOTE ON CHILDREN WITH MEDICAL COMPLEXITY

One large gap in special education lies in funding for children with medical complexities (CMC). These children have two or more complicated chronic conditions and are technology dependent, highly fragile, and require additional resources and care. With their chronic conditions, they often need 12-15 sub specialists and are on an equal number of medications.[57]

CMC need constant monitoring and the responsibility often falls on the parents to take care of the children. Parents of these children must balance a job, sleep, and other daily activities with taking care of their children. Their role as a parent is exhausting, expensive, and extremely difficult to manage. With respite care, an in-home nurse can come to the child's house while the parents take a break to sleep, relax, or go on a date. Although this seems like a small fix, this can be crucial for the parents' mental health and can make a huge impact well being. Unfortunately, respite care services do not currently exist in Charlottesville and Albemarle, making parents reach out to private providers who can charge expensive prices.

There is a current shortage of nurses who can assist in respite care. Currently, there is a shortage of properly trained pediatric nurses that can deal with this level of complexity. As these children require many resources and significant amounts of time and attention, both nurses and providers often shy away from taking on these cases. [58]

Families of CMC are more likely to have limited income because in many cases one parent must monitor the child at all times and therefore cannot work. Although health insurance often covers many of the direct costs associated with the child's medical complexity these parents still spend money on medications, durable medical equipment and co-pays. The largest indirect cost for these parents is forgone salary because they cannot work.

1.5   HOME VISITING

BACKGROUND

Home visiting has been shown to be an effective way to support families and improve parenting and child-hood outcomes for at-risk families. Home visiting is so effective that taking part in home visiting programs in early childhood can increase earnings up to 25% later in life.[59] One of the largest elements of children's growth and development comes from parents so it is important that services exist to help parents do the best job they can, make sure they feel supported, and ensure they have access to what they need to provide a good environment for children. Home visiting also provides an important means of reaching parents who are struggling with mental health challenges.[60] The primary home visiting programs in Charlottesville and Albemarle County are Jefferson Area CHIP, Ready Kids, City of Promise, and UVA Pediatrics home visit-ing. This project was not able to contact a representative from the UVA Pediatrics home visiting program, which involves pediatricians from UVA visiting patients in their homes once a month for routine well child care and sick visits.

EXISTING SERVICES

- **Jefferson Area Children's Health Improvement Program (CHIP)** Jefferson Area CHIP conducts home visiting programs to support child and family health, positive parenting and child development, and family self sufficiency for pregnant women and families with children 0-6. Additional services pro-vided include health education, assessment and improved access to care, parenting education and support, child development screenings, and promoting self sufficiency through employment and con-nection to other community resources. These services are provided through home visits by commu-nity health nurses and certified parent educators. In FY 2018, CHIP has served approximately 219 children from 142 families in Albemarle County and 203 children from 128 families in Charlottesville. Jefferson Area CHIP serves a diverse clientele. A quarter of their clients are black, a quarter are white, a quarter are Latino/Spanish speaking, and a quarter are refugee families from about 18-20 different countries. Their clients earn under 200% of the federal poverty line.[61]

- **Ready Kids - "Healthy Families":** Healthy Families provides evidence based home visiting for low-income families in Charlottesville and Albemarle County. Healthy Families' staff of 7 individuals, in-cluding 2 counselors who are part time with the program, perform depression screenings, immuniza-tion tracking, child development screenings, child socio-emotional screenings and in home mental health counseling. In the last fiscal year, Healthy Families served 100 children and 74 moms/families, 35 of whom received counseling. Healthy Families' clients are 25% African American, 25% white, 32% Asian, and the rest are biracial or Latino. Most of Healthy Families' Asian clients are from Afghanistan.[62]

- **City of Promise:** City of Promise is a neighborhood-based organization that serves families and chil-dren in Charlottesville's Starr Hill and 10th and Page neighborhoods, including Westhaven public housing community. The majority of City of Promise's clients are African American. City of Promise offers an 8 week educational program for pregnant women and moms with children up to 4 years old called Baby Academy. These classes provide weekly instruction in positive parenting and self-care information regarding labor and delivery, physical fitness, nutrition, and mental health services. This

program serves a diverse clientele including 24 African American families, 4 biracial families, 3 Asian families, and 1 Latino family. [63]

HOME VISITING FINDINGS

Insufficient Home Visiting Capacity: While Jefferson Area CHIP and Ready Kids Healthy Families programs have served over 400 families in 2018, there are still more families in Charlottesville and Albemarle County who could benefit from home visiting. One provider said she believed up to 500 more families in the area could benefit from home visiting but there are insufficient community resources to expand current home visiting. Additionally, home visiting services could be significantly expanded to address growing mental health counseling needs in the community. This will be addressed "Maternal and Child Mental Health" section. [64]

1.6 PREVENTION OF CHILD ABUSE AND NEGLECT, FOSTER CARE

BACKGROUND

The City of Charlottesville had 125 children in foster care during the 2017 fiscal year.[65] Of those children, 43 were zero to five. Charlottesville Child Protective Services received 1,129 reports, including 245 for children under four. Similar numbers were not available for Albemarle County.

EXISTING SERVICES

- **Piedmont CASA** serves every foster child in the Piedmont and provides each child with a Court Appointed Special Advocate to champion the child's interests.

- **The Charlottesville Department of Human Services** manages Community Attention Foster Families, which take in children who are removed from their homes due to substantiated findings of neglect or abuse.

PREVENTION OF CHILD ABUSE AND NEGLECT FINDINGS

We spoke to Piedmont CASA and the JustChildren program at the Legal Aid Justice Center, and received responses from the Department of Social Services and the Department of Human Services. Three points were stressed the most frequently: a need for complete home visiting, trauma informed care across all providers, and the intersectionality of need for low-income families.

Home Visiting: Charlottesville currently lacks complete home visiting services. One estimate shared put the number of families in need of home visiting who do not currently access the service at 500 families. Piedmont CASA stressed the importance of home visiting as a prevention mechanism for foster care.

Several providers shared the idea that all parents need advice and support, especially parents who come from backgrounds of trauma. Ensuring parents are connected with supportive services early in their child's lives can prevent later encounters with the Child Welfare System, a theory endorsed by recent research. A 2018 study found that families that received home visits were 22 percent less likely to have a substantiated CPS report of neglect. [66]

Trauma Informed Care: Piedmont CASA and Charlottesville DHS also stressed holistic trauma informed care for children and families to stop generational trauma in family dynamics.

The Substance Abuse and Mental Health Services Administration, a subset of the Deparment of Health and Human Services defines trauma-informed care as the following :

> "A program, organization, or system that is trauma-informed: 1) Realizes the widespread impact of trauma and understands potential paths for recovery; 2) Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) Seeks to actively resist re-traumatization."[67]

Piedmont CASA mentioned seeing promising growth in trauma informed care in service provision in the community, but a desire to see complete coverage across all providers. Trauma informed care should also

be provided to the parents in low-income families, as they may have had traumatic experiences themselves which affect their interactions with their children and their ability to be effective and caring parents.

Intersectionality of Need: The child welfare system is intimately intertwined with access and afford-ability issues that affect other vital early childhood resources and issues that affect parents as low-income adults. The case study below illustrates how lack of access to affordable child care can lead to interactions with the child welfare system. When parents cannot access necessary resources like child care, they are put in tough situations, like being faced with an impossible choice between losing a job they need to get by and leaving a child at home or with an inappropriate caregiver.

Low-income children are also affected by the issues that affect their parents, like affordable housing and availability of high-quality jobs. Parental self-sufficiency is key to prevention of neglect and interaction with the child welfare system. Parents need to be able to support themselves in order to adequately support their children.

Case Study: *shared by Piedmont CASA*
*Names and details changed to protect client confidentiality.
The Williams family was new to the Charlottesville area, and parents Tricia and Hudson had no natural supports (family, friends) in the community. Both parents worked, with Tricia working days and Hudson working nights. The family had four children, Veronica (11), Elias (8), Trey (6), and Parker (4). Tricia and Hudson loved their children very much and worked hard to make ends meet, but it was tough on their low-incomes. Veronica, Elias, and Trey were in school, but Parker was a year away from kindergarten. Parker was in preschool at Charlottesville City Schools, but only from 9am to 1pm and Tricia and Hudson couldn't find affordable wrap-around care. They were on the child care scholarship waitlist at the United Way, but needed child care immediately. Tricia and Hudson had to coordinate constantly and prioritized parental supervision for Parker whenever possible.

Tricia would always try to get home in time for Hudson to leave for work, but a day came where there was going to be a 20-minute gap between Tricia getting home and Hudson leaving for work. Hudson couldn't be late for work or he would be fired from his job, which the family couldn't afford with the recent move. Tricia and Hudson didn't have any family in the area they could call to provide supervision, and being new to the community, didn't have any friends or neighbors they could rely on.

Hudson told Parker to stay in the house, lock the door, and eat his snacks and watch his favorite TV show. But it was a nice day outside, and Parker decided he wanted to go outside, where someone driving by noticed he was unsupervised, and called Child Protective Services. With more wraparound care options in the area, this family could access appropriate care for their children while balancing their employment, and avoid contact with Child Protective Services."

1.7   MATERNAL AND CHILD MENTAL HEALTH

Sound maternal and child mental health have tremendous impacts on the lifelong health of children. Adverse childhood experiences (ACE) may disrupt a child's neurological development and impair social, emotional, and cognitive development. ACEs result from physical abuse, sexual abuse, emotional abuse, neglect, violence, household substance abuse and household mental illness. Toxic stress, which is the result of strong, frequent responses to adversity, can damage the architecture of the developing brain and increase the possibility of mental health problems in children. Because of the negative effects on brain development, toxic stress can impair school readiness, academic achievement, and both physical and mental health in children.[68] These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

EXISTING SERVICES

- **Jefferson Area Children's Health Improvement Program (CHIP)** delivers in-home services to families to promote the health and well-being of children. Depression screening and mental health services are among many of the home visiting services CHIP provides. CHIP serves pregnant women, children from 0-6 years old and their care givers. It currently serves families with mental health services and partners with ReadyKids for in home mental health services. In home counseling is crucial for depressed mothers because it is difficult for many mothers suffering with depression to leave the home for services. Three hundred families have benefited from CHIP's services in the last year. Through informal surveys, about two-thirds of families have mental health challenges, usually depression and anxiety. CHIP is currently limited in how many people they can offer mental health services as they only have 1.5 full time employees who can provide mental health services. These employees currently serve 25-30 families, though they estimate up to 200 families need mental health counseling. According to Jon Nafziger, the Executive Director of CHIP, another challenge in this space is that there is not enough mental health counseling in Spanish and other languages in Charlottesville. More in home mental health counseling and substance abuse treatment options are also needed.[69]

- **ReadyKids – "Healthy Families"** fosters nurturing family relationships for pregnant moms and safe environments for young children. This program is currently in the second year of multi-year state expansion grant that increased capacity to reach more families, including the growing refugee population. It partnership with Jefferson Area CHIP to provide depression screenings, child socio-emotional screenings and in home mental health counseling at no charge to families in Charlottesville and Albemarle County. It serves pregnant mothers and families with children up to five years old. Last year, it provided assessments for 37 mothers, and mental counseling services for 35 mothers.

- **ReadyKids-"Inside Out"** provides counseling services to help kids and families who have experienced trauma begin the healing process. Trauma counselors provide free services to help alleviate the effects of abuse and neglect on emotional and daily functioning. Last year, the program provided counseling services to 309 children and 183 guardians. There are no service eligibility requirements for

participants. About 65% of program participants at Ready Kids are racial minorities. Despite expansion, the program continues to have a waitlist of more than 50 children. According to Shannon Noe, the Youth Counselling Manager at Ready Kids, the challenge facing the program is lack of capacity to provide services for growing needs and language needs for non-English speakers. Also, she mentions there is a need to advocate for a larger network to develop capacity to reach more kids.[70]

MATERNAL AND CHILD MENTAL HEALTH FINDINGS

Lack of counseling services: There are more than one thousand children who experienced abuse or neglect last year in Charlottesville and its surrounding counties. The effects of trauma on children's developing brains can have lifelong consequences. Currently, ReadyKids InsideOut program is the only program providing counseling for children who have experienced physical, sexual, and/or emotional abuse, and neglect in the Charlottesville area at no charge to the survivors' families. Despite expansion, the waitlist continues to grow. There is also a shortage of mental health counseling services to non-English speakers and immigrant families. Limited or delayed access to mental health care has far-reaching consequences to the development of children. Untreated problems can lead to difficulties in school, hurting self-esteem, limiting social skills, hindering relationships and creating the view in a family that the child is badly behaved instead of having an illness.

2   PERCEIVED GAPS

2.1   AFFORDABILITY AND ACCESS

The costs of services and goods impacts whether low-income families can access the service or good. Despite the variety of early childhood services for low-income families in Charlottesville and Albemarle County, low-income families do not always access these services. A variety of barriers make it difficult for low-income families to access the services that exist to help low-income families like themselves.

Affordability: For a two-child family living in Charlottesville or Albemarle County, estimated survival expenses are $30,603.34; this amount includes food, clothing, shelter, utilities, and other necessary costs. Childcare and transportation are not included in survival expenses, but these costs are associated with working. In Albemarle County, 14% of families do not make enough to provide for these basic needs and work costs; in Charlottesville, this number rises to 25%. The costs of both health services and early childhood care are extraordinarily high across the nation, and they continue to rise. Food security is another constant issue for low-income families, especially those with multiple children. Due to these high costs, families often cannot afford key services that are central to a child's healthy development. Low-income families may seek assistance where available, but families in need do not always access these services.

Lack of information or understanding of services: Families can only access services if they pinpoint a need and find a service that will meet that need. Families may not understand the importance of certain aspects of a child's development, including but not limited to prenatal and postpartum classes, nutrition, mental health support, and high-quality early childhood care. Without an understanding of the importance of such services, parents are unlikely to seek them out. Once families pinpoint a need, they must find a service to meet that need; however, low-income families are often unaware of existing services and may not know where to turn if they need help. They face the challenge of navigating the complex web of early childhood services in Charlottesville and Albemarle County. Navigating health and childcare systems is incredibly challenging for anyone. For low-income families, this process is especially difficult as they must find affordable options and/or seek out appropriate additional services for assistance.

Even when families are aware of and connected to a service, if they lack complete information about or misunderstand services, they still may not receive the full benefits for which they are eligible. For instance, WIC offers coverage for pregnant women, mothers who are breastfeeding, and children from birth through five. However, WIC enrollment drops dramatically for children as they get older; this is largely due to the fact that once mothers stop breastfeeding (and therefore lose personal WIC eligibility), they do not renew coverage for their children, even though these children are eligible to receive benefits.

Strict program eligibility requirements: Many early childhood services have income eligibility requirements with strict cutoff levels; other organizations serve families based on whether the family receives public assistance (e.g. Medicaid, food stamps, WIC), and these public assistance programs have income eligibility requirements with strict cutoff levels. With strict cutoff levels, if a family's income increases above the set limit, they lose eligibility for benefits. This poses several issues. In many cases, despite an increase in income, families are still unable to afford services that were once covered, such as childcare or healthy foods. In other cases, families may lose important services that may not otherwise be replaced. For instance, home visiting services offer supports and interventions that families will no longer have access to, but may still need despite exceeding a certain income level. Additionally, a strict cutoff poses a dilemma often re-

ferred to as the "benefits cliff" or "welfare cliff." Due to the fact that families lose eligibility if they reach a certain income level, families may be incentivized to stay below a certain income level so as to continue being eligible to receive benefits or services. This has detrimental implications: families remain trapped in low-income levels instead of becoming economically self-sufficient. It also creates an inefficient system of public assistance.

2.2   THE IMPORTANCE OF TRUST BETWEEN A CLIENT AND A PROVIDER

Allowing help in child-rearing requires a high degree of trust: Charlottesville and Albemarle County both have a high volume of services and need in the community. For families, having and raising children is a challenging and deeply personal process. There are many service providers in the area who are eager to help vulnerable families with this challenging task, but in order to effectively deliver helpful services, a high level of trust must exist between service providers and their clients. This is especially true when working with communities in Charlottesville that have been institutionally discriminated against and have suffered from a long history of persistent inequalities and unequal treatment, such as Charlottesville's African American community. Communities are also sensitive to outside service providers coming in and interfering with their child-rearing given the personal nature of raising children. For example, families must have a high level of trust in a provider to open their homes to a home visiting counselor to discuss how they can grow as parents. Trust is also highly important when working with Charlottesville's undocumented families. Often, individuals who would benefit most from services and support are also the most distrustful of service providers.[71]

Providers acknowledge role of trust, adopt partner model: One provider in the area notes their organization prioritizes developing trust with their clients by being a relationship-based organization. They are grounded in building relationships person by person through staff who have excellent interpersonal skills. Their model is to be in partnership with their clients working towards the client's goals, not as experts who are there to fix things. In this model, partnership is key. Another way to institutionally pursue this goal is to prioritize hiring a diverse staff so that families can work with someone who looks like them and reflects their culture. Even with these deliberate steps toward building trust between providers and the community, this remains a challenge for service providers to reach the most vulnerable and historically disadvantaged groups in Charlottesville. [72]

Case Study: *shared by Kaki Dimock, Director of Charlottesville Department of Human Services*

One persistent challenge in delivering services to low-income families is reaching the people who most need services, specifically African American mothers, as they tend to have higher levels of distrust in the government. As a result, in many cases, the mothers and young children who are in the deepest need are difficult to reach. Most government services are provided by individuals who do not come from the communities they are serving, and instead mothers rely on informal help from their trusted community members.

One example of a trusted community member connecting low-income families with needed services occurred in Charlottesville's Westhaven community. Dr. Holly Edwards was Vice-Mayor of the City, a long-time advocate for public housing residents and those living in poverty, and an experienced and dedicated nurse. She spent her career in Westhaven and Crescent Halls and put in the many hours to build relationships to be a trusted resource for residents to navigate services. Holly Edwards noticed there were two young pregnant women in the community so she started calling them to see how they were doing. She established a relationship with them and referred them to WIC so they could get prenatal nutrition benefits. Once the young women had their children, Holly told them about the importance of reading to their children and other ways to help their children develop.

These young mothers were able to access these services and information because someone they trusted told them about them, and helped them navigate the system. This represents an opportunity for government services to reach more individuals, especially those in the most need. However, providers' funding systems are not currently set up to reward this kind of relationship building as they rely on reimbursements for services already performed rather than seeking out individuals who have yet to access these services. The women and low-income families who are not yet accessing these services do not show up in our data inventory, though this story illuminates a path to bring these women into the data – through informal community-led helpers who invest in relationship building and connecting women with services. This relationship building with community-led helpers is especially important in communities in Charlottesville that have suffered institutional discrimination or have had systematic negative experiences with the government- such as the African American community or undocumented population.

2.3   CULTURALLY COMPETENT AND MULTI-LANGUAGE SERVICES

Importance of cultural competency: Charlottesville and Albemarle County are home to a highly diverse population, especially as it has become the home of a significant refugee population from many different countries. Charlottesville's diverse population speaks several different languages and brings different cultural norms around child rearing. In order to best serve these families, providers must deliver culturally appropriate services in a wide range of languages. This means services must be delivered in a non-judgmental manner if other culture's norms differ from local common practices, for example, the age at which parents feel comfortable leaving children in the care of older siblings. [73]

Need for services in other languages: Language is another common and persistent barrier in the delivery, accessibility, and privacy of services. Early childhood providers sometimes shy away from providing services for children due to language barriers, especially given the diverse refugee populations in Charlottesville with few local speakers of their native language. [74] This is a barrier for parents as they try to access services for their children. For example, many preschools in the area only have forms in English, making preschool enrollment inaccessible to Charlottesville's Spanish speaking population. As a result of this language barrier and the high cost of child care, many members of the Spanish speaking community in Charlottesville and Albemarle County instead rely on fellow community members to care for their children in informal child care arrangements. However, these child care services are generally lower quality and lack developmentally appropriate instruction as a child care center or preschool. Additionally, these informal child care arrangements do not introduce the children to English so they often begin Kindergarten with little to no English.[75]

In regard to serving especially small language minorities, providers also struggle to find translators in the area that do not know the families they are translating for, in order to maintain the family's privacy. When providers cannot find a local translator for a specific language, they use phone translation service, but this is not an ideal way to communicate with clients.[76] While it would not be feasible for each provider in the area to have a translator for every language their clients require, the ECFN could facilitate creating shared translators who work when needed with multiple providers.

2.4   THE INTERSECTIONALITY OF NEED FOR LOW-INCOME FAMILIES

Families living at or below 200% of the federal poverty line in the Charlottesville area face numerous challenges beyond navigating the early childhood landscape. According to Ridge Schuyler's Orange Dot Report 3.0, 14% of families in Albemarle County and 25% of families in Charlottesville do not make enough to provide for these basic needs and work costs [77]. These life essentials do not include expenses such as transportation and child care. One-third of families struggling to pay for life essentials are not able to earn their way to self-sufficiency. These families rely on government assistance and charitable giving in order to meet basic needs, like shelter and food [78]. Two of the largest difficulties low-income families encounter are affordable housing and transportation.

Affordable Housing: Most families living at or below 200% of the federal poverty line are "rent-burdened," meaning they have to pay more than thirty percent of their income to rent. There are 1,750 households paying over 50% of their income to rent or housing costs. In order to afford the average rent in Charlottesville while earning minimum wage, one would have to work 147 hours a week [79]. The struggle low-income families face to keep a roof over their head makes it very difficult to navigate the early childhood landscape. The hours spent applying for services and waiting in social services or doctors' offices are very costly to low-income parents, especially those working hourly paid jobs. Sometimes these parents have to choose between navigating the early childhood or affordable housing systems, which makes for incredibly difficult decisions.

Transportation: Personal vehicles are a costly luxury that people often take for granted. Transportation was a commonly cited barrier low-income families face in accessing early childhood services.[80]. Most early childhood in the Charlottesville area services must be accessed by going to a physical location, which creates a challenge for families without a car. Since walking is often not a transportation option, the most

feasible remaining options include public transportation or asking a friend for a ride. Public transportation throughout the Charlottesville area is not very reliable and can be tedious to navigate. There are areas within the area in which public transportation only scheduled to come once every hour, but the timing is not reliable or consistent. Traveling to appointments or program offices can take hours, and can cause families to be late to appointments. The time it takes to get to service locations using public transportation and rides from friends often serves too big a barrier for low-income families.

2.5   SCARCITY OF SERVICES

There are more families in the Charlottesville area in need of early childhood services than the local agencies and organizations can provide. Scarcity of services is a barrier many families face while navigating the child care system in the Charlottesville area. Families face both lack of capacity and gaps in services provided in the area. Providers also face scarcity in a lack of manpower and funding necessary to increase the number of families they serve [81].

Waitlists: One way to quantify scarcity of services throughout the Charlottesville area is through measuring waitlists. We asked each early childhood professional if their program had a waitlist, and if so how many families or children were on it. Of the services and programs we inventoried, 36% have some sort of waitlist, although some waitlists may not have a consistent number of families on them. Early childhood education and child care programs had the highest number of waitlists. Approximately 62% of the early childhood education and child care programs that we inventoried have waitlists. There are a number waitlists with over 30 families on them, some with almost as many families waiting as the program is serving. Families are often on waitlists for a long time, over 12 months in some cases. These waiting periods are very significant to families who have trouble holding a job without child care, and have no other way of receiving child care.

Increase in Child Care Supply: In general, there is a need for an increase in the supply of affordable child care in the Charlottesville area. Particularly there is a limited amount of quality infant care and in-home child care available to low-income families [82]. These families face challenges in paying for child care and finding centers to provide care at the times they need. While there are child care subsidies and scholarships, families often face waitlists for the subsidies and scholarships. Once a family receives a child care subsidy or scholarship, they must find a child care center that has a spot available for their child. Since child care centers only have a small number of spots available for children on scholarship or subsidy; this task proves challenging[83]. Families also have to find a child care center that is open during the times parents are working. There is a need for 24-hour or extended hour child care centers so that parents working in industries such as home health care and retail can access child care [84]. Many of the parents receiving child care subsidies and scholarships work on night and weekend shifts. They need child care while most child care centers are closed. Providing financial assistance for child care to working parents only helps if there are child care centers that provide care during the nights and weekends they are working.

Wraparound Care: Since most of the public pre-K programs in the Charlottesville area are half-day, child care is needed for the time children are not in school. Wraparound services, or after-school care, is a challenge low-income families face. Children in Albemarle County's public pre-K programs are not eligible for other child care subsidies, which means families must pay market rate for wraparound care [85]. Wraparound care is also hard for families to enroll in because in order for child care centers to provide

these services they must limit the number of full-time slots. It is difficult to find child care centers willing to do this because it means they are only paid for half of the day when they could give the slot to children who need full day care [86]. The Piedmont YMCA has recently decided to discontinue their After-School Program for exactly this reason [87].

2.6 LIMITED DATA AND OUTCOME MEASUREMENT CAPACITY

We found some organizations had limited data and outcome measurement capability. These limitations tended to fall into two themes: smaller providers who could not afford to build capacity, and providers who were interconnected with other organizations which did not collect data.

Case Study: *shared by Albemarle Department of Social Services*

"Glenda works to provide childcare subsidies to low-income families in Albemarle County. She and one other staff member are the only two people in the county doing this work. The majority of their days are spent working directly with low-income families, but they are not able to take a step back and look at their impact on the community.

The local agency has limited access to data, which has made it very hard for people like Glenda to look at demographic information of the children served by the child care subsidy program. They rely on monthly reports published by the state, which can only be pulled upon request. This means that Glenda needs to go through both her local IT staff and the state IT staff in order to basic information about the people she is serving. The added challenge takes away from the time Glenda can devote to help the parents struggling to get child care."

Smaller providers lack data capacity: When we interviewed smaller organizations, some demographic and outcome measurement information was not available because the organization did not collect or publish data. A few of the smaller providers shared difficulty in maintaining the same data and outcome measurement capacity that larger organizations were able to achieve. Databases are complex and expensive to build and maintain. Larger organizations have the overhead and funding to expand data capacity and absorb the costs of getting started, where smaller organizations struggle to build the same capacity on limited budgets with few if any full time staff members. Limited data capacity can mean anything from not having a relational database with a front end for staff data entry to not even keeping basic stats in Microsoft Excel. Organizations fall in different places along a continuum of data competency and comfortability, so what data capacity building means is different across providers. Many organizations want to learn and build capacity, but don't know how to get started or how to pay for the requisite tools and training.

Limited data integration and outcome tracking: A provider's ability to understand outcomes through data is greatly improved if all community providers are collecting data and the data can be pooled together to evaluate outcomes across a range of services simultaneously. In some cases, an organization's data capacity is limited by what other providers are collecting that might be relevant to their services. In the case of the Blue Ridge Food Bank, one third of their member organizations do not track any data which limits their capacity to accurately evaluate service provision.

As funding sources increasingly become tied to outcome tracking measurements, smaller organizations

are at a disadvantage in eligibility for larger sources of funding. Additionally, if smaller organizations lack data capacity, they cannot contribute to a coordinated effort to track outcomes across service providers, and any effort to do so without them will be incomplete. Providers can understand so much more about their clients if they understand all of the services their clients are accessing and where the gaps may lie. Integrated outcome tracking is key to systems-level change. Recommendation 4 in the next section elaborates more on why data capacity building is so critical, and the possible steps to provide resources to organizations to enable holistic outcome tracking.

2.7   LIMITED COORDINATION AND COMMUNICATION BETWEEN PROVIDERS

One gap across sectors is the limited coordination between providers, services, other organizations, and families. In the City of Charlottesville and Albemarle County there is no central system to pass information from provider to provider. The responsibility often lies on individual service providers and parents to find the resources that can help them and their children.

There is no integrated system between different organizations and providers: Several organizations do not track all information about the patients they serve. Several are unsure about exactly how many families they serve at a given time or the demographics of the population they serve. Given that some providers provide support through outreach while others provide support through one-on-one casework, it is difficult for certain organizations to track everyone they serve. Most providers use different systems, making referrals and tracking children logistically difficult.

Incomplete information: Many low-income parents are not aware of all the services available to them and their children. Some providers go above and beyond to connect clients with resources beyond their scope of work, but they but they are limited by time and personal knowledge of resources. One of the main reasons coordination is limited between parents and services is the lack of a central information source. Without this source, parents must do specific research in each area or ask for referrals from providers. Many services have different requirements and there is no central source to compare the programs.

3 CONCLUSIONS AND RECOMMENDATIONS

After analyzing a number of issues related to early childhood development in Charlottesville and Albemarle, we put forth three systems-level recommendations for the Early Childhood Funders Network (ECFN). In considering recommendations for the ECFN, we follow guidance from the Systems Grantmaking Resource Guide, produced by Grantmakers for Effective Organizations and Management Assistance Group[88] . Our recommendations present a broad set of options that recognize how unpredictable systems change can be. We have tried to apply our knowledge of the relationships, existing services, and systematic challenges. **Our recommendations are to: fund a case workers program, lobby for Early Head Start, build an Early Childhood Development Coalition, and fund expansion of data capacity and integration.**

3.1 RECOMMENDATION 1: PEER NAVIGATOR PROGRAM

Distrust, misinformation, and lack of coordination are three major challenges that pregnant and new mothers face in Charlottesville and Albemarle. A challenge expressed by numerous stakeholders is that pregnant women cannot afford health services, do not understand the importance of their own health, are not aware of the services that exist, or get lost trying to navigate the system after giving birth.[89] We believe that a case worker training program may sustainably address this issue with the system.

What could this look like?

Our vision is to recruit mothers in the community and train them to be case workers for pregnant women and new mothers. We believe that mothers who have navigated the system possess significant insights about raising children in Charlottesville and Albemarle. Even if they did not utilize or know about all of the services in the area, they now have the capacity to learn about them through training, and help guide an overwhelmed woman through the system, whether she is pregnant of a new mother.

The peer navigators will be assigned to mothers based on location, and will be stationed as close to their own community as possible. There will not be strict eligibility cut-offs for mothers who seek counseling, although priority will be awarded to low-income, first time mothers. The peer navigators herself does not provide care, but rather, informs the pregnant woman/mother of existing services, helps her create a plan to balance work, life, and health, and can help when unexpected situations arise (evictions, complications, illness, etc.).

One tool that could help empower these peer navigators could be a phone app used by the peer navigator that would be used to track their clients' cases and needs, and that holds a database of services in the area and which services have availability. This would be a longer term investment because it would require service providers in the area to move towards a shared database in which they share how many spots they have open for their services or how long their waitlist is. The case workers would use the application to quickly see which providers could take on new clients that match the client's needs. For example, if a mother is no longer eligible for WIC but still lacks secure food and nutrition sources, the application could provide the case manager information about where the nearest Blue Ridge Area Food Bank partner provider is and if that provider currently has enough food in stock to take on more clients.

Has this been done before?

While there is not inter-service peer navigator program in Charlottesville and Albemarle, our recommendation is not the first conception of such a service. Commonly referred to as a community health worker,

trusted community members serve as public health liaison between community members and health/social services.[90] Based on previous success of community health worker programs, there are a number of key features of a successful program. The first step is to hire patient, kind, hard-working, and demographically representative workers. Hiring the right people has resulted in a two percent turnover rate, as opposed to some programs with turnover rates as high as 50 percent. Next, the community health workers must be adequately trained and supported. Additionally, the community health workers should be integrated into clinics to they can report and understand data, but nothing further. Being too medicalized will undermine the trust they have built in the community. Finally, interventions must be based on evidence-driven practices.[91] Other good resources for designing the peer navigator program include a report from the World Health Organization[92] and research for the Center for Disease Control and Prevention (CDC)[93]. We know that community health worker and peer navigator programs have made effective and impactful change in the past, and we believe the similar case worker program could be successful for pregnant women and new mothers in the Charlottesville/Albemarle community.

One local program that is achieving some similar goals in CHIP's Neighborhood Outreach Program, which operates in downtown neighborhoods of Charlottesville. Members of the CHIP Neighborhood Outreach team attend community events, perform home visits, and work with families and groups. The outreach team members aim to promote healthy lifestyles, enhance parenting skills, and foster self-sufficiency of families.[94] Our recommendation builds off this program by connecting services and localities. CHIP's program seems to have successfully garnered trust in the community, so a first step in formulating a peer navigator plan is to work with the individuals on the CHIPs outreach team to learn about their approaches and results.

For the phone app that would serve as a tool for peer navigators, the ECFN could learn from the Piedmont Virginia Community College who developed the "Network2Work" model, an app that connects employers with no or low-income individuals looking for work through a peer navigator. [95] Their app has been highly successful thus far and could provide an effective model of how to deliver services to the target population through an app and peer navigator. [96]

What is the role of the ECFN?

If interested, the ECFN could take a number of steps. First, more research needs to be conducted about the success of these programs as they pertain specifically to pregnancy and childcare. Are women receptive to community case workers? How much will it cost to train and sustain this type of project? Who are other potential funders? All of this research must be completed before taking on this program. If the ECFN funds initial research, they may then wish to fund a pilot program to further test the plausibility of this recommendation. If the ECFN were to move forward with this recommendation, they could consider funding the development of the phone app that would be operated by the peer navigators that would be used to track their clients' cases and needs, and the development of the database of services in the area.

How does this change the system?

This program seeks to redefine relationships and provide mothers and pregnant women with more control and knowledge of their situation. System-level changes do not create one clear path for better outcomes, but rather they give power to the most vulnerable populations to create new pathways towards healthier, better systems- encompassing better health outcomes, trust, and stability. We believe that by building trust in the community and enhancing interpersonal relationships, there will be immense improvement to the landscape of early childhood development.

3.2 RECOMMENDATION 2: ENCOURAGE EARLY HEAD START IN CHARLOTTESVILLE AND ALBEMARLE

Low-income mothers struggle to find affordable, quality childcare for their children between birth and age three. Following the Head Start model, Early Head Start provides childcare and development services for low-income families and children ages zero to three.[97] Governor Northam and First Lady Northam have made early childhood development a priority, and they have launched initiatives to improve student outcomes by bolstering programs like Early Head Start.[98] Given their support, now is a good time to focus attention on implementing Early Head Start in Charlottesville.

What is Early Head Start and is it Needed?

Early Head Start provides family-centered programming for low-income families that are tailored to help infants and toddlers develop both cognitively and socially. Numerous stakeholders expressed the concern that it is challenging for families in the Charlottesville/Albemarle community to find quality, affordable childcare for their children in the zero to three age range.[99] Early Head Start offers well-regarded, quality services and will have the ability to partner with existing programs, making the start-up costs relatively low. The zero to three age range is the most expensive care to deliver from the service provider side, so this additional support is much needed, from both families and providers.[100]

Currently, there are Early Head Start programs in Southwest Virginia, Northern Virginia, and the Richmond area.[101] While Early Head Start is federally funded, it is adopted and implemented on the local level.

What is the role of the ECFN?

Members of the ECFN can effectively use their connections and funds to encourage a community group to apply for Early Head Start Funding. Currently, Head Start is run through the Monticello Area Community Action Agency (MACAA). We believe that identifying an organization with more funding and capacity to run a new progarm may be better situated to house Early Head Start. The ECFN may consider two options moving forward. First, they may provide additional funding to MACAA so they can hire additional program managers to oversee Early Head Start. Second, the network could consider identifying a partner organization who may have the capacity to apply for and implement Early Head Start.

How does this change the system?

While it is a relatively simple intervention, providing affordable, quality early childhood development benefits children and families in significant ways. We know that finding affordable, quality childcare for children zero to three is the most challenging time period most parents face. Mothers may be forced to leave their child with a friend or family member who is not trained in development, or she may be required to quit her job to care for her child herself. Children who are not exposed to learning and development from a young age are already well behind the children that do. These discrepancies are often along income lines. By insuring equal access to early childhood development services, like Early Head Start, children will be on closer playing fields, fostering better mental, physical, and financial outcomes for families across income levels.

3.3 RECOMMENDATION 3: BUILD AN EARLY CHILDHOOD DEVELOPMENT COALITION

Systems change requires bringing stakeholders and actors together in order to consider the various relationships and how they are impacted by each other.[102] In order for collective impact to be insured, it is vital

that all relevant voices are heard, not merely those that have the means to speak.[103] Our vision of an Early Childhood Development Coalition includes doctors, families, educators, service providers, nonprofits, and any other relevant stakeholder. The Coalition will meet to discuss the most pressing issues they see, and will work to identify useful solutions.

What could this look like?

This coalition can meet in person a few times a year, while maintaining communication on another medium such as a blog or website, if preferred. The stakeholders of interest (including doctors, families, educators, service providers, and nonprofit leaders) will gather to discuss the issues in the system that they find to be most pressing. Over time, they will develop strategies to combat the issues, as well as community outreach programs to ensure residents are aware of the coalition and can see what kind of work they are producing. The coalition may also choose to sponsor research, fund-raise, provide scholarship money, or supplies if they decide the most pressing concerns require such actions. This option is flexible and aims to enhance collaboration and organization across the childhood development system, to ultimately increase access to affordable, quality care in all stages of the system.

What is the role of ECFN?

With the connections that the ECFN possess, members can work to convene and recruit for the coalition. The ECFN may also choose to donate initial funds to the coalition. It is important the that coalition be largely run by the actors directly in and impacted by the system of early childhood development. Providing start-up and ongoing funding, as well as putting in the time it requires to construct a coalition, will be an impactful intervention on the part of the ECFN.

3.4   RECOMMENDATION 4: EXPLORE AVENUES TO BUILD LOCAL DATA CAPACITY

Many small organizations cannot build data capacity both because they lack the information to know what they need to do and and because they may not have the resources to make it happen. We think the Early Childhood Funders Network should explore possibilities to help build data capacity and encourage data integration for holistic outcome tracking.

Providers vary significantly in data capacity. Some providers have complete databases and time series data on client progress. Other providers are using Microsoft Excel. Some providers aren't collecting any data at all.

What is currently being done?

At the state level: The Virginia Early Childhood Foundation is starting to support and promote data capacity building, integrated data systems, and outcome tracking and is exploring the possibility of an early childhood integrated data system (ECIDS). The ECIDS would incorporate data from state and local agencies, private pre-k programs, and other non-profits and service providers to enable a holistic view of the children and families served. The stated initial use cases are:

1. A distinct count of all children birth to five served by one or more early childhood programs, as a foundational metric for a range of future early childhood policy and programmatic analyses and uses

2. The creation of a data sharing loop between private pre-k programs, VECF/Smart Beginnings, UVa PALS Office, and VLDS to strengthen Smart Beginnings' school readiness systems-building role within their footprint.[104]

The VECF and partner organizations are in the very early stages. As of July of this year, they were assessing data in existing agency systems and establishing a governance structure for the integrated data.[105] The Virginia Early Childhood Foundation is basing the ECIDS model on the Virginia Longitudinal Data System, an integrated data system with data from state and local government agencies started with a focus on K-12 education, higher ed, and workforce development data to track outcomes across decades.

At the local level: data work is in the early stages and in currently limited to education. Smart Beginnings (Thomas Jefferson Area) received a grant through the new VECF Data Capacity Booster Initiative.[106]The Smart Beginnings project is focused specifically on early childhood education, and has a stated goal of closing the achievement gap.

What is the role of the ECFN?

We recommend the ECFN explore possibilities to build on existing work and expand data capacity and integration. The work being done is limited in scope and could be expanded to include new providers and other fields. The ECFN could help fund data capacity building for organizations through anything from open data trainings for non-profit staff members to hiring a *circuit rider*, a central data management staff member based in a foundation who works with multiple organizations across the non-profit and service provider space. We recommend further research and exploration of potential frameworks and models for data capacity building with the eventual goal of a systems-level evaluation of service provision and client successes and vulnerabilities.

How does this change the system?

Integrated data systems are vital to a systems-level analysis of service provision and resource access. Any provider working individually can only understand how clients access their services, but necessarily misses the larger picture of all resources their client accesses and where the gaps in services are for that child or family. Through the course of this project, our ability to fully understand the provider ecosystem and the gaps in services was limited by the data capacity of individual providers. In order to effectively make grants on a systems-level, we recommend the ECFN encourage or fund data capacity building to enable more robust analyses. The ECFN is well positioned to support data capacity building at the systems-level, which is critical to support integrated outcome tracking. Integrated outcome tracking requires providers and non-profits to be using similar identification schemes (by child or by family) and data types and data structures across providers.

Elliot Regenstein from the Ounce of Prevention Fund goes as far as to say "If you're a policymaker, advocate, practitioner, philanthropist, or have any other role in the policy process or working with young children, early childhood data systems could be the big issue that's been missing in your life."[107] Integrated data systems and outcome tracking enable local governments, philanthropists, and investors to explore pay-for-success/social impact bond options to encourage innovative, evidence based policy in state and local government and shift from treating the symptoms of a problem to subsidizing preventative measures.

For more on the benefits of an early childhood integrated data system, we recommend the following resources (in *Reference Documents* as well):

- **New Unofficial Guide to the Why and How of State Early Childhood Data Systems** by Emily Workman [108]

- **An Unofficial Guide to the State of Early Childhood Data Systems** by Elliot Regenstein from the Ounce of Prevention Fund [109]

- **The Integration of Early Childhood Data: State Profiles** from the U.S. Department of Health and Human Services and the U.S. Department of Education" [110]

For more on the current work on data capacity building and integrated data systems, check out the *Data Capacity and Integration* folder in *Reference Documents* in the Google Drive.

CONCLUSION

In this section, we discuss four possible system-level interventions: initiating a case worker program, lobbying for Early Head Start, building an early childhood development coalition, and expanding data capacity. All four options are possible, but further research is required to determine which is most effective and feasible. Ultimately, the goal is to ensure that all children face the same opportunities for early childhood development, and that they all experience a safe, healthy, and happy upbringing. It is our hope that the ECFN finds these suggestions thought-provoking, and that they help the ECFN continue the conversation of system-level change in this space.

4 POSSIBLE DIRECTIONS FOR FUTURE WORK

Our project timeline limited our ability to explore all of the possible research directions we think would be relevant to the work of the ECFN. Potential future directions for research and exploration include:

4.1 INTERVIEW OR SURVEY LOW-INCOME FAMILIES

In conducting this project, the only clients interviewed were mothers of children perinatal to 6 months (through partnership with Public Health). Future research would benefit from more extensive interviews from mothers with children in a wider age range.

Although providers have a clear understanding of the services they provide and the families that use them, their understanding is limited to the people who use them. There are many families who do not use these services for a variety of reasons including stigma, trust, and lack of knowledge. Without interviewing these families, it is difficult to understand why resources are not being utilized. Family interviews give researchers a better understanding of the actions families take to navigate the system. As families tend to access resources across sectors, these interviews allow researchers to identify functional communication and the disconnects that exist between and within fields and sectors.

By learning about families' first hand experiences in the system, researchers can begin to understand the gaps families perceive rather than just what gaps providers believe exist. They can learn the difficulties families face and whether they believe the systems in place are helpful, effective, and responsive to their specific needs. Lastly, interviewing families gives researchers the opportunity to explore how different families navigate the system in different ways. By identifying trends according to income, race, gender, and other factors, researchers can decipher if there may be factors inhibiting specific groups of people from receiving the services they need.

4.2 POLICY EVALUATIONS AND RECOMMENDATIONS

Many of the decisions that directly impact low-income children zero to five are made at the local and state government level. Because of our limited timeline, we were not able to evaluate policies and provide specific policy recommendations for the ECFN to pursue. We recommend more research into which areas of the early childhood system could be most positively affected by policy change, which level of government creates these policies, and which services are better suited for non-governmental action.

Future research could explore specific policy interventions applicable to the local context and evaluate the potential feasibility of each project given the political will, provider capacity, and potential impact of each policy. Research could also explore state level policy change to expand the scope of work beyond Charlottesville. An important component of this research would be to identify which policy actors and levels of government are making policy decisions that are shaping the conditions on the ground for families and service providers.

A future iteration of this lab could also explore policies and best practices that the ECFN could advocate for or financially support. What's working in other communities? Which providers are doing innovative work that could be brought to Charlottesville? More research is needed to understand policy-specific implications for community work. If the ECFN wanted to continue a relationship with the Frank Batten

School of Leadership and Public Policy, this research could be executed by future public policy students at the Batten school, as this work aligns with the curriculum of the school, and the skills of the students.

4.3   EXPLORE INNOVATIVE FUNDING MODELS AND FINANCING STRATEGIES

We recommend the network explore innovative financing models as the grant-making potential for individual donors or a donor collaborative can be magnified with funding models that allow for the possibility of repayment to the funder. These can fall anywhere on the spectrum from pure philanthropy to impact investing to social enterprise venture capital.

Pay for success models, including social impact bonds and social impact guarantees, allow for the potential for investors and philanthropists to be repaid if an intervention improves outcomes for a specified vulnerable population. Congress recently passes the Social Impact Partnerships to Pay for Results Act (SIP-PRA) which put $100 million in funding for outcome payments and feasibility studies on the table to encourage state and local governments to adopt PFS projects. This is particularly exciting as *50% of the funding is specifically earmarked for projects that benefit children.*[111]

Philanthropists and foundations are also beginning to explore potential applications for business and start-up models as applied to social impact work to explore new financing potential beyond the project-based grantmaking approach. Novel financing models can enable non-profits or service providers to scale work in ways previously unimaginable and can expand what's possible beyond the horizon of current work and incremental change.

Innovative financing models are becoming increasingly relevant in the national conversation around early childhood and we recommend further research in order to educate the network on the full range of possibilities on what grant-making for social change could look like in Charlottesville.

5   RESOURCE INVENTORY

The Charlottesville Early Childhood Resource Inventory contains all of the information gained on service providers and resources through interviews and independent research. The inventory does not include interviews aimed at only understanding perceived gaps (see Other Resources below). The inventory will be publicly available in a Google Drive folder at https://tinyurl.com/cville-ecmp.

FIELDS COLLECTED

- Organization/program name

- Brief description

- Primary service provided

- Number of children and families served

- Geographic area served

- Age range of children served

- Demographics of children served

- Income eligibility requirements

- Waitlist details

- Annual budget

- Number of staff members

- Sources of funding

- Data collection

- Quality tracking participation

- Referrals to other providers

- Perceived gaps

- Areas for growth

STRUCTURE

The inventory is structured as a spreadsheet. Individual programs within one larger organization are listed separately for clarity. In order to more easily navigate the information, the fields are color coded.

- **Red** fields are general information, including organization and program name, a brief description of the relevant program(s), and the primary service provided.

- **Orange** fields are program/service provision specific information, including age range and demographics of children served, geographic area served, number of children and families served, income eligibility requirements, whether the organization has a waitlist, and if so how many children or families are on the waitlist.

- **Green** fields are organizational information including annual budget, number of staff members, sources of funding, data collection, quality tracking participation, and relationships with other providers.

- **Blue** fields are opinions given by the interviewee, including perceived gaps and areas for growth.

OTHER RESOURCES

We came across some information we found useful outside the bounds of the inventory, including various reports and interviews not relevant to direct service provision. For this reason, the Resource Inventory is accompanied by a *Perceived Gaps* document, a list of Charlottesville-Albemarle child care providers, and a *Reference Documents* folder. The *Perceived Gaps* document gives more detail on the interviews we conducted with community members who are not direct service providers to better identify perceived gaps. The *Reference Documents* folder contains relevant research and reports shared with us by providers through the course of the interviews that we believe will be useful to the Early Childhood Funders Network in understanding the local context.

NOTES

Some providers were unable to share specific details at the time of the interview and did not respond to follow up requests for clarification. Other providers did not feel comfortable sharing some specifics, including annual budget or racial demographics. Grey boxes denote information not shared by the provider, either because of a time constraint on the interview, because the provider did not have the information accessible, or because the provider did not want to share the information.

ABOUT THIS PROJECT

ACKNOWLEDGEMENTS

The members of the Frank Batten School's Community Impact Lab would like to express our deepest appreciation to all of those who have provided us the opportunity to complete this report. A special gratitude we give to our instructor, Ms. Holly Hatcher, whose contribution in stimulating suggestions and encouragement, helped us to coordinate the project. We would also like to express our deepest gratitude for our partnerships with Cristalle Madray, from the UVA Department of Public Health, Kathryn Goodman, from the Thomas Jefferson Health District, and Dr. Pierre, from the UVA Darden School of Business.

Furthermore we would like to acknowledge with much appreciation the crucial role of community leaders in working with us to inventory services available to children ages 0-5 and their families. A special thanks goes to Ms. Jenn Huck, who helped us to assemble this report and the complimentary presentation.

PROCESS

The Community Impact Lab is a 10 week class in the Frank Batten School of Leadership and Public Policy. This report was prepared by the lab members with the help of our advisor, philanthropic advisor Holly Hatcher in order to inform members of the Early Childhood Funders Network to advise future directions and inform potential investment and grantmaking.

To prepare for interviews, the Lab heard from Sarah McLean and Erika Vicciello on the state of early childhood in Charlottesville/Albemarle, asked questions of Mindy Vaughn from the Early Childhood Funders Network Steering Committee. We were also advised by data librarian Jennifer Huck, Dr. Zakiah Pierre from the Darden School of Business, and Kathryn Goodman from the Thomas Jefferson Area Department

of Public Health. We collaborated with Cristalle Madray from the UVA Master's in Public Health Program, who was concurrently working on a project interviewing women who had just given birth and shared information on perceived gaps related to pre and post-natal care.

Our advisor, Holly Hatcher, provided us with a list of initial contacts. Our team wrote questions, created an email script, and contacted providers to schedule in-person meetings and phone calls. We interviewed service providers, community organizers, and non-profit directors to understand available resources and investigate perceived gaps in resources and knowledge. We spoke to service providers to better understand resources and included other trusted community members to understand perceived gaps on a larger scale. For larger organizations like Ready Kids, we met with multiple program directors in addition to the executive director, and each program was recorded separately in the inventory.

We contacted 66 individuals and 43 responded, yielding a response rate of 65 percent. Our narrow time frame limited our capacity to meet with some providers who only had availability beyond our interview period. Some providers who did not have time to meet in person instead sent their responses over email or filled out an online form we provided. In later sections, we will elaborate more on perspectives we think we missed and directions for future work.

LIST OF PARTICIPATING PROVIDERS

- Albemarle Department of Social Services
- Albemarle Public Schools
- Blue Ridge Area Food Bank
- Blue Ridge Care Connection for Children
- Charlottesville City Schools
- Charlottesville Dept. of Human Services
- Charlottesville Dept. of Social Services
- City of Promise
- Elk Hill
- Health Department
- Infant Toddler of the Blue Ridge
- Legal Aid Justice Center
- Jefferson Area Board for Aging
- Jefferson Area CHIP
- Martha Jefferson Hospital

- Monticello Area Community Action Agency
- Nearby Baby
- Piedmont CASA
- Piedmont Family YMCA
- Piedmont Housing Alliance
- Piedmont Regional Education Program
- ReadyKids
- Pediatric Associates
- Sin Barreas
- Sisters Keeper Collective
- United Way
- UVA Obstetrics & Gynecology
- UVA Pediatrics
- Westhaven Nursing Clinic

UVA STUDENT COMMUNITY PROJECTS

Our lab was an early stage beta for the Equity Atlas project initiated by the UVA Library. In that spirit, we incorporated many of the principles of the Equity Atlas project into the planning of our research and communication with providers in order to be more equitable in our community-engaged research.

Our project was intentionally interdisciplinary in the partnership with the Public Health program to avoid content duplication and overburdening community organizations with multiple requests for information and help. We are aware that the organizations we contacted are incredibly busy serving the community and that asking them for time out of their day takes time away from their work. We know these community organizations received many requests for information and interviews from students each semester, and we think there are areas for UVA to improve communication between professors and departments to minimize burdens on community organizations while maximizing content.

Through our work on this project, providers pointed us to previous students projects they had assisted with which we hadn't found in our independent research. A repository for all community based work would be incredibly helpful in enabling students and professors to understand the work that has come before and has been completed to avoid duplication. A communication or planning mechanism for future work (a UVA community engagements IRB of sorts) could potentially encourage collaboration and ensure minimal duplication of requests for assistance. Compensating participating organizations for their time and efforts with small grants would be very meaningful for many of the community organizations who give so much to the University in helping students.

In sum, we would like to affirm and emphasize the principles of the Equity Atlas project which have been validated by our experience with student community-engaged research.

UVA BATTEN COMMUNITY IMPACT LAB

The Community Impact Lab is part of the Short Course Program at Batten which offers a variety of one-credit courses on areas of skill building, introductions to new fields, and a chance to deepen knowledge. The Community Impact Lab works broadly on systemic changes in a community setting. Students build skills providing research and analysis for a community client.

For the fall 2018 class, students worked with Early Childhood Funders Network (ECFN), a group of local philanthropists interested in creating a long-term, focused philanthropic response to the need for early childhood services for Central Virginia youth (ages zero to six). Since March, 2017, the network has convened thirteen like-minded donors for learning, analysis and collaboration, to champion comprehensive prenatal to pre-K intervention services for children in our community. One goal of the network is to inform giving through shared learning on best practices and available data. The ECFN asked the class to survey the early childhood landscape in Charlottesville and Albemarle to understand both the services that exist and the perceived gaps, from prenatal to Kindergarten (age 5/6).

2018 LAB MEMBERS

Holly Hatcher, Philanthropic Consultant
Maggie Cherry
Isabel Coughlin
Naomi Gaba
Yue Li
Charlotte McClintock
Caitlen Moser
Julia Thompson

2018 PROJECT PARTNERS

Cristalle Madray, Masters of Public Health

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APPENDIX

Guide for parents: `http://dss.virginia.gov/family/cc/publications.cgi`
   Information about childcare types: `http://www.dss.virginia.gov/family/cc/index.cgi`
   Child Care/Preschool Options (birth to school age) - compiled from VA DSS Child Care Search Portal
   * indicates current subsidy provider

ALBEMARLE

Licensed: Child Day Center

- ACAC Preschool at Adventure Central

- Albemarle Montessori Children's Community

- Bright Horizons Children's Centers, LLC

- Chancellor Street Preschool Cooperative

- Charlottesville Waldorf School (Locations: Waldorf School Road & Rio Road East)

- Covesville Child Development Center *

- Daylily Preschool, LLC

- Foundations Child Development Center, Inc. *

- Four Seasons Learning Center

- Free Union Country School

- Generations Montessori School of Charlottesville

- Ivy School House Preschool

- JABA Shining Star Preschool *

- Little Learners Tricounty Child Development Center *

- MACAA Hollymead Head Start

- Millstone of Ivy

- Monticello Area Community Action Agency: Agnor Hurt Head

- Monticello Area Community Action Agency: Greer Head Start

- Monticello Area Community Action Agency: Crozet Head Start

- Mountaintop Montessori

- Old Dominion Day School

- Peabody School

- Piedmont Family YMCA After School at Crozet YMCA *

- Rainbow Child Care Center (Locations; Hillsdale Drive & Riverbend Drive) *

- St. Anne's - Belfield School

- St. Anne's - Belfield After School Enrichment Program

- The Frost Montessori School of Albemarle, Inc.

- Wee Care Day Care 4 Kids, LLC *

Licensed: Family Day Home:

- Alison Trimpe: 3157 Earlysville Road Earlysville, VA 22936 / (434) 973-8736

- Katy Jones: 554 Clarks Tract Keswick, VA 22947 / (434) 244-6457

- Ms. April Spencer: 4354 Dickerson Road Charlottesville, VA 22911 / (434) 978-2005

- Ms. Delois Grady* : 64 Woodlake Drive Charlottesville, VA 22901 / (434) 973-7517

- Ms. Janet Ballard* : 2893 Scottsville Road Charlottesville, VA 22902 / (434) 326-3251

- Ms. Kristine O'Donnell: 870 Carriage Trail Place Keswick, VA 22947 / (434) 296-2672

- Ms. Linda Shaw* : 5705 Louisa Road Keswick, VA 22947 / (434) 295-9221

- Ms. Martha McCarthy: 2411 Berkshire Place 35 Charlottesville, VA 22901 / (434) 296-0670

- Ms. Mozhdeh Monjezi: 1658 Old Brook Road Charlottesville, VA 22901 / (434) 409-6465

- Ms. Rebecca Garson: 7342 Plank Road Afton, VA 22920 / (434) 996-7022

- Ms. Rebekah Rogers: 3060 Watts Farm Road Charlottesville, VA 22911 / (434) 964-9476

- Ms. Sabrina Wilson* : 1808-B Solomon Road Charlottesville, VA 22901 / (434) 382-7971

Licensed: Short-Term Child Day Center

- Atlantic Coast Athletic Club (ACAC) Summer Camp

- Boar's Head Sports Club Summer Day Camp

- Farmington Country Club Summer Camp

- Piedmont Family YMCA Summer Day Camp at Claudius Crozet Park*

- The Little Gym

- Triple C Camp

- Regulated Unlicensed: Religious Exempt Child Day Center

- Charlottesville Catholic School

- Chestnut Grove Baptist Church

- Commonwealth Christian Community (Locations: Patterson Mill Lane & McAllister St.)

- Crosslife Community Church*

- Crozet United Methodist Church

- Faith Christian Center International*

- Hillsboro Baptist Church

- Lighthouse Worship Center

- Northridge Community Church

- Olivet Presbyterian Church

- Restoration United Methodist Church

- Trinity Presbyterian Church

Regulated Unlicensed: Voluntary Registered Day Homes

- Ms. Alicia Lee* : 2306 Angus Road Apt. B Charlottesville, VA 22901 / (434) 806-5752

- Ms. Hannah Anokye-Gyambrah: 89 Court Place Charlottesville, VA 22901 / (434) 327-7205

- Ms. Nakia Brinkley: 3283 Monacan Trail Road NORTH GARDEN, VA 22959 / (434) 566-9145

- Ms. Sheila France: 535 Burgoyne Road 14 Charlottesville, VA 22901 / (434) 872-0035

- Ms. Silvana Liguria: 1062 Hopkins Court Charlottesville, VA 22901 / (434) 996-1090

Other Unlicensed: Home Based

- Jill Heyden: 818 Mallside Forest Court Apt 204 Charlottesville, VA 22901 / (434) 906-0672

CHARLOTTESVILLE

Licensed: Child Day Center

- ABC Preschool*

- Barrett Early Learning Center*

- Bright Horizons Children's Centers, LLC - Charlottesville

- Charlottesville Day School

- First Steps Infant Development Center

- Hilltop Day Care Center

- Mighty Minds, Little Hands International Preschool, LLC*

- Molly Michie Preschool

- Montessori School of Charlottesville (Locations: Cutler Lane & Gordon Avenue)

- Monticello Area Community Action Agency: Jordan, Twyman & Ferguson

- Our Neighborhood Child Development Center

- Piedmont Family YMCA*

- The Covenant School - Covenant Club

- The International School of Charlottesville (Locations: Monticello Ave. & Hinton Ave.)

- University Montessori School

- University of Virginia Child Development Center

- UVA Child Development Center II

- Westminster Child Care Center

Licensed: Family Day Home

- Diane Anderson: 227 Brookwood Drive Charlottesville, VA 22902 / (434) 202-1286

- Ms. Jacqueline Tyree* : 1027-A Forest Hills Avenue Charlottesville, VA 22903 / (434) 923-0643

- Ms. Joyce Morone* : 301A Riverside Avenue Charlottesville, VA 22902 / (434) 977-2097

- Ms. Kathy Randolph* : 914 Anderson Street Charlottesville, VA 22903 / (434) 923-3871

- Ms. Lena Malcolm: 122 Summit Street Charlottesville, VA 22903 / (434) 960-2199

- Ms. Linda Carey* : 206 Hartmans Mill Road Charlottesville, VA 22902 / (434) 296-3817

- Ms. Lisa Campbell-Chicas* : 513 Rockland Avenue Charlottesville, VA 22902 / (434) 989-2400

- Ms. Nancy Carter* : 1214 Long Street Charlottesville, VA 22901 / (434) 977-4919

- Ms. Nora Gaffney: 1015 Druid Avenue Charlottesville, VA 22902 / (434) 293-2104

- Ms. Sarah Gerome: 600 McIntire Road Charlottesville, VA 22902 / (434) 296-2936

Licensed: Short-Term Child Day Center

- Piedmont Family YMCA Summer Day Camp*

Regulated Unlicensed: Religious Exempt Child Day Center

- Christ Episcopal Church

- Congregation Beth Israel

- First Baptist Church*

- First Presbyterian Church - Charlottesville

- First United Methodist Church

- Islamic Society of Central Virginia/ISCV Preschool & Daycare

- Park Street Christian Church

- St. Mark Lutheran Church (ELCA) of Charlottesville, Virginia

Regulated Unlicensed: Voluntary Registered Day Homes

- Charnikia Winfrey: 970 Rock Creek Road Charlottesville, VA 22903 / (434) 981-3898

- Lynne Crotts: 2001 Ivy Road Charlottesville, VA 22903 / (434) 296-7466

- Ms. Arleene Williams* : 715 Elm Street Charlottesville, VA 22903 / (434) 977-5045

- Ms. Carolyn Ross: 352 10 1/2 Street, N.W. Charlottesville, VA 22903 / (434) 979-2305

- Ms. Diane Lamb: 1413 River Road Charlottesville, VA 22901 / (434) 979-0070

- Ms. Georgina Sims* : 426 Friendship Court Apt. C Charlottesville, VA 22902 / (434) 806-4590

- Ms. Karen Rhodes: 2025 Michie Drive, Apt. F Charlottesville, VA 22901 / (434) 293-2245

- Ms. Ruth Michie: 405 11th Street, N.W. Charlottesville, VA 22903 / (434) 977-0626

- Ms. Sophia Eubanks: 830 Hardy Drive, Apt. D Charlottesville, VA 22903 / (540) 360-5108

- Ms. Tabitha Courtney: 518 Cleveland Avenue Charlottesville, VA 22903 / (434) 973-7580

- Ms. Tyesha Hill: 722 Orangedale Avenue Charlottesville, VA 22903 / (434) 760-3037

- Ms. Zakia Gul Mohammad: 1120 Leonard Street Charlottesville, VA 22902 / (434) 296-7380

Regulated Unlicensed: Certified Pre-School

- Peabody School

Other Unlicensed: Home Based

- Muslima Jimale* : 734 Prospect Avenue Apt C Charlottesville, VA 22903 / (434) 305-6858