Child Care, Pre-K, and Head Start in West Virginia

Child Care Deserts, Poverty, and Rurality

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Child Care Supply in Rural Areas

• Recent review indicates that family child care providers most common in rural areas (Anderson & Mikesell, 2017)

• States vary in provision and regulation of care, notably around pre-K

• The type of care that is available has implications for quality, and in turn children’s developmental outcomes (Burchinal et al., 2015)
The Context: West Virginia

- 18% of residents live in poverty
- Over half of the state lives in rural areas
- The rest in small urban
- 1.8 million people; 5% children under 5 years old
The Question

• Where are child care providers located in West Virginia?
• How are they distributed by poverty status and rurality?
• Types we consider include
  – Pre-K (N = 538)
  – Head Start (N = 100)
  – Child Care Center (> 13 children; N = 300)
  – Family Care
    • Facility (7-12 children; N = 121)
    • Home (<4 children; N = 1,122)
  – Relative Care (N = 118)
The Data

• WV DHHR administrative data from 2017 on
  – Child care (center, family care facility/home, relative)
• Universal pre-K lists from WV Department of Education
• Head Start from WV HS association
• U.S. ACS estimates from 2017 on % of county under poverty level and % living in rural area
• Used GIS approaches to overlay child care sites and U.S. Census data
Child Care Deserts

• Using CAP definition (ratio of # children < 5 / cumulative child care capacity)
  – 14/55 counties meet that definition
  – In line with expectations, % rural significantly higher among child care desert counties
  – Not so for poverty
A Deeper Dive

- 3 poorest counties (>30%) in WV do not meet qualifications as being a child care desert

<table>
<thead>
<tr>
<th>County</th>
<th>0-5 YO</th>
<th>&gt; Pov</th>
<th>&lt; Pov</th>
<th>Est. Capacity</th>
<th># Center</th>
<th># Family</th>
<th># HS</th>
<th># Pre-K</th>
<th># Relative</th>
<th>CAP Desert</th>
<th>% Pov</th>
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<td>2.34</td>
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<td>90</td>
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</table>
Conclusions

• Child care centers lacking in rural and most impoverished areas (which overlap)
• Several rural counties have no Head Start, but do have state pre-K
• Relative care in smaller urban areas, perhaps without adequate population demand
Questions

• How do we provide high quality care to children in rural and poor communities? What are the best policy solutions to reach these children?