



## **Analysis of Fiscal Resources and Issues Impacting Early Childhood Development and School Readiness in Charlottesville and Albemarle County, Virginia**

*This fiscal mapping and report were completed by John Morgan, PhD, consultant for the Virginia Early Childhood Foundation, on behalf of the Early Education Task Force of Charlottesville and Albemarle County in July, 2016.*

### **PURPOSE**

The purpose of this Early Childhood Fiscal Map is to provide the Early Education Task Force of Jefferson Area Smart Beginnings with fiscal data describing efforts to promote early childhood development and school readiness in Charlottesville and Albemarle County. It gathers and organizes fiscal information from the variety of organizations, public and private, that provide or support early childhood services, thus giving the Task Force and other stakeholders a full “big picture” of current resources and investments, relative fiscal strengths and gaps, the degree of alignment of resources with community needs, the extent of fiscal/finance collaboration among early childhood entities, and possible implications for financing and sustaining school readiness initiatives.

### **METHODOLOGY**

Project staff, with guidance from the Task Force, identified twelve organizations involved in early childhood efforts in the two communities. Seven were departments of city/county government, and five were private not-for-profit organizations that either delivered or funded early childhood services and initiatives.

Following a briefing to explain project rationale and procedures, fiscal information was sought from each organization via an electronic survey instrument (Attachment A) that asked for quantifiable budget data; and a companion survey (Attachment B) seeking more subjective information about financing and operating their programs. Most of those surveyed responded in the first wave of data collection; in the few exceptions, follow-up emails or phone calls yielded the requested information, providing an ultimate response rate of 100 percent.

The Project Coordinator conducted follow-up inquiries as needed to clarify participant responses and in some cases to suggest revisions or additions to ensure completeness and accuracy.

In addition to the requested fiscal information, most respondents were able to provide data on numbers served, yielding enough data to support summary conclusions about service levels in various categories. Concurrently the project gathered relevant community demographic and risk factor data to flesh out a picture of community needs. These data, coupled with the data on service levels above, were used to support reasonable estimates of unmet need in various categories.

### **FISCAL MAP PARAMETERS AND LIMITATIONS**

- Time frame: A fiscal map is a static, point-in-time snapshot of fiscal conditions, rather than a dynamic moving picture of changes over time. Most of the data included here were gathered February through April 2016. While budget amounts can change over time, year-to-year changes are generally not of the magnitude to substantially alter the fiscal “big picture,” hence such a snapshot can have relevance for at least several budget cycles.
- Entitlements: There are several federal entitlement programs (TANF, SNAP, Medicaid) that spend substantial amounts on birth-four but do not serve birth-four categorically. Breaking out such data by age group is beyond the scope of this project so these amounts are not included in the analysis, with the exception of some Medicaid funding for reimbursable treatment or case management services for children birth-four (e.g. Part C services to infants/toddlers with developmental disabilities or delays.)

## Community Demographics/Risk Factors

Table 1 displays selected early childhood demographic and risk factor indicators for both communities. Though Albemarle County has more children birth-four living in poverty, the poverty rate for that age group in Charlottesville is substantially higher (22.4 percent, more than double the 9.5 percent in Albemarle), indicating that child poverty is more concentrated in the city, and also more prevalent there than in Virginia as a whole. Albemarle's birth-four poverty rate is substantially lower than the state rate (17.4 percent). In total, the two communities have approximately 8115 children birth-four, with about 1030 of those (12.7 percent) living in poverty.

**Table 1: Selected Demographic/Risk Factor Indicators**

Indicator	Albemarle	Charlottesville	Virginia
<b>Number of Children Birth-Four</b>	5,666	2,450	
<b>Poverty Rate Birth-Four (&lt;100% FPL)</b>	9.3%	22.4%	17.4%
<b>Number of Children Birth-Four in Poverty</b>	546	483	
<b>Number of Low-income (&lt;200% FPL) Children Birth-4</b>	1,829	1,078	
<b>Percent of Low-income (&lt;200% FPL) Children Birth-4</b>	32.3%	44.0%	36.8%
<b>Birth-Four Living with One Parent</b>	7.7%	17.3%	10.9%
<b>Birth-Four All Available Parents Working</b>	65.5%	65.8%	66.3%
<b>Number of Low-income (&lt;200%FPL) Four year olds</b>	366	216	
<b>Percentage Birth-Four Uninsured</b>	5.2	5.7	3.0
<b>Percentage Low Birth-weight Newborns</b>	7.3%	8.1%	8.0%
<b>Births to Mothers with &lt; 12th grade education</b>	5.0%	11.6%	10.3%
<b>Number/Percent of 3-4 yr. olds not in preschool</b>	35.5%	24.8%	51.9%

Since children living in low-income families are exposed to many of the disadvantages associated with childhood poverty, policymakers generally use low-income status (200 percent or less of the federal poverty threshold) to define the population most in need of early childhood intervention. The Charlottesville-Albemarle picture changes dramatically when we include all low-income children in the likely target population. It is remarkable that while less than one-tenth of Albemarle's birth-four children live in poverty, nearly one-third (32.3 percent) are included when the threshold is 200 percent or less of the federal poverty level. In other words, Albemarle has an unusually high proportion of children birth-four who fall between 100 and 200 percent; they are not officially "in poverty," yet they are clearly in "near poverty" or low-income status and therefore share many of the disadvantages of those officially classified as poor.

Charlottesville’s “low-income” rate for birth-four (44 percent) is about double its poverty rate (22.4 percent), a much more typical relationship between “poverty” and “low-income” rates than the tripling shown above for Albemarle. In total, about 2910 (36 percent) of Charlottesville and Albemarle’s birth-four population is “in poverty” or “low-income,” nearly matching the statewide average of 36.8 percent.

Other risk indicators generally show a pattern of Albemarle rates better than, and Charlottesville rates worse than, statewide averages. Note that in both communities, about two-thirds of children birth-four have all available parents working, indicating that the need for child care is similar in both locales despite differences on many demographic characteristics. Also noteworthy are the unusually low estimated percentages of 3-4 year olds in each community not attending preschool. While statewide more than half of 3-4 year olds do not attend, only one-quarter in Charlottesville and one-third in Albemarle are not attending – a quite remarkable penetration of pre-k services and an indication that pre-k attendance is the norm in the two communities.

## Annual Funding Sources and Amounts

Charlottesville and Albemarle, via the expenditures detailed in this report, are investing more than \$13.6 million per year in services and initiatives to promote early childhood development and school readiness. Table 2 shows the sources and amounts for each of the organizations, public and private, that support early childhood services. (Throughout this report, Albemarle’s *Bright Stars* program is treated as a separate entity. Though it is administered by Albemarle’s Department of Social Services, it combines significant blocks of funding from various government sources, thus achieving a scale that merits treatment as a separate entity for purposes of this report.)

**Table 2: Organizations by Funding Source and Total Funds**

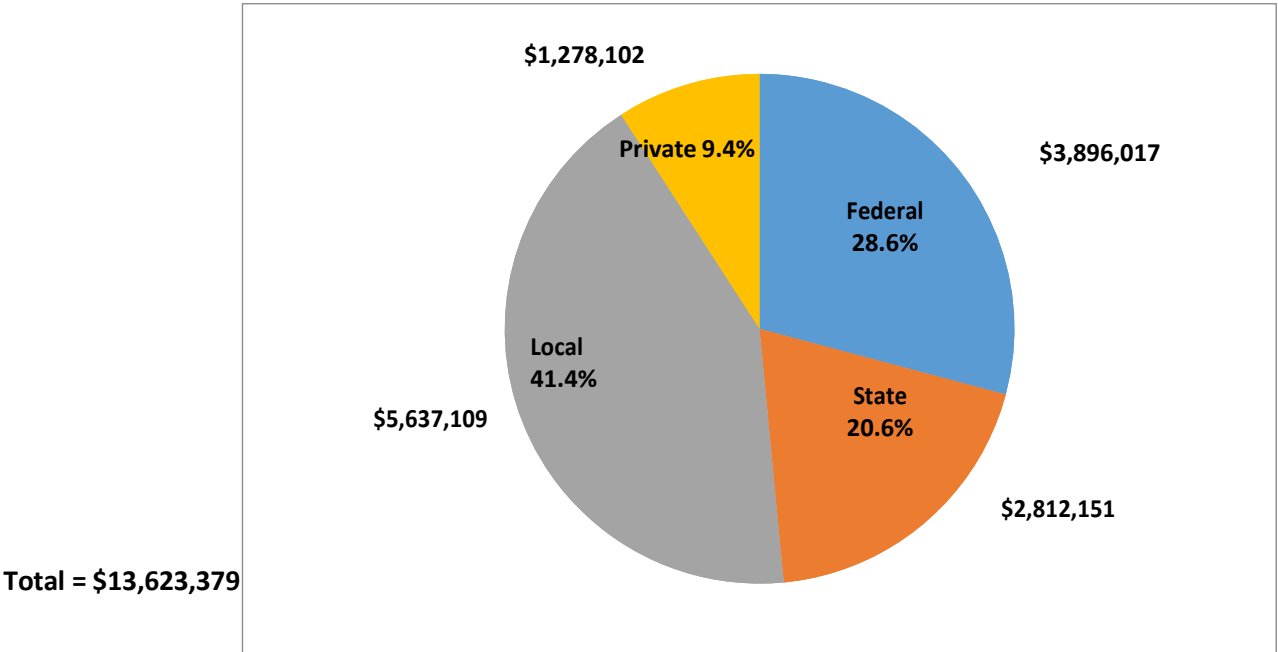
	Federal	State	Local	Private	Total	Percent of Total
<b>Charlottesville Schools</b>	34,522	480,000	1,950,073		2,464,595	18.1%
<b>Head Start</b>	1,194,027		322,747	48,161	1,564,935	11.5%
<b>CHIP</b>	20,000	327,801	617,476	423,182	1,388,459	10.2%
<b>Bright Stars</b>	225,801	486,244	669,917		1,381,962	10.1%
<b>Charlottesville DSS</b>	845,768	368,013	140,313		1,354,094	9.9%
<b>Albemarle Schools</b>	60,404		1,224,516		1,284,920	9.4%
<b>Albemarle DSS</b>	709,345	260,099	148,942		1,118,386	8.2%
<b>Infant-Toddler</b>	396,959	499,199		198,688	1,094,846	8.0%
<b>Ready Kids</b>		354,962	154,496	307,822	817,280	6.0%
<b>United Way</b>			268,154	284,416	552,570	4.1%
<b>Health Department</b>	409,191				409,191	3.0%
<b>Library</b>		35,833	140,475	15,833	192,141	1.4%
<b>Total</b>	\$3,896,017	\$2,812,151	\$5,637,109	\$1,278,102	\$13,623,379	100.0%

Clearly there are many organizations with a substantial stake in the early childhood/school readiness domain, suggesting that there is a corresponding need, as well as good potential, for developing a sense of shared purpose and mutual accountability among all the players. Also noteworthy is the presence of three private organizations (Monticello Area Community Action Agency, which runs the local Head Start program, CHIP and ReadyKids) with such a substantial financial commitment to early childhood issues, highlighting the need for and value of productive public-private collaboration on birth-four issues.

Figure 1 breaks out funding by source. It is not atypical that government sources contribute the dominant share of total funding (just over 90 percent). What is atypical, however, is that in Charlottesville-Albemarle, local government funds far exceed those from federal and state government sources. In most communities, the federal government is the leading source of early childhood funds, primarily due to big-ticket investments for WIC, Head Start, and child care subsidies. State government is often in second place due to substantial investments in pre-k (VPI).

In contrast, two recent early childhood fiscal mapping projects (Danville-Pittsylvania and the East End section of Richmond), found that local governments funded only 10 percent and 11 percent respectively of early childhood costs, making the 42.4 percent local government share in this study remarkable. Clearly city and county government have made support for early childhood/school readiness a high priority, at least relative to many other locales. Later in this report (see Table YY), local government investments are described in more detail.

**Figure 1: Total Funding By Source**



## Funding Levels for Organizations and Programs Serving Each Locality

Tables 3 and 4 display the funding amounts supporting the early childhood efforts of the organizations serving each locality. Many organizations (e.g. Head Start, Health Department, Infant-Toddler, CHIP, ReadyKids) appear on the list for both communities since their service footprint covers multiple localities. In all such cases, the funds listed are only those which these organizations have allocated to support their efforts in Charlottesville or Albemarle respectively.

**Table 3: Charlottesville Funds by Program**

Charlottesville Programs	Total Funds	Percent of Total
Charlottesville Schools	\$2,464,595	39.2%
Charlottesville DSS	\$1,354,094	21.6%
CHIP	\$624,806	9.9%
Head Start	\$500,780	8.0%
Ready Kids	\$419,406	6.7%
Infant-Toddler	\$382,335	6.1%
United Way	\$305,862	4.9%
Health Department	\$181,688	2.9%
Library	\$48,035	0.8%
<b>Charlottesville Total</b>	<b>\$6,281,601</b>	<b>100%</b>

**Table 4: Albemarle Funds by Program**

Albemarle Programs	Total Funds	Percent of Total
Bright Stars (A)	\$1,381,962	18.8%
Albemarle Schools (A)	\$1,284,920	17.5%
Albemarle DSS (A)	\$1,118,386	15.2%
Head Start (A)	\$1,064,155	14.5%
CHIP (A)	\$763,653	10.4%
Infant-Toddler (A)	\$712,511	9.7%
Ready Kids (A)	\$397,874	5.4%
United Way (A)	\$246,708	3.4%
Health Department (A)	\$227,503	3.1%
Library (A)	\$144,106	2.0%
<b>Albemarle Total</b>	<b>\$7,341,778</b>	<b>100.0%</b>

Funding levels in each locality by program, rather than by organization, are shown in Table 5. Numbers served are listed to provide some indication of each program's scope, though obviously direct comparisons of differing program types are not meaningful due to wide variations in service methods, intensity and duration. Nevertheless, this table is a reference point for exploring possible variations in service costs between similar programs, e.g. the relative cost of Albemarle's pre-k services provided via Bright Stars versus those provided by Charlottesville's VPI program. Such program-by-program comparisons are beyond the scope of this report but a potential source of comparative data that could suggest ways to alter program design, staffing patterns, administrative processes or other program characteristics to enhance quality and/or efficiency.

**Table 5: Program Funding/Number Served, By Locality**

Program	Charlottesville		Albemarle	
	Funds	Served	Funds	Served
Healthy Families (ReadyKids)	\$137,364	55	\$139,862	56
CHIP Home Visiting	\$586,878	178	\$717,296	217
WIC	\$127,980	892	\$188,285	1,005
Maternal & Child Health	\$53,709	571	\$39,218	201
Child Care Subsidies	\$1,350,411	350	\$1,097,576	284
Child Care Scholarships	\$230,815	60	\$180,294	47
Head Start	\$500,780	45	\$1,064,155	95
Bright Stars Pre-K (4 yr. olds)	x	x	\$1,381,962	183
Pre-K VPI (4 yr. olds)	\$1,053,072	160	x	x
Pre-K (3 yr. olds)	\$618,727	60	x	x
Early Childhood Special Ed.	\$792,796	75	\$1,284,920	80
Infant & Toddler (Part C)	\$382,334	121	\$712,531	226
Library Early Literacy	\$48,035	NA	\$144,105	NA
Play Partners (Ready Kids ErLit)	\$35,445	76	\$15,857	34
Star Kids (ReadyKids Soc/Emo)	\$30,977	45	\$39,237	95
Child Abuse TX (ReadyKids)	\$32,361	19	\$37,382	22
Pregnant/Parent. Teens (CHIP)	\$37,928	20	\$46,356	24
Virginia Quality & Ready Steps (ReadyKids)	\$195,493	353	\$177,768	196
System Development	\$66,497	NA	\$74,974	NA
<b>Total</b>	<b>\$6,281,602</b>		<b>\$7,341,778</b>	

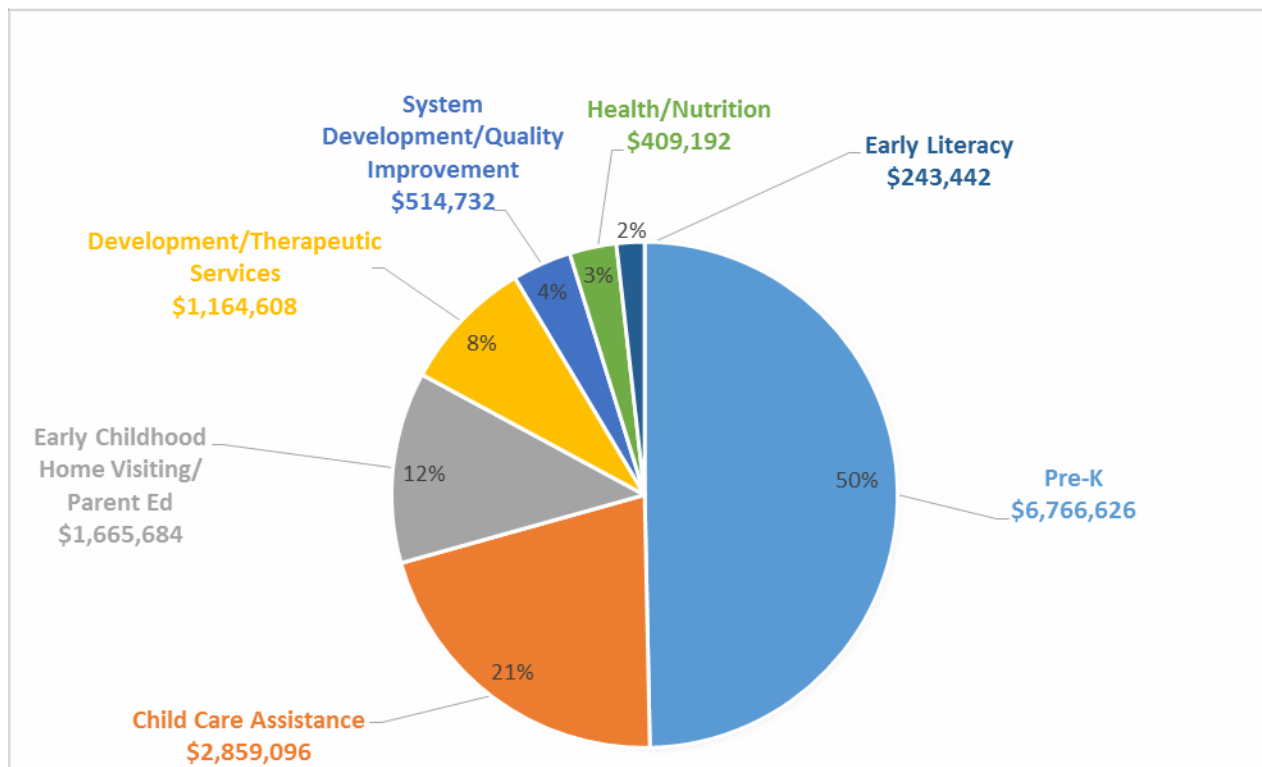
Using the Table 1 estimates of the number of low-income children birth-four (1,830 in Albemarle and 1,080 in Charlottesville) and the locality funding totals in Table 5, a birth-four *per capita* investment rate can be calculated for each community. Albemarle's *per capita* early childhood funding is slightly more than \$4,000; Charlottesville's is slightly more than \$5,800. While this is a somewhat crude measure of relative spending, it does suggest that early childhood services in Charlottesville are funded somewhat more generously.

## A More Strategic Look at Community Investments in Early Childhood

Most of the data presented above are descriptive; useful to sketch a picture of the early childhood domain's fiscal landscape that portrays the players, their programs and services, their spending amounts for these services, and the sources of these funds. Yet this quantitative data can have more strategic value when some qualitative dimensions are added to the picture. These dimensions include:

Balance of Funding Among Sectors: The fiscal information above can be organized by sector rather than by organization or program to give a more strategic perspective. Figure 2 displays this breakout, and the notes list the programs/services included in each sector. The assignment of programs to sectors requires some qualitative judgement of each one's "best fit", but the fit is not always perfect. For example, Early Childhood Special Education services are placed in the "Pre-K" category because most (but not all) recipients attend a pre-k classroom setting daily. Yet some recipients receive therapeutic services on a less-than-daily schedule, and all recipients have an IEP which specifies needed therapeutic services as well as strictly "educational" ones. Therefore, Early Childhood Special Education could legitimately be placed in the "Developmental/Therapeutic" sector instead. Similar assignment adjustments could be made, changing the relative balance of funds across sectors.

**Figure 2: Funding By Sector**



Notes for Figure 2: Components of each sector are as follows:

Pre-K – Head Start, Bright Stars, Charlottesville Pre-K (three- and four-year olds), Early Childhood Special Ed, Star Kids  
Early Childhood Home Visiting/Parent Education – Healthy Families, CHIP home visiting, CHIP pregnant and parenting teens

Child Care Assistance – Child Care subsidies, Child Care scholarships

Health/Nutrition – WIC, Health Department Maternal and Child Health services

Developmental/Therapeutic Services – Infant & Toddler services, Child Abuse treatment services (ReadyKids)

Early Literacy – Library early childhood services, Play Partners (ReadyKids)

System Development/Quality Improvement – “Virginia Quality” initiative and ReadySteps (ReadyKids), Smart Beginnings

Using the sector assignments listed in the notes, some judgements can be made about funding balance among the sectors. Pre-k, with 50 percent of the funding, is the obvious dominant sector. Since all pre-k services are delivered to three- and especially four-year olds, and since three- and four-year olds are also served in other sectors (e.g. child care assistance), it is evident that a predominant share of early childhood funding is directed to three- and four-year olds. Conversely, the share of funds directed to children during the first three years of life is much smaller. While this is not atypical (i.e. most communities show a similar imbalance due to the categorical funding available, especially through Head Start and VPI, to support community pre-k services), the imbalance has an impact on measures of unmet need.

Adequacy of Funds/Unmet Needs: To what extent does the funding imbalance described above drive community unmet needs? Substantially, as evidenced by the data on numbers served and corresponding estimates of unmet need in a number of key program areas, shown in Table 6.

The program type with the smallest degree of unmet need – Pre-k for four-year olds at 24 percent, clearly benefits from the imbalance favoring services to three- and especially four-year olds. Conversely, two programs that concentrate their resources on the first three years of life – Home Visiting and Infant-Toddler Part C – have unmet need estimates of 52 and 41 percent respectively. In short, programs serving three and four-year olds are demonstrably closer to scale than those serving infants and toddlers. Child care assistance, meanwhile, has the largest estimate of unmet need, but this need is spread out over the entire birth-four age range and also mirrors national data showing that the majority of families in need are unable to access such assistance.

**Table 6: Numbers Served; Estimates of Unmet Needs**

Category	Estimated Number Eligible/In Need	Number Served/ Unserved	% of Need Unmet (no. unserved ÷ no. in need)
Pre-K (4 yr. olds)	582	444/138	24%
Child Care Assistance	1920	742/1178	61%
Home Visiting	1046	506/540	52%
Infant-Toddler Part C	584	347/237	41%



*Notes for Table 6: Category estimates of unmet need are based on the following:*

*Pre-K – 582 is the estimated total number of low-income 4 yr. olds; 444 are served, leaving 138 unserved.*

*Child Care Assistance – 1,920 is the estimated total number of low-income children age 4 and younger who have all available parents working; 742 is the estimated number who receive assistance, leaving 1178 unserved.*

*Home Visiting – 1,046 is the estimated number of children age 4 and younger who are in poverty (<100% federal poverty level); this figure is used as a proxy estimate of the number of children “most vulnerable and in need.” Currently 506 are served in home visiting programs, leaving an estimated 540 unserved.*

*Infant-Toddler Part C Services: The estimated prevalence nationwide of eligible children is 12 percent (National Early Childhood Technical Assistance Center). That prevalence rate yields a total of 584 children age 2 and younger who are potentially eligible; 347 are enrolled, leaving an estimated 237 unserved.*

These data support a conclusion that while no program type receives enough funding to fully meet community needs, funding shortfalls and therefore levels of unmet need are more serious regarding services to the youngest children in the birth-four age range.

Sustainability of Funding: One positive byproduct of the preponderance of government financing of early childhood services is the relative stability of such funding. Respondents to the fiscal survey universally report confidence that their respective funding amounts are secure and unlikely to be reduced. The major federal investments in early childhood (e.g. WIC, child care assistance, Head Start, special education) historically have been relatively stable despite swings in political climate. Major state government funding sources are perhaps somewhat less stable, as they can be more vulnerable to economic downturns that impact state revenues and lead to budget cuts. Yet the largest state investment – pre-k for disadvantaged 4 year-olds – remained stable even during recent recession-era budget cuts, and signs of growing bipartisan support bolster confidence that per-k funding is secure. One exception to this overall stability is funding for home visiting services. Funding methods and amounts have been somewhat variable in recent years; local programs endured some budget cuts during the recession, though some of those cuts have been restored.

Strength of Local Government Support: As noted earlier in this report, early childhood services in Charlottesville and Albemarle enjoy an unusually strong level of fiscal support from local government. More than 42 percent of total early childhood funding comes from local government, making it the largest single source of support. Early childhood leaders express confidence that this commitment will be sustained. It is useful to look more qualitatively at what services are being supported by local funds. The major categories and amounts are displayed in Table 7.

**Table 7: Local Government Early Childhood Spending**

Category	Amount
<b>Early Childhood Special Education</b>	\$2,087,900
<b>Pre-K (three- and four-year olds)</b>	\$1,660,600
<b>Home Visiting</b>	\$723,400
<b>Child Care Scholarships</b>	(\$297,000)
<b>Child Care Subsidies (administration)</b>	(\$285,400)
<b>Child Care Total</b>	\$582,400
<b>Library Early Literacy</b>	\$140,500

Local support is noteworthy in several respects. The local commitment to Special Education services is demonstrably strong – well beyond the minimum level required to access federal IDEA Part B funds. The amount of funding directed to home visiting programs is atypical; most home visiting programs are heavily reliant on state funding from either the Virginia Department of Social Services (Healthy Families programs) or the Virginia Health Department (CHIP programs) and receive little or no local funds. Local support also is exemplary regarding funding for child care assistance for low-income families. Most communities contribute little if any local funding beyond the costs for local administration of DSS child care subsidies. Local funding of child care scholarships, which are administered by United Way, extends child care assistance to an estimated 100-plus low-income families who otherwise would not receive assistance.

Funding Flexibility: Most government funding for early childhood services is categorical, tied to parameters and requirements that can restrict flexibility in addressing community needs. One very notable example of flexible use of funding is Albemarle’s *Bright Stars* pre-k program, which has successfully blended funds from various federal, state and local sources to finance pre-k for four-year olds. This flexibility occurs as a result of productive collaboration by the local government departments, notably Social Services and the school system, which receive state and/or federal funds for early education. Several pre-k classrooms are served by teachers and other staff who are funded from multiple sources, and students supported by different funding sources are mixed in the same classrooms. Such collaboration is difficult and not routine and therefore extremely commendable.

One other example emerged from survey responses. The two school divisions make a significant in-kind contribution to the Head Start program by providing classroom space. This in-kind amount had a total value of nearly a quarter million dollars in the 2015-16 school year.

The fiscal mapping data collected for this project show few other signs of collaboration on fiscal/finance matters. Though such collaboration is not widespread in Virginia localities, there are successful efforts in several communities that indicate such fiscal flexibility is at least possible. In a community that has created more fiscal flexibility, one might expect to see examples such as: some degree of programmatic and/or fiscal integration of Head Start (federal) and VPI (state-local) pre-k; some fiscal and programmatic integration of independent home visiting programs (Healthy Families and CHIP); or efforts to create mixed public-private delivery system for pre-k services, to extend publicly funded pre-k into qualified private settings. Again, overcoming regulatory and administrative barriers to such fiscal flexibility is difficult and atypical, so the observation should be viewed not as criticism but as a suggestion of possible untapped potential.

## Conclusions/Possible Implications

Early Childhood initiatives in Charlottesville-Albemarle enjoy relatively strong local support: This support is evident in two dimensions:

- Fiscal support – Local government is the largest source of early childhood funding; more typically, federal and state governments are the predominant sources. Table 7 shows that local investment is particularly strong in early childhood special education, pre-k programs, home visiting services to vulnerable families, and child care assistance for low-income working parents. It is particularly noteworthy that local contributions to home visiting and child care assistance are not typical – most local governments invest little or no funding in those categories.
- Coalition-building and joint planning and action – system development and service expansion efforts are bolstered by a strong Smart Beginnings coalition that effectively plans and executes joint efforts to address unmet needs. It is noteworthy that most coalition entities, including government agencies, are represented by executive-level leaders who can make authoritative decisions for their respective organizations.

Full Pre-K enrollment for low-income four year olds is within reach: Data show that attaining this high-priority objective is a realistic prospect. Table 8 below summarizes pre-k enrollment by program type in both communities. Overall more than 75 percent of low-income four year olds are enrolled (see Table 6), with Charlottesville currently meeting nearly 90 percent of its estimated need (193 of the estimated 216 eligible are enrolled) and Albemarle meeting nearly 70 percent (251 enrolled of 366 estimated eligible). Ninety percent enrollment may be a reasonable overall goal, since not all families will choose to enroll their eligible four year old. To reach 90 percent enrollment in Albemarle would require adding approximately 75-80 slots or 5 classrooms. It is encouraging to note that the Early Education Task Force of the Smart Beginnings coalition is already planning steps to increase enrollment by collaborating with qualified private pre-k settings to add slots in their programs.

**Table 8: Low-income four-year olds in public pre-k, 2015-16 school year**

	Charlottesville	Albemarle	Total
VPI	160	---	160
Bright Stars	---	183	183
Head Start	24	56	80
Early Childhood Special Education*	9	12	21
<b>Totals</b>	<b>193</b>	<b>251</b>	<b>444</b>

*\* Special education numbers are estimates based on information from local coordinators regarding the family income status of enrolled four-year olds.*

Two Key Unmet Needs: Services in the first three years of life; access to child care assistance

- As discussed previously, more funding is directed at older rather than younger children in the birth-four age range. This imbalance is not unusual and due primarily to the availability of categorical funds for two programs directed at threes and fours – pre-k and early childhood special education. A corresponding unmet need driven by this imbalance shows up in Table 6, which indicates that early childhood home visiting services have the capacity to meet less than half of the estimated need.

Note too that this shortfall would be more pronounced without the unusually large amount of local government funding supporting home visiting services. While this indicates that the community recognizes the need and is committed to addressing it, it also indicates there is a long way to go. Early

childhood leaders also recognize that Early Head Start funding could significantly bolster birth-two services. There is growing sentiment to explore whether the existing Head Start vendor has or can develop the capacity to lead an Early Head Start initiative, or if an alternative organization should take the lead.

- Child care assistance, which helps give low-income working parents access to affordable child care, is also a glaring need, though again this is an unmet need in most communities since nationwide the vast majority of low-income working parents do not have access to assistance. And again, this is a need that would be even more pronounced if it was not recognized by local governments which, commendably and unlike most communities, direct local funds to this category to offset some of the service shortfall.

Strong commitment to system development and quality improvement: This commitment is reflected both in the values and vision articulated by Smart Beginnings and in the financial investment supporting system development and quality enhancement objectives. Smart Beginnings seems adequately resourced to promote early childhood leadership and collaboration, and it in turn has established collaborative structures and processes to support collective system development efforts. On the quality improvement front, there is strong buy-in to the “Virginia Quality” initiative as a framework for improving child care and early education quality, and recent deliberations have begun to map out sensible steps for expanding and improving professional development and classroom quality initiatives.

Relative lack of fund sharing, blending or layering: While the community has established solid collaborative structures and the will to collaborate on system development seems strong, this so far has produced very few instances of genuine fiscal collaboration between organizations (Albemarle’s *Bright Stars* program is a notable exception). As noted previously, most of the efforts in the early childhood domain are conducted somewhat autonomously by the responsible entities, and most activity, and the funding to support it, remain in categorical silos.

One way to characterize this status is to say that the early childhood sector, through its effective collaboration to date, has laid the necessary groundwork for deeper collaboration and more integrated fiscal approaches. This capacity will remain unrealized potential, however, without some risk-taking and “pushing the envelope” to overcome organizational and administrative barriers to fiscal collaboration.

Two likely areas of broader and deeper integration align both with the data on unmet needs and with the stated priorities of the early childhood sector:

- Pre-k expansion to “full enrollment” for low-income four year olds: As noted earlier, several Virginia communities have successfully blended and layered pre-k funds from multiple sources to create more uniform and integrated pre-k programs, thereby achieving economies of scale and enhancing program efficiency and effectiveness.
- Expanding birth-two services via an “Early Head Start” initiative: Such an initiative provides the opportunity to increase fiscal and programmatic integration among multiple players including Healthy Families, CHIP, Infant & Toddler Connection, the Infant-Toddler Specialist Network, Head Start, health care entities and providers, FAMIS and FAMIS-PLUS and others.

Both initiatives, and perhaps others that will emerge as the early childhood system matures, are fertile ground for some prudent risk-taking to fully leverage the financing to address unmet needs.

**Attachment A:**

## **Fiscal Data Survey for Charlottesville/Albemarle Early Childhood Fiscal Map**

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**Survey Response Deadline: March 18, 2016**

**Return Form to:** John Morgan, Project Coordinator

Email: [jmorgan9133@gmail.com](mailto:jmorgan9133@gmail.com) / Fax: 804-358-8353

**Questions?** Contact John at 804-516-6716 / [jmorgan9133@gmail.com](mailto:jmorgan9133@gmail.com)

<b>Organization Name:</b>	
<b>Name of Person Completing Form:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

Name of Program, Intervention or Initiative	Local Govt. Funding	State Govt. Funding	Federal Govt. Funding	Private or Other Funding*	Total Dollars	# Served Birth-to-Five

For Federal and State funds, please note the specific source (see attached list of sources.)

If multiple sources, please list each separately.

\* Please specify each "private" or "other" source and list separately.

## **Attachment B:**

### **CHARLOTTESVILLE/ALBEMARLE EARLY CHILDHOOD FISCAL MAPPING PROJECT**

#### **SUPPLEMENTAL QUESTIONNAIRE**

1. Please list any outcome data or quantifiable results available. Feel free to attach program evaluation studies, outcome reports for funding sources, annual reports, etc.
2. Please describe any ways in which your program/organization uses blended or braided funds from multiple sources. Are funds for your particular program(s) flexible enough to be blended or braided, or are there categorical restrictions that make this difficult?
3. For each program you have listed, how stable is the funding? (i.e., is it a time-limited grant; public funds subject to budget cuts in hard times; other threats to continuation)
4. Please describe instances of collaboration with another organization to jointly fund or administer an early childhood initiative. Are there barriers to such collaboration? Missed opportunities?
5. Please describe issues of availability/access for the programs you have listed. I.e., are there known unmet needs, waiting lists, enrollment caps, etc.?
6. For the programs you have listed, are you able to draw down the maximum amount of available funding? (e.g. can you fully utilize available state VPI funds?) If not, what amount is left untapped and what are the barriers to drawing down the full amount available?