



COMMONWEALTH of VIRGINIA

Jillian Balow
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION
P.O. BOX 2120
RICHMOND, VA 23218-2120

Office: (804) 225-2057
Fax: (804) 371-2099

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The Honorable Glenn Youngkin
Governor of Virginia
Patrick Henry Building, Third Floor
1111 East Broad Street
Richmond, Virginia 23219

Members of the General Assembly
Pocahontas Building
P.O. Box 396
Richmond, Virginia 23218

Dear Governor Youngkin and Members of the General Assembly:

We are pleased to submit the enclosed update report on the Child Care Stabilization Pilot. This report is in response to the expectation to support a pilot to stabilize and improve the quality of services provided in the Commonwealth's child care industry, as described in HB2086/SB1316 from the 2021 Virginia General Assembly Special Session I:

4.) That the Department of Education (the Department) shall establish a two-year pilot program for the purpose of stabilizing and improving the quality of services provided in the Commonwealth's child care industry. To the extent permitted under federal law and regulations, the pilot program shall provide a fixed sum of funds to certain child care providers that have entered into a contract with the Department or its agents or designees to provide child care services funded by the Child Care and Development Block Grant and that have agreed to meet higher standards of quality and care, as determined by the Department. The fixed amount of funds disbursed to a participating child care provider shall be determined based on (i) the number of children that the provider contracts with the Department to provide care for, subject to any attendance requirements established by the Department; (ii) the Department's estimated comprehensive costs of providing high-quality, full-time child care services; and (iii) funds necessary to provide equitable compensation to child care staff. In determining which child care providers shall be permitted to participate in the pilot program, the Department shall prioritize providers that are located in areas of the Commonwealth that have the greatest need for child care services and serve families that are underserved and have the greatest need for child care services. The Department shall require all child care providers that participate in the pilot program to report to the Department (a) de-identified data regarding wages paid to employees of the provider and associated

retention rates, (b) information that can be used to assess the financial stability of providers both before and during participation in the pilot program, and (c) any other information necessary to evaluate the effectiveness of the pilot program. The Department shall report to the Governor and the General Assembly no later than December 1 of each year of the pilot program. Such report shall include (1) the number of child care providers selected to participate in the pilot program; (2) the criteria for selection and other statistical information about child care providers selected to participate in the pilot program; (3) the locations of participating child care providers; (4) information regarding wages paid to employees of participating child care providers and associated retention rates; (5) information that can be used to assess the financial stability of participating child care providers both before and during participation in the pilot program; (6) child outcome analysis and evaluation; (7) actual expenditures for the pilot program; (8) the projected cost of and potential revenue sources for expanding the pilot program to all child care providers that have entered into a contract with the Department or its agents or designees to provide child care services funded by the Child Care and Development Block Grant; and (9) any other information deemed necessary by the Department to evaluate the effectiveness of the pilot program.

The included reports provides a summary of the progress that has been made in supporting the Child Care Stabilization Pilot in State Fiscal Year 2022, as well as work that remains underway. Please direct questions to Jenna Conway, Deputy Superintendent of Early Childhood, at Jenna.Conway@doe.virginia.gov.

Sincerely,



Dicky Shanor for
Jillian Balow, Superintendent of Public Instruction

CHILD CARE STABILIZATION PILOT

Update Report for Fiscal Year 2022

Child Care Stabilization Pilot - Fiscal Year 22 Update Report

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1. INTRODUCTION

Senate Bill 1316 of the 2021 Special Session I, directs the Virginia Department of Education (VDOE), to establish a pilot program for the purpose of stabilizing and improving the quality of services provided in the Commonwealth's private child care industry. The pilot program is to provide a fixed sum of public funds to certain private child care providers to provide child care services, which have been agreed upon to be offered at a high standard of quality and care. This pilot model, frequently referred to as a contract model, seeks to incent private providers that are located in areas of the Commonwealth that have the greatest need for child care services to serve families that are underserved and have the greatest demand for full-day, full-year child care services. The pilot serves the additional purpose of supporting the recovery of Virginia's workforce, and ultimately Virginia's economy, as providing child care often acts as a key barrier to full time employment for parents of young children. The VDOE operated this pilot in close partnership with the Virginia Early Childhood Foundation and Virginia's Ready Regions through the expansion of the Mixed Delivery program. This report provides a summary of the outcomes from the pilot program, as well as identifies areas for additional analysis and evaluation as Virginia builds a best-in-class public-private birth-to-five parent choice system.

Background for the Child Care Stabilization Pilot

All Virginia children are capable of and deserve to enter school ready to learn and fulfill their potential. Yet too many children enter kindergarten without this opportunity. According to the 2021 Virginia Kindergarten Readiness Program (VKRP), 42% of Virginia's Kindergarteners entered school without the key literacy, math, and social-emotional skills needed to be successful. Children from economically disadvantaged families and children with special needs are more likely than their peers to come to kindergarten without these key skills. Research demonstrates that participating in high-quality, publicly funded early childhood programming in public and private settings can help ensure children enter kindergarten ready to fulfill their potential. Despite the importance of early learning for both child development and supporting Virginia's workforce, families with young children are limited in the choices they have available when selecting care due to the lack of available options. This limited family choice is particularly dire for families from low income households. The VDOE estimates that there are approximately four children in lower-income households for every one publicly funded slot, leaving over 200,000 children unserved. While there have been significant investments in early childhood in the last two years, Virginia remains 23rd in state spending on preschool.¹

Promoting a stable, healthy child care industry is essential for Virginia's children, families and workforce. The teachers and leaders working within child care and family day home sites are essential to supporting young children's development. Unfortunately, educators in both child care settings and family day homes are historically paid very low wages, with child care teachers leaving their roles at high rates². A 2019 study of Virginia child care teachers showed that almost

¹ National Institute for Early Education Research - Virginia 2022 Profile: https://nieer.org/wp-content/uploads/2022/04/Virginia_YB2021.pdf

² McLean, C., Austin, L.J.E., Whitebook, M., & Olson, K.L. (2021). Early Childhood Workforce Index – 2020. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/workforce-index2020/report-pdf/>

one-quarter (24%) of child care teachers left their job over an 8-month period between May and December 2019.³ The coronavirus pandemic (COVID) exacerbated long standing challenges at child care and family day home facilities. Data from the Bureau of Labor Statistics show that, nationwide, the early childhood workforce shrank substantially at the onset of the pandemic. There were about 350,000 fewer people working in child care in April of 2020 than two months previously⁴. As a result of this decline in available child care options, Virginia’s working families are struggling to access affordable quality child care more than pre-pandemic. As a result, families are not fully returning to or participating in the workforce, especially mothers. Nationally, ReadyNation recently reported that female workforce participation is at its lowest rate in more than 30 years, largely due to the COVID-19 pandemic.⁵ Virginia ranks 38th in the nation in terms of the rate at which women in the workforce have returned to work relative to men.⁶ Surveys show that lack of child care is a key driver of women exiting or not returning to the workforce. Virginia must address this barrier to ensure maximum participation in our workforce.

The challenges for private child care that were brought on by the COVID 19 pandemic have contributed to a reduction in the number of classrooms and sites that are staffed sufficiently to ensure classrooms and sites can operate and be sustained in order to meet families’ needs for these services. This latest crisis has led to many considerations of how to stabilize this essential workforce and industry. One such way to promote stability within the private child care industry is to support the model of “contracts.” as was proposed within the Child Care Stabilization Pilot, with these assumptions:

1. In a contract model, private child care providers are asked to designate blocks of slots within the child care center or family day home to be used by eligible children.⁷ In contrast to the typical “voucher”/per child model utilized in the Virginia Child Care Subsidy Program (CCSP), a contract allows the participating child care or family day home to plan for receipt of payment for a block of slots/per classroom on a regular and recurring cycle, based on their contractual agreement to maintain full enrollment of eligible children who regularly attend, and meet the recurring daily expenses associated with running a child care child care (mostly related to personnel) which occur regardless of whether a particular child attends every single day. This is similar to the private market where parents pay for tuition or for care in semester, monthly or weekly increments rather than pay-by-the-day.

³ Bassok, D., Markowitz, A.J., Bellows, L., & Sadowski, K. (2021). New evidence on teacher turnover in early childhood settings. *Educational Evaluation and Policy Analysis*, 43(1), pp. 172-180.
http://bit.ly/louisiana_teacher_turnover

⁴ Adams, G., Ewen, D., & Luetmer, G. (2020). Supporting the child care and early education workforce: A menu of policy options for the COVID-19 pandemic and recovery. Washington, D.C.: The Urban Institute.
https://www.urban.org/research/publication/supporting-child-care-and-early-educationworkforce/view/full_report

⁵ Ready Nation Memo (2021): <https://www.politico.com/f/?id=0000017c-07d8-db91-affd-ffd869030000>

⁶ Chmura, C. (2021). The pandemic continues to take its toll on working women, who are dropping out of the workforce, *Richmond Daily Times*: https://richmond.com/business/economic-impact-the-pandemic-continues-to-take-its-toll-on-working-women-who-are-dropping/article_8f2d71e5-0caa-5b40-ab27-43c63a11faa8.html

⁷ Workman, S (2020) Grants and Contracts: A Strategy for Building the Supply of Subsidized Infant and Toddler Child Care. Center for American Progress: <https://www.americanprogress.org/article/grants-contracts-strategy-building-supply-subsidized-infant-toddler-child-care>

2. Contracts are entered into at a sufficient density within a classroom that the funding supports the cost of quality features expected, including capable early educators who are compensated at levels required to attract and retain talent. In other words, the contract funds are provided for the commitment to fill the slots and ensure regular attendance and offer high quality, stable services on behalf of eligible families rather than be reimbursed after paying only for the days a child attends.
3. Committing funding for contracted blocks of slots to eligible private child care and family day home providers enables a focused response to the demands of specific geographic areas and populations for access to high-quality ECCE services by stabilizing classrooms in centers and family day homes led by trained, well-resourced educators for families who need them most.
4. Contracts with terms of two or more years, pending satisfactory performance, provide the additional benefit of longer-term planning for providers needed as they invest in classrooms and educators at higher quality levels.

It is widely recognized that the child care business has been built on a broken cost model; some economists have called the industry a failed market.⁸ The Stabilization Pilot gives Virginia the opportunity to test a model that enables private providers to stabilize their businesses on behalf of the low-income working families and children who count on them to prepare children for school and enable parents/guardians to fully participate in the workforce by offering quality full-day, full-year early education. When executed effectively, contracts can promote the stabilization of the child care industry by providing a reliable source of revenue based on the cost of care for participating private child care and family day home providers. This has been a critical consideration in the recovery from the COVID-19 pandemic, as well as in identifying long-term approaches that enable a more sustainable cost-model for these small businesses, enabling child care and family day home providers to focus more on program quality. The Child Care Stabilization Pilot, through the use of contracts, promotes an opportunity to leverage the federal Child Care and Development Fund (CCDF) as a resource to strengthen and stabilize the child care sector in Virginia, which in turn provides the dual benefits of school readiness services for young children (future workforce) for readiness for kindergarten entry and third grade reading success, and safe learning spaces as work-life support for working parents (current workforce).

Partnership with the Virginia Early Childhood Foundation Mixed Delivery Grant

The Child Care Stabilization Pilot has been piloted through the existing Mixed Delivery Grant Program (MD), administered by the Virginia Early Childhood Foundation (VECF) on behalf of the VDOE. The Mixed Delivery program is a contract-based model of financing early childhood care and education in private, community-based programs through a parent-choice model. VECF works with regional community organizations to serve as Mixed Delivery Grantees that are awarded funding through a competitive application process. These community organizations then contract with privately operated child care centers and family day homes to offer full-day, full-year preschool choices to eligible children through blocks of slots that are expected to cover a substantive portion (~50%) of the number of children in the classroom in order to achieve the desired density of support to stabilize the classroom and program.

⁸ U.S. Department of Treasury: The Economics of Child Care Supply. (2021).
<https://home.treasury.gov/system/files/136/The-Economics-of-Childcare-Supply-09-14-final.pdf>

The Mixed Delivery program started as a pilot program in 2016 with grantee organizations in five localities funding quality services and innovations. The program has increased and evolved over time; in FY22, Mixed Delivery services were offered through eight regional grantees and their selected 92 private and community-based ECCE sites, enrolling a total of 1,270 three- and four-year-olds to participate in full-day, full-year quality preschool programming. This growth is largely due to the dramatic increase in demand for early childhood programming in private settings in Virginia, which were more likely to offer in-person services throughout the pandemic and provide a full-day, full-year option for working families.

The Mixed Delivery program was identified to serve as the Stabilization Pilot program because its dramatic expansion was funded in large part through CCDBG-affiliated relief funds intended to address learning loss through the promotion of quality early learning experiences for young children. It should be noted that these short-term CCDBG relief funds are not traditional CCDBG funds and therefore provide greater flexibility that facilitated the implementation of the contract-based Stabilization Pilot. It should also be noted that the per-child funding for Mixed Delivery has also been increased with the addition of the federal relief funds, enabling the pilot to more closely cover the actual costs to provide full-day, full-year early care and education.

2. THE MIXED DELIVERY GRANT PROGRAM

The Mixed Delivery program provides contracts to high quality private community-based (non-school-based and non-Head Start center) early childhood care and education (ECCE) sites so eligible families can choose a private preschool setting for early childhood care and education services that meets their child's needs and their family's preferences. The Mixed Delivery program expands the reach of public funding to serve young children in private, community-based classrooms that can deliver high-quality expectations with a full-day, full-year model. The program provides (through contracts for blocks of classroom slots) predictable, stable revenue at 1) an amount that more closely approaches the actual cost of providing high quality early childhood care and education services in private settings and 2) a density that supports overall classroom costs, including a competitive wage for Mixed Delivery teachers.

Mixed Delivery serves as a complementary program to the Virginia Preschool Initiative (VPI), meeting similar program guidelines (for example, eligibility, curriculum and assessment) set forth by the Virginia Department of Education yet also acknowledging the limitations of the school day/school year model for many low-income working families.

Table 1. Summary of key features of Mixed Delivery Grant Program for FY22

Eligibility	<ul style="list-style-type: none"> ● Income at or below 200% of the federal poverty line (FPL), or 350% of FPL if the child has a disability ● Families who are experiencing homelessness ● Families with parents who have not completed high school ● Locally-determined eligibility criteria may be used for up to 15% of students
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Ages Served	<ul style="list-style-type: none"> ● 3- and 4-year-olds
Service Duration	<ul style="list-style-type: none"> ● 12 months
Location	<ul style="list-style-type: none"> ● 8 regional grantees that are working with 92 early childhood providers
Funding Source(s)	<ul style="list-style-type: none"> ● In FY22, a combination of State General Funds, CCDF COVID relief dollars (via the Coronavirus Response and Relief Supplemental Appropriations Act - CRRSA) and Governors Emergency Educational Relief (GEER) Fund ● Total of \$16,000,000
Per-Child Rates	<ul style="list-style-type: none"> ● Funds range from \$12,000-14,000 per slot, depending on a tiered funding formula calculated based upon jurisdiction

Growth of the Mixed Delivery Grant Program

The Mixed Delivery program began offering slots via a contract model in FY21, with funding for 250 three- and four-year-old slots through three regional grantees. Demand was far higher than funds available; grantees indicated interest in 618 slots. As a result of FY21 success and interest, the VDOE and VECF partnered to expand the investment in the program significantly in FY22, adding more than 1,000 new slots. These additional slots were part of the response to the documented COVID learning loss, which Virginia saw evidence of as early as spring 2020 through VKRP and Literacy Screener Assessments.⁹ In FY22, Virginia used COVID relief funding from the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) funds (\$10M), appropriated as part of the CCDF, as well as a \$1M investment from the Governors Emergency Educational Relief (GEER) Fund. These federal funds were used to supplement the state funding provided for the program (\$5M in FY22). The findings from FY22 are included in this report.

Based on the success of the FY22 expanded pilot of the contract model, the Mixed Delivery program expanded again in FY23. While the FY23 program is still in early stages (contracts for preschool services began on July 1), the Virginia General Assembly recognized the impact of the program by increasing the state investment to nearly \$7M in FY23. The VDOE dedicated significantly more federal funding to continue to address learning loss for young learners with over \$19M of COVID relief funding in FY23 supporting Mixed Delivery (using American

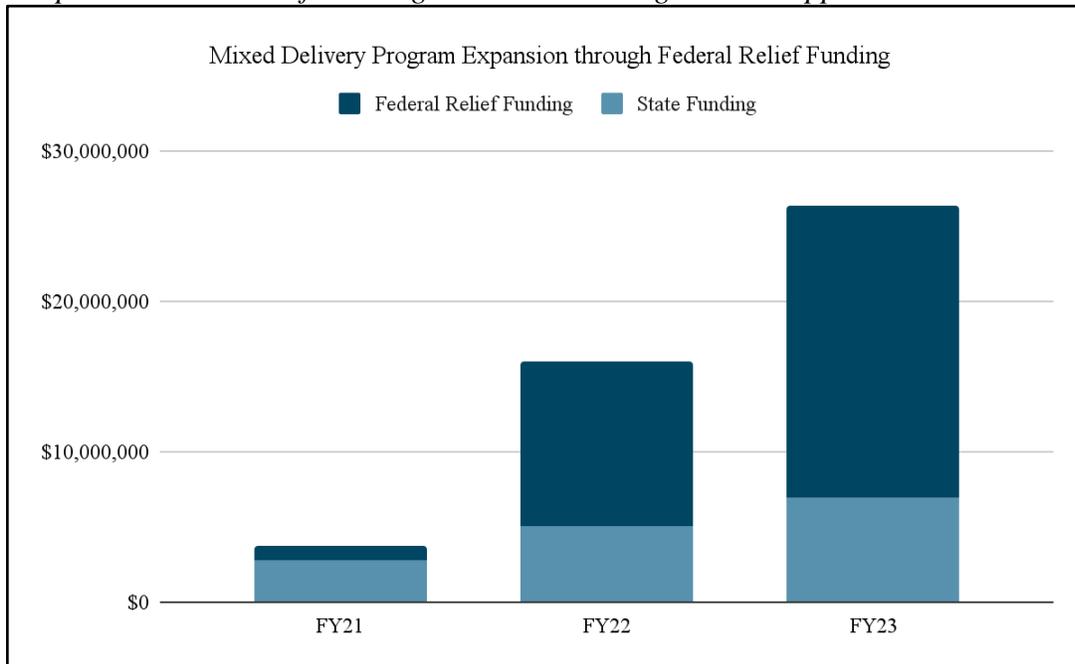
⁹ VKRP Data Snapshots and VLP Data Snapshots (2022): <https://vkrponline.org/virginia-kindergarten-readiness-program-2/data-snapshots/data-snapshot-archive/> and <http://literacy.virginia.edu/data-reports>

Recovery Plan Act - ARPA, see table 2). Of the 2,853 slots requested by families and participating private programs, the program will provide more than 2,000 slots in FY23, with 200 of those serving as the first-ever infant and toddler pilot for Mixed Delivery (in recognition of families' limited options for their children under age 3, making Mixed Delivery now a B-5 program.

Table 2. Summary of funding sources and enrollment over time for Mixed Delivery Grant Program

<i>State Fiscal Year</i>	<i>State funding</i>	<i>Federal Relief funding</i>	<i>Total funding</i>	<i>Total Slots Awarded</i>
<i>FY21</i>	\$2,750,000 (73% of total funding)	\$1,000,000 (GEER)	\$3,750,000	250
<i>FY22</i>	\$5,000,000 (45% of total funding)	\$1,000,000 (GEER) \$10,000,000 (CCDF - CRRSA)	\$16,000,000	1270
<i>FY23</i>	\$6,971,900 (36% of total funding)	\$19,397,100 (CCDF - ARPA)	\$26,369,000	2,000 (including 200 infant/toddler)

Graph 1. Federal Relief Funding and State Funding used to support the Mixed Delivery Grant



3. FINDINGS FROM THE CONTRACT STABILIZATION PILOT

I. Number of child care providers selected to participate in the pilot program and
II. Criteria for selection and other statistical information about child care providers selected to participate in the pilot program

During spring 2021, VECF administered a competitive Request for Proposals (RFP) process for applicants to apply for funding to expand Mixed Delivery, with a focus on increasing choice and funding for preschool during the FY22 term (7/1/2021- 9/30/2022). Applicants were asked to provide details on how they would support local child care centers and family day homes to offer quality preschool slots which meet the expectations of the Mixed Delivery program, as well as respond to how they would support the following five key assurances:

1. Build relationships to ensure coordinated community decision-making and effective use of resources;
2. Increase access to high quality ECCE services in private, community-based (non- school) settings for historically unserved and underserved 3- and 4-year-old children;
3. Strengthen quality, including through providing CLASS supports and related quality improvement supports, and through integrating financing to support quality in publicly funded classrooms;
4. Engage families in choice, communication and decision making; and
5. Address gaps in opportunities to access high-quality ECCE experiences.

Eight organizations representing communities across Virginia were selected as Mixed Delivery grantees for FY22 and were awarded an initial total of 1,241 slots to serve three- and four-year-olds within their defined regions. The Mixed Delivery grantees were responsible for identifying the quality child care or family day home slots that would host their allocated number of slots within their region. By October 31, 2021, grantees had contracted with ECCE providers for 100% of the slots, and 99.7% or 1,237 slots were filled with enrolled children at that point in time. At the end of the fiscal year, 100% or 1,270 slots (including those added through late fall expansion) had been contracted by grantees, and 98.9% or 1,257 slots were filled on the date that data were pulled for the enrollment report.¹⁰

Table 3. Mixed Delivery Grantees and Localities

Mixed Delivery Grantees (selected July 2021)	Localities Served	Total Children (1,270) by Grantee
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¹⁰ Enrollment reports represent point-in-time enrollments, and may reflect some variation due to the movement of children. All mixed delivery contracts expect regular attendance of children, providers have a small grace period to fill contracted slots with eligible children if they are vacated during the contracted period.

Eastern Virginia Medical School	Cities of Norfolk and Virginia Beach	102
Henrico Education Foundation	Chesterfield and Henrico Counties; City of Richmond	317
James Madison University	Augusta, Page, Rappahannock, Rockingham, and Shenandoah Counties; Cities of Harrisonburg, Staunton, Waynesboro, and Winchester	314
Kids' First Years	City of Alexandria	62
United Way of Central Virginia	Amherst, Bedford, and Campbell Counties; City of Lynchburg	78
United Way of Greater Charlottesville	Albemarle County, City of Charlottesville	77
United Way of Roanoke Valley	Craig, Franklin, Patrick, and Roanoke Counties; Cities of Lexington, Roanoke, and Salem	100
United Way of Southwest Virginia	Carroll, Floyd, Giles, Grayson, Montgomery, Russell, Smyth, Washington, and Wythe Counties; Cities of Bristol, Galax, and Radford	220

VECF provided regular and varied technical assistance (TA) opportunities for Mixed Delivery grantees and their partners to support implementation of the slots and provide assistance in meeting quality expectations. This TA included:

- Two formal orientation webinars during summer 2021;
- Regular Office Hour calls (weekly or twice monthly, with recordings shared for those unable to attend);
- Weekly “Mixed Delivery Program Updates” emails to grantees;
- Quarterly statewide TA sessions in September, December, March, and June;
- Trainings related to the Mixed Delivery Data Portal;
- Targeted TA with expert speakers on topics such as cost modeling, PALS assessment, VKRP assessment, curriculum, coordinated enrollment, and VQB5;
- 1:1 TA for MD sites needing additional support with implementing the contract model (addressing substantive portion requirements, using MD revenue to support classroom

staff compensation, testing rates closer to cost of quality for stabilizing services, integrated financing strategies, etc.)

- 1:1 TA calls with each grantee and their Mixed Delivery teams throughout the year; and
- VKRP Train-the Trainer in July with required attendance by Mixed Delivery Coordinators.

Profile on providers of child care providers selected to participate

The eight Mixed Delivery grantees were responsible for identifying, recruiting, and supporting partnership and quality services with local private and community-based child care providers within their region. Mixed Delivery grantees received funding as part of the agreement with VECF to support their role as a coordinating body for the child care providers that ultimately receive Mixed Delivery-supported contracts. Mixed Delivery grantees engaged with prospective private providers prior to submitting their competitive application to VECF for consideration in spring 2021. Once they were notified of their selection as a Mixed Delivery grantee, they began formalizing their contractual relationship with the selected ECCE sites.

Mixed Delivery grantees representing regions across Virginia were required to identify ECCE providers/sites in their service footprint willing and capable to:

1. Maintain status as licensed program;
2. Contract with the Mixed Delivery grantee for a block of slots (minimum of 10 for center-based programs) & ensure that children funded through Mixed Delivery represent a substantial portion of classroom enrollment (e.g., 50% or more of the classroom or family day home slots);
3. Provide full-day/ full-year services, ensuring continuity of care and education across the continuum of ages served;
4. Work assertively to keep all Mixed Delivery slots full and maintain a waiting list;
5. If a child leaves the program, fill the slot within 30 days;
6. Use a VDOE-approved curriculum;
7. Administer VKRP child-level assessments for 4-year-olds twice per year; and
8. Actively participate in VQB5, including at least two CLASS observations annually for every Mixed Delivery classroom/educator.

Mixed Delivery grantees identified sites through on-the-ground community outreach and recruitment. Sites were invited to apply through the locally determined process, and, ultimately, the Mixed Delivery grantee decided how to distribute the overall slots awarded to their locality across the eligible and participating sites.

III. Location of participating child care providers

Through the process led by the Mixed Delivery grantees, there were 92 private ECCE sites identified in 40 localities during the FY22 service year.

that multi-year contracts may support the capacity of employers to institute more consistent and stable increases in educator compensation, further stabilizing the workforce and industry).

V. Information that can be used to assess the financial stability of participating child care

By providing funding through a contracted model, the Mixed Delivery program enables additional financial stability for participating child care sites for the specified number of slots the provider has been allotted. The private child care sites that enter into contract agreements to offer slots are required to maintain active enrollment of regularly attending and eligible children. The assurance of the contracted slot enables providers to better support the ongoing financial expenses of running a small private business, such as personnel and facility expenses. To support both the Mixed Delivery grantees and child care providers, VECF provided regular communication and information with Mixed Delivery grantees about the potential benefits of Mixed Delivery's contract model and substantive portion requirement for enrollment of children supported by Mixed Delivery funding in participating classrooms. Sites sometimes struggled with the requirement to dedicate a substantive portion (at least 50% of slots) within a classroom to participate in the program, though this requirement is essential to maximize the benefits of a contract model.

In FY23, VECF, in partnership with VDOE, has contracted with an external evaluator to conduct a comprehensive evaluation of the two-year Mixed Delivery program, with a specific focus on analyzing the impact of the contract model on overall financial stability of participating private providers (discussed in-depth in section 4). Collecting additional data to articulate the benefits and providing responsive technical assistance to assist providers with this new cost model are critical to help Mixed Delivery grantees and participating child care sites understand and benefit from the intention behind this requirement. The state has grown in understanding of 1) the true cost of quality and is moving toward public funding amounts per slot that more closely support the cost of quality and 2) the necessary density of cost of quality slots in each classroom.

Grantees also reported examples of sites for which participation in Mixed Delivery has made a significant difference in their financial stability, with additional analysis underway to track the impact of stable funding on increases in teacher salaries within participating child care sites.

VI. Child outcome analysis and evaluation

Through Mixed Delivery, participating ECCE sites were 1) required to participate in Practice Year 1 of VQB5, Virginia's Unified Measurement and Improvement System, and 2) encouraged (but not required) to administer the Virginia Kindergarten Readiness Program (VKRP) to all participating four-year-old children.

Participation in VQB5 Practice Year 1

As part of participating in VQB5, sites are required to report classroom and site level data via the LinkB5 system, and to participate in at least two classroom observations using the CLASS tool. The CLASS tool observes and assesses the characteristics of interactions among teachers and children in classrooms. At the end of Practice Year 1, sites that had met all the requirements received a Practice Year 1 site rating, which was shared privately with site leaders in October

2022. These ratings are based on the guidelines approved by the Virginia Board of Education and are intended to be used only to support improvement during the practice years.¹²

In seven of the eight Mixed Delivery grantee regions, 100% of the 161 participating classrooms received both fall and spring CLASS observations. In the remaining region, 6 (66.6%) of the 9 participating classrooms received both a fall and spring CLASS observation. This grantee struggled with CLASS observer capacity, which they worked to build in the latter half of FY22 and will continue to build in FY23. In addition to participating in VQB5, 100% of grantees were eligible to participate in the RecognizeB5 program, which provided a financial incentive of up to \$2,000 to eligible child care teachers.¹³ RecognizeB5 seeks to recognize early educators' hard and essential work, improve their financial stability, reduce turnover, and in turn enhance young children's experiences in publicly funded early childhood sites. A total of 698 teachers at 84 Mixed Delivery sites received at least one RecognizeB5 payment in FY22.

Use of the Virginia Kindergarten Readiness Program

The VKRP was available statewide for four-year-olds in publicly funded preschool classrooms for the first time in FY22. The VKRP is a coordinated set of assessments that measure children's skills in early mathematics, literacy, self-regulation, and social skills. Mixed Delivery grantees were required to ensure that site leaders participated in the VKRP training of trainers and to provide training to teachers in Mixed Delivery classrooms, who would be primarily responsible for administering the assessments. Programs were encouraged (but not required) to use VKRP to assess all enrolled four-year-olds in the fall and spring. All Mixed Delivery grantee regions helped build the capacity of ECCE sites by training teachers to administer child-level assessments, increasing their own staffing to support child-level assessments, and providing 1:1 on-site TA support. 217 teachers across all eight Mixed Delivery regions were trained to utilize the child-level assessment tools. At least one teacher in each classroom that served four-year-olds supported by Mixed Delivery funding was trained to assess children using the VKRP.

Across the eight Mixed Delivery grantee regions, self-reported data from participating child care sites showed that 578 (83.7%) of 690 four-year-olds were assessed either fully or partially with the VKRP. Of the 578 four-year-olds who received an assessment, 447 (77.3%) received a full VKRP assessment (both in fall and in spring) and 131 (22.7%) received a partial VKRP assessment (either in fall or in spring).

In addition, self-reported data from ECCE sites showed that 356 (66.9%) of 532 participating three-year-olds were assessed using one of the following assessment tools: Ages and Stages Questionnaire (ASQ), Child Behavior Rating Scale (CBRS), Teaching Strategies Gold (TSG), Early Mathematics Assessment System (EMAS). Assessing three-year-olds was an available option for Mixed Delivery classrooms in FY22, though it was not as strongly encouraged as the four-year-old assessments were. Grantees shared that challenges in implementing the VKRP assessment included provider staff shortages; maintaining ratios; access to computers; access to

¹² VQB5 Guidelines - Virginia Department of Education. (2022): <https://doe.virginia.gov/early-childhood/vqb5/index.shtml>

¹³ RecognizeB5 Overview - Virginia Early Childhood Foundation. (2022): <https://vecf.org/wp-content/uploads/2022/08/RecognizeOverviewandFAQ8.10.22.pdf>

quiet spaces for teachers to conduct assessments; COVID-related classroom closures; and lack of staff experience in administering assessments.

The ability and capacity of ECCE sites to provide VKRP training to teachers also presented several challenges, especially since few providers have traditionally had the flexibility to offer in-service training days for teachers. Despite these challenges, in FY22, at least one teacher in every Mixed Delivery classroom that served four-year-olds was trained to assess children using VKRP. At many sites, leaders, floaters, and/or other staff were also trained. The table below shows how many ECCE teachers per Mixed Delivery region were trained.

Table 4. Mixed Delivery Grantee Training for Child Assessments

Mixed Delivery Grantees FY22	No. of Teachers Trained to Administer Child-level Assessments
Eastern Virginia Medical School	22
Henrico Education Foundation	56
James Madison University	28
The Campagna Center	13
United Way of Central Virginia	25
United Way of Greater Charlottesville	14
United Way of Roanoke Valley	12
United Way of Southwest Virginia	47
Totals	217

While challenges remain for uptake of VKRP, grantees are prepared to continue increasing provider capacity through ongoing training and TA. Positive results of VKRP participation included teachers having access to the same tools and materials as public school teacher peers. In addition, many teachers and directors noted an increased feeling of professionalism, including a desire to continue or begin working on certificates and degrees in early childhood education.

In addition, VECF submitted child-level data to VDOE in January 2022 for the purposes of

Student Testing Identifier (STI) assignments for all children served by Mixed Delivery. Assignment of STIs to children who received Mixed Delivery services would allow for connection of each child to their preschool experience/environment, and eventually, kindergarten and early grade outcomes,

VII. Actual expenditures for the pilot program

The Mixed Delivery program was supported by three funding sources in FY22:

- \$5,000,000 - State General Funds
- \$10,000,000 - Federal CCDF COVID relief dollars (via the Coronavirus Response and Relief Supplemental Appropriations Act - CRRSA)
- \$1,000,000 - Federal Governors Emergency Educational Relief (GEER) Fund

The total actual expenditures for the program were \$15,760,855 which includes state, GEER, and CRRSA funding.

VIII. The projected cost of and potential revenue sources for expanding the pilot program to all child care providers that have entered into a contract with the Department or its agents or designees to provide child care services funded by the Child Care and Development Block Grant

The significant expansion of the Mixed Delivery Program in FY22 was made possible through the use of COVID relief funds, which have supported Virginia's response to the pandemic related learning loss. In FY22, the programmatic costs for each child enrolled in the Mixed Delivery Grant were supported by 55% federal funds. In the current FY23, each child is supported by 64% federal relief funds. Initial projections for FY24 forecast a similar, if not greater, use of federal relief funds to support each child enrolled in the program. While the expansion and active waitlist for participation in the Mixed Delivery Grant demonstrate the potential for program expansion, additional funding sources will need to be identified to sustain program growth with the time-limited nature of the pandemic relief funds in FY25. This will require both the consideration of a sustaining federal source as well as potential for increased state investment to support programmatic growth.

4. ADDITIONAL CONSIDERATIONS AND FUTURE EVALUATIONS NEEDED

The Mixed Delivery Grant expanded significantly in FY22, growing from a program with slots to serve 250 three and four-year-olds in 2020-2021, to a program that served 1,270 children in 2021-2022. This rapid expansion provided an important opportunity to gather lessons learned from Mixed Delivery grantees and their regional child care provider partners, as well as identify areas for additional research and evaluation.

Lessons learned from FY22 Mixed Delivery Grantees

Through informal surveys and ongoing conversations with Mixed Delivery grantees and child care providers, one identified area for additional support is an expansion of quality improvement

coordination. As part of the Mixed Delivery program, child care providers are asked to meet additional quality expectations; creating strong support systems for directors, observers, coaches and peers has been important to support quality expectations. One Mixed Delivery Grantee reported that many child care providers have learned that their teachers need more targeted professional development, and that coaching and mentoring teachers is vital when it comes to improving quality in their programs. As an important sign of progress, many participating child care programs are now scheduling teacher planning days, CLASS-related training, and developing teacher assessments and goal charts.

Mixed Delivery grantees also had several learnings related to encouraging family day homes (FDHs) to participate. Of the 92 participating providers in Mixed Delivery in FY22, six were FDH providers contracted by two Mixed Delivery grantees, James Madison University (JMU) and Henrico Education Foundation. Mixed Delivery grantees reported their experiences contracting with FDHs for Mixed Delivery slots or the reasons that family day homes do not participate in their regions. See excerpts of these reports, below:

- JMU partnered with three FDHs to serve as Mixed Delivery sites. JMU reported that building personal relationships with the site Directors, sending monthly email updates, and providing in-person visits contributed to the successful increase in FDH provider participation in their region. FDH directors felt comfortable knowing they had a representative who would advocate for and support them.
- Bright Beginnings Central Virginia shared that even though the grantee has several long-term working relationships with FDH providers, those programs are often full to capacity and have waiting lists. This grantee shared that they are planning to provide coaching to FDH providers in FY23 and will assess the possibility of adding FDH providers to their Mixed Delivery partner list if the need emerges for expanding sites.
- United Way of Roanoke Valley (UWRV) shared that they did not work with any FDH providers in FY22, though they have begun conversations with some providers to bring them on board with Mixed Delivery. UWRV has begun to identify sites they anticipate could meet the quality expectations and rigor of Mixed Delivery. As of summer 2022, three FDH providers are interested but don't feel ready to increase their capacity.
- United Way of Greater Charlottesville (UWGC) shared they did not have any FDH providers participating in Mixed Delivery in FY22, but they will continue to engage with providers to encourage participation. Via coordinated enrollment efforts, UWGC has found that most families prefer their preschool-age children to be in a preschool (center-based) setting and that the number of three- and four-year-old's in FDH sites is nominal. (It's possible that this dynamic may make it advantageous for FDHs to play a leading role in providing infant/toddler Mixed Delivery services.)
- Henrico Education Foundation (HEF) partnered with three FDH providers and reported about the challenges of FDH provider participation in Mixed Delivery, such as meeting enrollment and eligibility criteria. Several providers reached out to HEF to participate but indicated that they would face challenges if a Mixed Delivery student left mid-year and they needed to find another child who could meet the criteria (and potentially have to turn non-eligible children on their existing waitlist away).

Through feedback provided by Mixed Delivery grantees in reports and conversations and through the plan for future evaluation of Mixed Delivery, the VDOE and VECF will seek to

more fully understand whether Mixed Delivery policies or practices make it challenging for FDHs to participate in Mixed Delivery and/or whether their participation in delivering infant/toddler services may be more relevant and increase choice for families. Understanding and addressing these potential barriers is essential to opening the benefits of a contract-based model to all providers.

Additional Evaluations of the Mixed Delivery Grant

In the second year of the Mixed Delivery Grant, a comprehensive external evaluation is being conducted by ECE insights to answer the following questions:

Table 5. Research Questions for the External Mixed Delivery Evaluation

<p>Family Perceptions and Experiences</p>	<p>To what extent does the Mixed Delivery program meet family needs and preferences for early childhood care and education (ECCE)?</p> <ol style="list-style-type: none"> 1. What are the ECCE needs and preferences of families accessing MD services, by child age, program type, and Ready Region? 2. How well do services of MD providers meet those needs and preferences? 3. What grantee adaptations are needed to fully meet family needs and preferences?
<p>Program Accessibility and Sustainability</p>	<p>To what extent has Mixed Delivery increased the accessibility of ECCE options in areas that did not have enough affordable slots to meet working parents’ needs and preferences?</p> <ol style="list-style-type: none"> 1. What strategies have Mixed Delivery grantees used to increase options that meet families’ needs and preferences? 2. What is the capacity of Mixed Delivery programs to accommodate additional growth? 3. To what extent are children participating in Mixed Delivery eligible for other programs, including meeting the criteria for the Child Care Subsidy Program? <p>What types of child care programs (e.g., centers, family homes) participate in Mixed Delivery?</p> <ol style="list-style-type: none"> 1. What practices or policies support or hinder participation, by program type? 2. What practices or policies could expand successful participation? <p>How do grantees encourage the sustainability of programs in Mixed Delivery?</p> <ol style="list-style-type: none"> 1. How many programs that have previously been part of Mixed Delivery are continuing partners? 2. What actions do the grantees take to foster program sustainability?

<p>Fiscal Implications</p>	<p>How do programs use Mixed Delivery funds?</p> <ol style="list-style-type: none"> 1. How does fund use vary by grantee and site? 2. What additional funding streams do programs use to support the total costs of services? <p>What is the hourly cost of providing early child care and education services in the Mixed Delivery program?</p> <ol style="list-style-type: none"> 1. What is the dosage of care for children in Mixed Delivery? 2. How does child turnover/mobility impact program costs? 3. How do hourly costs vary by region and program type? <p>To what extent and how does participation in Mixed Delivery support programs' fiscal stability?</p> <ol style="list-style-type: none"> 1. How does the contract model (e.g., significant proportion of slots/classroom, size of contract per site, rate, dollar amount, funding in block, multi-year factors) impact fiscal stability? 2. How do variations in implementing the contract model impact fiscal stability? 3. What opportunities and barriers exist to implementing the contract model? <p>How does Mixed Delivery funding impact compensation (including benefits) and retention of classroom/caregiving staff?</p>
<p>Quality Programming</p>	<p>How has participation in Mixed Delivery helped programs invest in quality improvements?</p> <ol style="list-style-type: none"> 1. What types of quality improvements do programs invest in (e.g., professional development, child assessment, and curriculum)? 2. How are quality investments informed by participation in VQB5? 3. How do quality investments vary by grantee and program type?
<p>Child Outcomes</p>	<p>How was VKRP implemented in Mixed Delivery communities?</p> <ol style="list-style-type: none"> 1. How do implementation practices vary by grantee and program type? <p>How do VKRP scores for children served by Mixed Delivery change from fall to spring?</p> <ol style="list-style-type: none"> 1. How do scores vary by: <ul style="list-style-type: none"> ● child and family characteristics (including income, race/ethnicity, geography, special needs, and primary home language)? ● grantee and program type? ● teacher (including whether teacher turned over during year)

	<p>How does teacher education, training, and experience impact VKRP outcomes for children served by Mixed Delivery?</p> <ol style="list-style-type: none"> 1. How does teacher education, training, and experience vary by race/ethnicity, program type, and region?
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Methodology for Evaluation

The external evaluation of the Mixed Delivery program will use the following data collection strategies to answer the above questions. The study will make every effort to use existing data and reduce data collection redundancy.

Secondary Data Reviews/Analysis: The Mixed Delivery evaluation will access extant data to help answer several research questions. In particular, we will use grantee applications and reports (including data from the grantee portal) to answer key implementation questions. ECE Insights will use state licensing data to help answer supply questions related to program accessibility and will access VKRP data to answer child outcome questions. Collection of secondary data will include requests to data owners for access to needed data files (e.g., state licensing and VKRP data), as well as coordination with Mixed Delivery program staff to receive program application, reporting, and portal data.

Grantee Interviews: Mixed Delivery grantees are a rich source of information about how the program is implemented in their communities. They will also likely have important information about program supply and how VKRP has been implemented within their catchment area. ECE Insights will conduct an annual interview with grantees to get an understanding of these topics, including insights into challenges and barriers they may face and suggested changes that would support ongoing system improvements. ECE Insights will coordinate with VECF Mixed Delivery staff to communicate interview opportunities and scheduling logistics with appropriate grantee contacts. The research team will develop interview protocols that we will share with VECF for review before conducting interviews. All interviews will be recorded and transcribed before being coded by researchers for common themes across sites.

Program Surveys: ECE Insights will administer an annual survey of Mixed Delivery programs that will provide data on the cost to provide quality preschool services, how Mixed Delivery impacts programs’ financial stability, facilitators and barriers to family child care home expansion, quality improvement efforts, and experiences with VKRP implementation. This quantitative data will be paired with qualitative data from program interviews (see below) to answer key Mixed Delivery questions.

ECE Insights will administer surveys to all participating Mixed Delivery programs. ECE Insights will ask for support from VECF and grantees to identify appropriate program contacts and to communicate the importance of survey completion. Surveys will be delivered online using Qualtrics and will send automated weekly reminders to those who have not yet completed a survey. These strategies have proven to be effective in the past at generating strong response rates. ECE Insights will offer \$50 gift cards to twenty randomly selected participants as an added incentive for survey participation.

The research team will use SPSS to clean and analyze quantitative survey data. It is anticipated that most analyses will be descriptive, with an analysis of group differences (e.g., variations by region or program type) or predictive factors as appropriate.

Program Interviews: Interviews of participating Mixed Delivery program site directors will provide context to quantitative data from surveys. ECE Insights will include a section on surveys inviting respondents to participate in upcoming interviews. Based on this self-identification, the research team will then select a stratified, random sample of 5 programs from each grantee catchment area, to include 2 family child care home sites when possible. The latter will support answering questions related to family child care home participation. ECE Insights will offer \$25 gift cards to all program interview participants.

The research team will audio record all interviews and transcribe recordings for data analysis. ECE Insights uses Atlas.ti for qualitative analysis and coding. ECE Insights will use best research and analysis practices to code data and identify themes across program sites and disaggregated by grantee and program type.

Family Survey: ECE Insights will administer a survey to all Mixed Delivery families that will ask about their ECCE needs and preferences and how their participation in Mixed Delivery helps them meet these. The survey will be administered online (via text and email) to families reported in the program portal. ECE Insights will enlist the support of grantees and program site directors to encourage family participation in the survey and also offer \$50 gift cards to twenty randomly selected survey respondents to further incentivize participation.

As with the program survey, the team will use SPSS to conduct descriptive and inferential analyses, with a focus on exploring group differences based on family characteristics/demographics, child age, and region.

Family Focus Groups: Family focus groups will provide context to quantitative data collected from the family surveys. ECE Insights will include a section on surveys inviting respondents to participate in upcoming focus groups. Based on this self-identification, the research team will then select a stratified, random sample of 12 families from each grantee catchment area, representing families with both infants/toddlers and preschool age children. ECE Insights will offer \$50 gift cards to all program interview participants.

The team will use Atlas.ti for qualitative analysis and coding to identify themes across regions and child age groups.

Workforce Survey: To understand how teacher education and experience impact child outcomes, researchers will need data on teachers in the Mixed Delivery classrooms. ECE Insights proposed a brief workforce survey to get this and possibly additional data on teacher satisfaction, compensation, and retention.

ECE Insights will work with VECF to identify workforce representatives who are providing services in Mixed Delivery classrooms or family child care homes. ECE Insights will send these early educators an online survey via Qualtrics, with weekly reminders to those who have not yet

responded. ECE Insights will enlist the support of grantees and program site directors to encourage workforce participation in the survey and will offer \$50 gift cards to twenty randomly selected survey respondents.

Similar to the program and family surveys, most analyses will be descriptive or focused on group differences.

Policy and Practice Scan: ECE Insights will identify and review state and local policies and practices that might impact participation of family child care homes in the Mixed Delivery program. ECE Insights will also compare policies and practices of localities that have a relatively higher participation to those with less participation to explore factors that may either facilitate or hinder participation. The research team will use publicly available sources to identify and retrieve policies that may impact inclusion of family child care homes in the Mixed Delivery program. ECE Insights will also ask grantees to identify policies and practices that they believe may have an effect in their communities. The team will systematically review documents for factors of interest to the research question and will produce a memo outlining key findings.

Dissemination of Results and Timeline

ECE Insights will write a summary report or series of briefs to communicate findings from the Mixed Delivery evaluation. ECE Insights will develop up to three infographics or other 1-page visual documents to help communicate key findings to target audiences, as well as develop a slide deck. These materials will be shared with the VDOE and VECF, and disseminated via both organizations' websites.

The timeline for evaluation activities assumes the need to give grantees and programs time for implementation before many evaluation activities begin (e.g., surveys, interviews). Initial activities during the first quarter of FY23 will include development of survey tools and interview protocols, coordinating with VECF on any possible program portal additions, identifying data sources, and building relationships with data owners to negotiate data sharing. Communication of evaluation activities to grantees and program sites and preparation for quarterly administrative data collection will also occur in this first quarter. ECE Insights can analyze and visualize the quarterly grantee data for VECF's internal and external use with project partners if desired.

During the second quarter of FY23 (Oct-Dec), ECE Insights will conduct the policy and practice scan focused on identifying participation barriers and challenges for family child care homes. ECE Insights anticipate they will also be wrapping up the gap analysis around this same timeframe. More intense data collection, including survey administrations, will occur in the third quarter of FY23, with program and grantee interviews occurring during the final quarter. Also, during that last quarter and into the first quarter of FY24, the team will collect secondary data to include VKRP data from the 22-23 school year. We will additionally analyze survey and interview data during this same timeframe. The team will write and design reports, briefs, infographics, and slide decks during the second quarter of FY24.

5. CONCLUSION AND NEXT STEPS

The FY22 Mixed Delivery Grant provided an important opportunity to evaluate the potential and challenges of a contract-based model in Virginia, which was particularly valuable in the 2021-2022 academic year as pandemic recovery was just beginning. While many lessons have been learned, the steady participation and significant interest demonstrated by child care providers and FDHs marks the importance of the Mixed Delivery Grant program as a critical part of Virginia's birth-to-five landscape. Since the conclusion of the FY22 grant, the program has expanded for the 2022-2023 year, now offering over 2,000 slots and adding an infant/toddler pilot. This second year of dramatic expansion will provide another important learning opportunity for Virginia in understanding the impact of the contract model.

The dramatic growth of the Mixed Delivery program has been supported by the short-term use of COVID relief funds, which have been crucial for addressing the immediate learning loss resulting from the pandemic (see table 2). In FY23, American Recovery Plan Act (ARPA) funds represent 64% of the overall investment. The VDOE anticipates additional COVID relief funding to be available to address ongoing learning loss and continue expanding family choice through Mixed Delivery in FY24, however, following FY24 this funding source will end.

The VDOE and VECF are prepared to continue supporting the strengthening and expansion of the Mixed Delivery program as a critical opportunity to provide families additional choices for private child care, and support the strengthening of the workforce. In order to do so, the following recommendations have been identified for strengthening the program; making it more effective for children, families, and providers; and making it more transparent for policymakers. Many of these items/issues have been referenced in the report; page numbers are provided as reference:

- Institutionalize multi-year contracts beginning with commitment of two-year terms for Mixed Delivery sites in FY24 (page 10)
- Require specific minimum hours of operation for Mixed Delivery programs
- Require VKRP for 3-year-olds in Mixed Delivery classrooms; ensure administrator access to VKRP data to understand child progress and support continuous improvement (pages 12-13)
- Require STI assignment by VDOE for children in Mixed Delivery classrooms (page 14)
- Ensure robust technical assistance to increase ECCE site capacity to pivot to new cost model (page 11) and to build CLASS observer capacity and support use of an approved curriculum (page 12)
- Design mixed-age, multi-year contract model for private family day homes to help build supply in child care deserts
- Gather best practices from other states on using Child Care Subsidy Program to support contract models and identify and quantify the challenges and costs related to using traditional CCDBG to support Mixed Delivery Contracts.

Throughout FY23, the VDOE and VECF will continue to partner closely to monitor and support the Mixed Delivery program and grantees. The VDOE and VECF will pay particularly close attention to the successes and challenges encountered by the new infant and toddler contracted

slot model, which will operate at a small scale of 200 slots in FY23. This expansion into earlier years is critical for Virginia's early childhood landscape, which lacks sufficient care for infants and toddlers. However, there are different considerations in terms of costs for quality care and scale across these smaller classrooms, which will be important to understand in this initial pilot.

The comprehensive external evaluation to be completed by ECE Insights in FY23 presents an opportunity for an in-depth understanding of the Mixed Delivery contract pilot, which will offer important insights as Virginia considers strategies to continue and expand the stabilization pilot through additional contracts.

APPENDIX A - LIST OF PARTICIPATING GRANTEES

Mixed Delivery Grantee	Localities Served
Eastern Virginia Medical School	Norfolk City, Virginia Beach City
Henrico Education Foundation	Chesterfield County, Henrico County, Richmond City
James Madison University	Augusta County, Page County, Rappahannock County, Rockingham County, Shenandoah County, Harrisonburg City, Staunton City, Winchester City
Kids' First Years	Alexandria City
United Way of Central Virginia	Amherst County, Bedford County, Campbell County, Lynchburg City
United Way of Greater Charlottesville	Albemarle County, Charlottesville City
United Way of Roanoke Valley	Craig County, Franklin County, Patrick County, Roanoke County, Lexington City, Roanoke City, Salem City
United Way of Southwest Virginia	Carroll County, Floyd County, Giles County, Grayson County, Montgomery County, Russell County, Smyth County, Washington County, Wythe County, Bristol City, Galax City, Radford City

APPENDIX B - EXTERNAL EVALUATION METHODOLOGY

ECE Insights will use several strategies to collect data for the Mixed Delivery evaluation, including secondary and administrative data analyses, grantee interviews, program surveys and interviews, a workforce survey, and policy/practice scans. The approach is summarized in Table 1 and explained in further detail below that:

Evaluation Questions	Evaluation Approaches
Family Perceptions and Experiences	
<p>1. To what extent does the Mixed Delivery program meet family needs and preferences for early childhood care and education (ECCE)?</p> <ul style="list-style-type: none"> a. What are the ECCE needs and preferences of families accessing MD services, by child age, program type, and ready region? b. How well do services of MD providers meet those needs and preferences? c. What grantee adaptations are needed to fully meet family needs and preferences? 	<p>Family survey Family interviews Secondary data review of grantee portal/reports Grantee interviews</p>
Program Accessibility	
<p>2. To what extent has Mixed Delivery increased the accessibility of ECCE options in areas that did not have enough affordable slots to meet working parents' needs and preferences?</p> <ul style="list-style-type: none"> a. What strategies have Mixed Delivery grantees used to increase options that meet families' needs and preferences? b. What is the capacity of Mixed Delivery programs to accommodate additional growth? 	<p>Secondary data review of licensing, market rate data, and grantee reports Grantee interviews MD program survey MD program interviews</p>

<p>3. What types of child care programs (e.g., centers, family homes) participate in Mixed Delivery?</p> <p>a. What practices or policies have support or hinder participation, by program type?</p> <p>b. What practices or policies could expand successful participation?</p>	<p>Secondary data review of grantee reports MD program survey MD program interviews Policy/practice scan</p>
<p>Fiscal Implications</p>	
<p>4. How do programs use Mixed Delivery funds?</p> <p>a. How does fund use vary by grantee and site?</p> <p>b. What additional funding streams do programs use to support the total costs of services?</p>	<p>Secondary data review of grantee reports Secondary data review of funding data from LinkB5 Secondary data review of cost modeling (Simon Workman) Grantee interviews MD program survey</p>
<p>5. What is the hourly cost of providing early child care and education services in the Mixed Delivery program?</p> <p>1. What is the dosage of care for children in Mixed Delivery?</p> <p>2. How does child turnover/mobility impact program costs?</p> <p>3. How do hourly costs vary by region and program type?</p>	
<p>6. To what extent and how does participation in Mixed Delivery support programs' fiscal stability?</p> <p>a. How does the contract model impact fiscal stability?</p> <p>b. How do variations in implementing the contract model impact fiscal stability?</p> <p>c. What opportunities and barriers exist to implementing the contract model?</p>	
<p>7. How does Mixed Delivery funding impact compensation (including benefits) and retention of classroom/caregiving staff?</p>	

Quality Programming	
<p>8. How has participation in Mixed Delivery helped programs invest in quality improvements</p> <p>a. What types of quality improvements do programs invest in (e.g., professional development, child assessment, and curriculum)?[JC3]</p> <p>b. How are quality improvements informed by participation in VQB5?</p> <p>c. How do quality improvements vary by grantee and program type?</p>	<p>MD program survey MD program interviews</p>
Child Outcomes	
<p>9. How was VKRP implemented in Mixed Delivery communities?</p> <p>a. How do implementation practices vary by grantee and program type?</p>	<p>Grantee interviews MD program survey MD program interviews</p>
<p>10. How do VKRP scores for children served by Mixed Delivery change from fall to spring?</p> <p>a. How do scores vary by:</p> <ul style="list-style-type: none"> ● child and family characteristics (including income, race/ethnicity, geography, special needs, and primary home language)? ● grantee and program type? ● teacher (including whether teacher turned over during year) 	<p>Secondary data analysis of VKRP data</p> <p><i>* Note: ability to answer questions 9 & 10 depends on access to data from VKRP and assignment of STIs</i></p>
<p>11. How does teacher education, training, and experience impact VKRP outcomes for children served by Mixed Delivery?</p> <p>a. How does teacher education, training, and experience vary by race/ethnicity, program type, and region?</p>	<p>MD workforce survey Secondary data analysis of VKRP data</p>