



Research Paper

Understanding the experiences of non-english-speaking families using child care subsidies: Evidence from Virginia

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ABSTRACT

Families with low incomes struggle to find affordable child care, especially households whose primary language is not English (NE). The federal Child Care Development Fund (CCDF) is a funding mechanism that alleviates child care costs through subsidies. Prior research suggests NE households experience more challenges accessing subsidies and receive CCDF funds at disproportionately lower rates than English-only (EO) households. Less is known about the experiences of families who successfully obtain subsidies. Using statewide data from Virginia, this study considered whether NE households had a harder time applying for subsidies, smaller choice sets of provider options, different provider choices, and lower levels of satisfaction than EO households. Survey data included 5,645 families who used subsidies in August 2023 (11% NE households). Additionally, state administrative records provided information on all households that received subsidized care (N = 17,333; 5% NE households) and all 1,905 subsidized providers. Regression analyses examined associations between primary household language and various metrics of subsidized child care access. Surveyed NE households reported more challenges during the application process. However, administrative data revealed that relative to EO households, NE households had similar choices sets of subsidized centers and more family day home (FDH) providers in their proximity. NE households were also more likely to select FDH care, and care that was closer to home, higher quality, and had non-English instruction. Surveyed families also had similar levels of satisfaction with their subsidized provider. Findings are discussed in terms of recommendations for improving access to subsidized child care for NE households.

1. Introduction

Families with low incomes often struggle to find affordable child care, and this challenge may be especially pronounced among households whose primary language is not English¹ (NE), relative to English-only (EO) households (Thomson et al., 2020). There is a large body of work underscoring challenges and administrative burdens that NE households and dual language learner (DLL) children face accessing early education opportunities (e.g., National Academies of Sciences, Engineering, and Medicine [NASEM], 2024).

For instance, research has shown that NE households experience barriers accessing subsidies from the Child Care and Development Fund (CCDF), which is the primary funding mechanism in the United States (U.S.) that helps working families with low incomes access affordable

child care. Though other demographic indicators may intersect with household language and shape access to child care, it may be useful to focus specifically on language-related barriers that could be present in addition to race, ethnicity, immigration history, and socioeconomic status. This is because in the U.S., English is the default language typically needed at each step of the process to most easily access subsidies and child care. Among families with more limited English proficiency, this process may be slower, more difficult, and the household may be more likely to be unsuccessful in finding care. Additionally, child care access may be more difficult for NE households because many prefer care that is aligned with their home language, which is available at few providers (Banghart et al., 2024; Park et al., 2022). For these reasons, there is a need to consider how families' preference for care may vary by primary home language, and contribute to constraints during the

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E-mail address: cstephens@nieer.org (C. Stephens).¹ We use the terms Non-English- (NE) and English-only-speaking (EO) households for simplicity to refer to the primary language being spoken in the home. However, we acknowledge that household members could speak other languages in addition to the family's primary home language.

process of applying for and accessing subsidized child care.

Previous scholarly work provides evidence that NE households struggle more to find information about subsidies, submit applications, and get approved (Park et al., 2022; U.S. Department of Health and Human Services [HHS], 2019). They also use subsidized care at disproportionately lower rates, despite having high rates of eligibility (Hardy & Schmit, 2024; Office of English Language Acquisition [OELA], 2022). However, to date, less research has examined the experiences of NE households that were successful in obtaining subsidies and how they compare to EO households. For instance, we know little about whether NE households who have accessed subsidies still faced more challenges during the subsidy application process, had a smaller choice set of provider options, made different provider choices, or had lower levels of satisfaction with their provider than EO households.

This study aimed to fill these gaps. First, we used survey data from a large sample of families that used subsidized care in Virginia (VA) to examine the extent to which application experiences and satisfaction with subsidized child care differed between NE and EO households. Additionally, we used administrative data on the universe of *all* subsidized families and providers in the state to investigate whether the choice sets of subsidized care options available to families and care selections differed by primary home language. These data offered a unique opportunity to explore whether NE families who successfully entered the subsidy system had different experiences than their EO counterparts.

1.1. Conceptual framework

This study is motivated by the Child Care Accommodations framework, which elucidates the multitude of challenges families encounter while searching for and selecting child care arrangements that meet their preferences and needs (Chaudry et al., 2010). This framework posits that many child care decisions are made through a series of accommodations within constrained choices because supply is limited (Sandstrom et al., 2024). These struggles are especially prevalent among households with low incomes and those that primarily speak non-English languages (Thomson et al., 2020). Additionally, this study adopts a comprehensive definition of access proposed by the Office of Planning, Research, and Evaluation (OPRE), a federal research office linked with the Office of Child Care, which administers CCDF. Access is considered a multidimensional and family-centered construct, meaning that child care is accessible when it is (1) available and found with reasonable effort, (2) affordable, (3) supportive of children's development, and (4) aligned with parent needs (Friesen et al., 2017). Equity, or the extent to which differential access may occur in any of the above dimensions, is also a focus of this construct (Thomson et al., 2020). Families might have similar access to child care along many metrics, but NE households may still face more challenges because they have some preferences that differ from EO households (i.e., care provided in their home language).

This study focused on access to affordable child care among households with low incomes who were eligible and used subsidized care through CCDF. We used rich survey and administrative data to examine aspects of families' experiences accessing child care that correspond to dimensions of access. For instance, families' ability to access subsidized care considered the dimension of affordability. Families' challenges applying for subsidies, the number of providers in their proximity, and the distance traveled to their subsidized provider were used to capture availability/reasonable effort. The observed quality and presence of any non-English instruction at the subsidized provider families selected estimated support for child development. Finally, families' satisfaction with subsidized care proxied alignment with parent needs. Furthermore, given that NE households experience more limited access in many areas (e.g., costs, enrollment, quality, subsidy receipt) and have different preferences (e.g., instruction aligned with home language), this study examined whether access varied by primary home language among those who received subsidized child care.

1.2. Challenges families face to obtain subsidized child care

The CCDF program is administered through a large federal block grant that expands access to affordable child care among working families with low incomes through subsidy vouchers or subsidy-funded slots. States and local child care agencies are tasked with implementing and determining certain aspects of the program, such as eligibility and application requirements. There is notable variation in CCDF policy implementation at the local level, and research has documented challenges around how families find information, apply, and get approved for subsidies in multiple states (Crosby et al., 2024; Heinz et al., 2025; Stephens et al., 2024b). Overall, access to subsidies is low in terms of the share of eligible children being served, especially among historically marginalized populations who are also more likely to live in NE households (Dwyer et al., 2023; Park et al., 2017; Ullrich et al., 2019). In response, scholarly work has highlighted administrative burden and language barriers prevalent among historically marginalized families during the process of accessing subsidies and child care. These challenges include finding information and application forms in the languages families understand best, submitting application documents, verifying eligibility, and finding providers that accept subsidies (e.g., Crosby et al., 2024; Hill et al., 2018; Park et al., 2022; U.S. HHS, 2019).

Many states have taken measures to mitigate language-related barriers families face during the process of accessing subsidies. These efforts include translating application forms and informational materials, increasing the availability of translation and interpreter supports, and engaging in targeted outreach to increase awareness of the subsidy program among NE populations (Crosby et al., 2024; Stephens et al., 2024b). Additionally, some states have taken broader measures to improve families' ability to navigate complexity within state subsidy systems such as developing informational portals, simplifying documentation requirements, implementing coordinated enrollment initiatives, and facilitating family council groups to obtain input directly from parents (Adams & Hahn, 2022). Given the diversity of NE households and variability of policy implementation practices across localities, agencies and individual subsidy caseworkers are also known to play a pivotal role in identifying practices to best serve the families in their communities (Heinz et al., 2025). Despite these efforts, it is valuable to continue investigating families' experiences accessing subsidized child care in multiple state contexts, such as VA, and with more recent data. As such, this study investigated, for families who were successfully approved for subsidies, how much difficulty they experienced (indicating the amount of effort that was spent) during the application process and considered the extent to which subsidies effectively facilitated child care access.

1.3. Families' choice set of child care providers

Prior research has documented how access varies within states across demographic characteristics of the neighborhoods in which families reside (e.g., Anderson & Mikesell, 2017; Bassok & Galdo, 2016; DeBaryshe et al., 2024). For example, using geospatial analyses several studies show families in areas with higher urban density, income, and concentrations of White populations often (though not always) experience greater access in terms of affordability, quality care that supports child development, and availability of providers (Azuma et al., 2020; DeBaryshe et al., 2024). Additionally, there is evidence that many families live in areas considered to be child care deserts (i.e., areas lacking a sufficient supply), especially those in communities with higher rates of poverty and density of racially/ethnically minoritized populations (Malik et al., 2020). This means that some families could travel further away from home to reach affordable providers (e.g., Azuma et al., 2020; Davis et al., 2019).

There are several reasons why NE households may encounter varied access to subsidized care providers. First, there may be a more limited supply of providers within a reasonable distance of families' homes. On

average (though not always), families in areas with less urban density, and higher concentrations of low-income and Latine populations experience less access in terms of the number of providers in their proximity, and travel time to reach their selected provider (Blumenberg et al., 2024). Second, the supply of affordable providers that accept subsidies is also limited and varies along community characteristics, with centers located in areas with higher poverty density being more likely to accept subsidies (Sandstrom et al., 2018; Slicker & Hustedt, 2022). Given that those families who receive a subsidy and reside in areas with higher poverty density are also more likely to be low income and historically minoritized households, it is possible that if NE households successfully get approved for subsidies, they have better access given the increased likelihood of providers accepting subsidies in these communities. Third, the share of providers that accept subsidies has declined in recent years, particularly among Family Day Home settings (FDH); and there are few providers that offer non-English instruction (Adams & Dwyer, 2021). If NE households need or prefer FDH settings and care provided in non-English languages, this could make access even more difficult. To understand the provider choice sets of families approved for subsidies, and how they may have shaped care selections, this study examined the amount of care in families' proximity and the distance between households and the nearest subsidized provider.

1.4. Child care providers that NE households select

Families' care selections are shaped by their preferences, needs, and constraints within the supply of available providers (Chaudry et al., 2010). Generally, most families prefer providers that are affordable, close to home and found with reasonable effort, high quality, and that offer services that meet parents' needs (e.g., hours of operation, flexibility; Sandstrom et al., 2024). However, families' preferences and needs are multifaceted and may not always align with the provider they end up selecting given limited choices (Stephens et al., 2025). Furthermore, there is much scholarly work that has documented significant variability in families' child care preferences and needs along demographic characteristics, including household language (e.g., Kim & Fram, 2009; Sandstrom et al., 2024). Notably, many NE households prefer and choose caregivers that provide a cultural and/or language match for children (Banghart et al., 2024; Miller et al., 2014; Park et al., 2022).

The struggle to access providers, especially centers, that meet families' preferences and needs is particularly pronounced among historically minoritized populations (e.g., Banghart et al., 2024; Thomson et al., 2020). Many reports find that Latine children and those in NE households are more likely to enroll in FDH settings (Mendez et al., 2024; OELA, 2022), despite the quality being, on average, lower or more variable than centers (Tonyan et al., 2017). One reason why NE households may be more likely to select FDH care is because they have a more diverse workforce and are more likely to offer a cultural or language match that supports children's development than centers (Greenberg et al., 2019; Sandstrom et al., 2024). In addition, FDH settings are more likely than centers to offer affordable costs, flexible schedules, full-time care, and extended hours of operation, all of which may align better with the constraints and preferences of many NE households (Henly & Adams, 2018; Hill et al., 2021).

Despite evidence that NE and immigrant households tend to select and enroll children in center-based care at lower rates than EO and non-immigrant households, they demonstrate the same, if not stronger, preference for center-based care (e.g., Greenberg et al., 2018; Johnson et al., 2017). More research is needed to explore this trend and how subsidies may facilitate the selection of child care settings that align with families' preferences and needs (Gelatt et al., 2014; Greenberg et al., 2016). Indeed, there is evidence that families make trade-offs during care selections such as choosing care located further away from home to prioritize other features such as quality or affordability (e.g., Stephens et al., 2025). To address these gaps, this study explored whether NE households using subsidies were more likely to select

subsidized child care with a higher quality rating, availability of non-English instruction, and an FDH (versus center) setting.

1.5. Families' satisfaction with child care providers

Prior research has considered families' satisfaction with aspects of their care arrangements and variation in satisfaction ratings across subgroups and child care settings (e.g., Brooks, 2003). It is likely that satisfaction ratings are determined by several factors, including the extent providers offer features that align with family values, perceived quality, preferences, and needs (Banghart et al., 2024). Research suggests that families typically report high levels of agreement when asked whether the arrangement is of high quality and meets their needs (e.g., Herbst et al., 2020; Peyton et al., 2001; Raikes et al., 2012). Additionally, there is some evidence that families receiving subsidies reported greater satisfaction with their child care than those who were not approved (Brooks et al., 2003; Michalopoulos et al., 2010). However, there is limited knowledge about the satisfaction of families using subsidized care and any differences between NE and EO households. This study fills this gap in existing research by investigating whether NE households receiving subsidized care report greater satisfaction relative to EO families receiving subsidized care.

1.6. NE households and subsidized child care in Virginia

This study focuses on Virginia, which is home to many NE households. There are about 155,000 children who speak a language other than English and make up over a quarter of children ages 0 to 5 (27%; Giang & Park, 2022). Notably, just under half of VA's DLL children have at least one parent or caregiver with limited English proficiency (44%), and 18% live in linguistically isolated households where all adults have limited English proficiency (Giang & Park, 2022). The largest share of NE households in VA speak Spanish (44%); other common languages include Arabic, Amharic, Chinese, Korean, Urdu, Telugu, Vietnamese, Hindi, and Farsi (Giang & Park, 2022; Park et al., 2017). There are many NE households concentrated in the D.C. metro area (i.e., Capital region of Arlington, Fairfax, and Prince William counties; HDPulse, 2022). Thus, many NE households in VA are in urban and suburban centers with a greater concentration of resources, child care providers, and other NE households with whom they share their community.

In 2023, nearly 18,000 children between the ages of 0 to 5 years used VA's Child Care Subsidy Program ([CCSP] Authors' calculations of VDSS records; Virginia Department of Education [VDOE], 2024a). Given that 20% of children ages 0-5 live in a low-income working household (~141,000; Kids Count Data Center, 2022), subsidies reached only a small share of those eligible (13%). Per VDOE's plan for federal fiscal years 2022-2024, local departments of social services implemented CCDF – including determining families' eligibility and assisting in their subsidized provider search (VDOE, 2022). There is also a network of localized Ready Regions that help coordinate ECE services across agencies and lead efforts to address community needs. However, it is ultimately up to families approved for subsidies to find a provider that participates in CCDF, and not all approved children actually enroll. Across the state, 2,417 providers were approved to accept subsidies in 2023. Despite national research documenting a decline in the supply of subsidized providers (e.g., Adams & Dwyer, 2021), the share of VA providers accepting subsidies has increased since 2018 (VDOE, 2025). Among VA subsidized providers in 2023, 60% were center-based providers and 24% were licensed FDH providers² (Authors' calculations of VDSS administrative records, 2023).

In response to the needs of families they serve, the state's CCDF plan

² Though not a focus in the current study, approximately 16% of providers who receive CCDF subsidy funds in VA are unlicensed child care settings (i.e., relative or non-relative home-based providers serving 4 or fewer children).

indicated that VA does several forms of outreach to households with limited English proficiency. These included translation of the application, informational materials and website in non-English languages, bilingual caseworkers and/or translators, partnerships with community-based organizations, and a 24/7 phone line for parents to access additional information on subsidies, child care providers and translation services (VDOE, 2022). Many local agencies also participate in outreach events tailored to specific community groups.

2. Current study

This study focused on families who were successful in entering VA's CCDF subsidy program. We used family survey data on a large subsample of subsidy recipients to compare the experiences of NE and EO households with respect to the subsidy application process and their levels of satisfaction with their subsidized child care provider. Additionally, we linked administrative records on the population of subsidy recipients with data on all subsidized providers, including the provider each family ultimately selected, to learn about families' choice sets and provider selections.

This study extends prior research by investigating access among families using subsidies and focusing on both NE and EO households. NE households have historically experienced educational opportunity gaps and limited child care access above and beyond the effects of other intersecting indicators of hardship and marginalization; they have also received less attention by early education systems and policymakers relative to EO households (NASEM, 2024; Park et al., 2022; Sandstrom et al., 2024). As such, there is need to consider the extent to which NE households face unique challenges during the process of accessing subsidized child care, and also whether NE households indicate similar satisfaction as their EO counterparts enrolling with a provider.

Four questions were examined in the present study: relative to EO households, did NE households (1) have a harder time applying for subsidized care? (2) have smaller choice sets of provider options? (3) make different provider choices? and (4) have lower levels of satisfaction with their subsidized provider? Given prior work highlighting that NE households face more limited child care access in many areas, we hypothesized that even among those approved for subsidies, NE families had worse access relative to EO households – that NE households faced more challenges with the application process, had more limited provider choice sets, chose providers that offered different features, and reported lower satisfaction with CCSP.

3. Method

Data for this study came from two sources that were analyzed separately, including (1) family survey data collected by the Study of Early Education through Partnerships team at the University of Virginia and (2) administrative data on households and providers; both of which were obtained through partnerships with the VDOE and Virginia Department of Social Services (VDSS). These records offer a unique opportunity to investigate families who successfully entered VA's subsidy system and had an active subsidy authorization. The information gathered on the family survey provides insight into households' experiences and satisfaction with CCSP, though these data are only available for a subsample of VA's population of subsidy recipients. To complement this, we used the administrative data to examine families' subsidized provider choice sets and selections, which has the advantage of having information on the universe of all subsidy recipients.

3.1. Family survey data

In the Fall of 2023 (August–October), a survey was distributed (online and on paper) to parents and guardians of children who participated in CCSP at any point during July 2022 – June 2023. This survey was sponsored by VDOE and asked families about their current

arrangements, the process of finding child care, their experiences with CCSP, and their care preferences. In addition to English, the survey was available in the NE languages most commonly spoken by CCSP participants (i.e., Amharic, Arabic, Dari, Farsi, French, and Spanish). State administrative records contained demographic information to match with survey respondents. Overall, 8,141 families responded, which was 30% of families invited to take the survey; we considered this adequate given prior work suggesting that response rates in the early education field often do not exceed 40% (Boyd-Swan & Herbst, 2019). Among these respondents, we limited the sample to the 5,863 who were using CCSP at the time of the survey. This sample was further limited to families with a child under age 5 and those who provided information on primary home language (N = 5,645). NE household status was determined based on responses to the question “Which language does your family most often speak at home?”

3.2. Administrative data

We also used household data from VDSS administrative records on the universe of families who used subsidized child care in August 2023. This source contained household demographic information, mailing addresses, and VDSS report of subsidy program participation. The sample for this study included all families whose administrative records indicated their 0 to 5-year-old child had an active authorization and used subsidized child care during August 2023 (N = 17,733). Of this sample, subsidy case-level information provided from VDSS indicated 5% of families primarily spoke a NE language³ (N = 856).

Information about the supply of all subsidized care providers came from VDSS administrative records of licensed providers and VDOE's child care quality rating and improvement data system (LinkB5). These data sources contained information on all subsidized providers in VA that served children from birth through age five and had at least one full-time classroom for children ages 0–5 in the fall of 2023 (data collected August through December). Available provider data included information on setting type, whether any non-English languages were used for instruction, observed teacher-child interaction quality ratings, and physical addresses. These records also contained identifiers that linked household records of subsidy recipients with subsidized providers, including the providers families were using.

3.3. Descriptive information on survey and administrative data samples

Descriptive information on the survey and administrative data samples is reported by primary household language in Table 1. It is important to note that our two data sources defined NE households differently. Among the survey sample, 11% of families indicated they were an NE household when asked what language was spoken most often at home. For the administrative sample, subsidy case records indicated that a smaller share (5%) of families were NE households, which is likely a result of differences in how this information was recorded (by a VDSS caseworker versus family report). Among NE households, we do not know the extent to which family members may have spoken some English in addition to the non-English language primarily used at home. However, the administrative sample NE household identifier was more stringent than for the survey sample. Notably, among those records that could be matched with survey data (90%), about a third (35%) of families who indicated they were NE households on the survey were also classified as NE based on their case records –

³ Household language in VDSS records was based on the language the family used to communicate with DSS staff during the subsidy application process and may or may not have been the primary language spoken at home. Since English is the default language DSS staff use to communicate with applicants, an NE household language implies that the family required translation assistance in the indicated NE language in order to complete the CCSP application process.

Table 1

Demographic characteristics of families from survey and administrative samples by primary home language.

	Survey Sample			Administrative Sample		
	EO households (N = 5,025)	NE households ¹ (N = 620)	Valid N (N = 5,645)	EO households (N = 16,877)	NE households ² (N = 856)	Valid N (N = 17,733)
Primary home lang. is Spanish	-	48.71 (302)	5,645	-	77.57 (664)	17,733
Child Age	-	-	5,645	-	-	17,733
0-2 years	57.17 (2,579)	57.35 (320)	-	55.55 (9,375)	56.07 (480)	-
3 years	26.20 (1,182)	27.60 (154)	-	25.37 (4,282)	23.71 (203)	-
4 years	16.63 (750)	15.05 (84)	-	19.08 (3,220)	20.21 (173)	-
Child race/ethnicity	-	-	5,565	-	-	17,707
Child is Black, non-Hispanic	55.42 (2,745)	15.03 (92)	-	62.60 (10,549)	7.95 (68)	-
Child is Hispanic	9.33 (462)	53.27 (326)	-	7.89 (1,329)	47.13 (403)	-
Child is White, non-Hispanic	21.26 (1,053)	14.87 (91)	-	26.61 (4,485)	34.85 (298)	-
Child is other race, non-Hispanic	13.99 (693)	16.83 (103)	-	2.90 (489)	10.06 (86)	-
Household size (<i>mean/sd</i>)	3.34 (1.31)	3.42 (1.24)	5,603	3.33 (1.24)	3.53 (1.25)	17,733
HH has 1 adult member (vs >1)	59.26 (2,673)	46.06 (257)	5,069	61.24 (10,335)	49.88 (427)	17,732
HH has >1 0-5-year-olds	31.44 (1,580)	28.39 (176)	5,645	34.48 (5,819)	28.27 (242)	17,733
HH has >1 child using CCSP	23.34 (1,053)	20.43 (114)	5,069	22.73 (3,836)	16.71 (143)	17,733
Federal Poverty Level % (<i>mean/sd</i>)	132.08 (95.4)	153.20 (92.7)	5,603	130.57 (92.27)	137.70 (76.48)	17,733
Locale type	-	-	5,069	-	-	17,733
City	35.78 (1,614)	21.86 (122)	-	34.77 (5,868)	21.96 (188)	-
Suburb	40.72 (1,837)	71.15 (397)	-	43.51 (7,343)	73.01 (625)	-
Town	6.72 (303)	2.51 (14)	-	6.35 (1,071)	2.22 (19)	-
Rural	16.78 (757)	4.48 (25)	-	15.38 (2,595)	2.80 (24)	-
HH located in Capital region	5.53 (278)	40.97 (254)	5,645	9.58 (1,616)	56.54 (484)	17,733
Subsidized provider setting type ³	-	-	-	-	-	17,733
Used center-based provider	86.03 (4,275)	78.88 (478)	5,645	91.46 (15,435)	72.08 (617)	-
Used family day home provider	8.75 (435)	18.81 (114)	5,575	8.54 (1,442)	27.92 (239)	-
Used other type of provider	7.44 (374)	7.10 (44)	5,645	N/A	N/A	-

Notes.

1. There were a few differences within the NE household survey sample – a larger share of Spanish NE households identified as Hispanic (94%; 15% for other NE households), had one adult caregiver (58%; 43% for other NE households), and resided in a suburb (77%; 65% for other NE households); a smaller of Spanish NE households resided in a city (17%; 27% for other NE households).
2. There were a few differences within the NE household administrative sample – a larger share of Spanish NE households had a single adult caregiver (55%; 32% for other NE households), and resided in a suburb (78%; 57% for other NE households); a smaller share of Spanish NE households resided in a city (17%; 28% for other NE households).
3. Care type categories for the survey sample were not mutually exclusive; other forms included care provided by another relative, family member, friend, or neighbor.

suggesting that two-thirds of the NE households surveyed may have had some level of English proficiency when they interacted with subsidy program staff. Spanish was the most prevalent language spoken by NE households among the survey sample (49%) and the administrative sample (78%). After Spanish, the most prevalent languages spoken by NE households were Arabic, Amharic, Dari, Farsi, French, and Mongolian, although many additional languages were spoken.

Demographic characteristics varied between EO and NE households, and between the survey and administrative samples. In both samples, many NE households identified as Hispanic and over half had more than one adult in the home. The largest share of all families in both samples resided in a suburb. Over a quarter of EO households in both samples had multiple children ages 0-5 years in the home (28% for NE households in both samples), and roughly 1 in 5 EO households had multiple children receiving subsidized care (20% of NE households surveyed, 17% of NE households in the administrative sample). Additionally, a large share of NE households resided in the Capital region (i.e., near Washington D.C.) in the administrative sample (57%; 10% for EO households) and the survey sample (41%; 6% for EO households). Across both samples and primary household language, the majority of families used a center-based provider. However, 19% of NE households in the survey sample used an FDH provider (9% EO households), and 28% of NE households in the administrative sample used an FDH provider (9% of EO households).

This study focused on differences between NE and EO households' experiences, but we recognize there is significant heterogeneity among NE households in terms of home language as well as other sociodemographic characteristics that may be related to subsidized child care access (Giang & Park, 2022; Park et al., 2017, 2022). In both samples, Spanish was the most prevalent language among NE households, and no

other single language accounted for >2% of NE households. We examined whether demographic characteristics varied between Spanish NE and other NE households, but few differences were observed. As such, analyses focused on differences between all NE and EO households, though details are noted in Table 1 when there were demographic differences within the NE household group.

3.4. Measures**3.4.1. Family experiences applying for subsidies**

In the survey, families were asked questions about their perceived challenges during the subsidy application process. Six items asked families to think back to when they started applying for child care assistance and report “How hard or easy was each step” of the process to access subsidies. Responses were recorded on a 5-point scale ranging from 1 (*very hard*) to 5 (*very easy*). These included: (1) finding information about how to apply, (2) finding information in a language they understand best, (3) filling out the application, (4) finding and submitting the required documents, (5) scheduling and completing the interview, and (6) finding a child care provider that would accept their subsidy. These items were developed by the research team in consultation with VDOE and VDSS staff based on their direct experiences with families navigating CCSP and are grounded in prior research on the challenges families encounter during the process of accessing subsidies. The items demonstrated adequate reliability ($\alpha = 0.86$).

3.4.2. Families' choice sets of subsidized provider options

Distance Between Households and the Closest Subsidized Provider. For all households in the administrative sample, addresses were used to determine the geographic locations of families using subsidized

child care and providers participating in the CCSP. Using ArcGIS Network Analyst tools (Environmental Systems Research Institute, 2024), an origin destination cost matrix was calculated in which the origins were household locations; the destinations were provider locations; the minimized network cost was driving time; and the source of road location, direction, and speed limit data was the VA Routable Road Centerlines network dataset (Fransen et al., 2015; Virginia Geographic Information Network, 2024). The resulting matrix contained estimates of the time it would take to drive between all household and subsidized provider pairs. Driving times were used rather than driving distances due to variations in speed limits and urban density. Variables were created that identified the number of minutes it would take families to travel from their home to the closest center-based and FDH provider.

Number of Subsidized Providers in Proximity. Using information described above regarding the estimates of driving times between all households and subsidized provider pairs, the number of center-based and FDH providers that accept subsidies within a 10-minute drive from families' homes were calculated. Given that the average driving time between families and their subsidized care provider was between 9 and 10 minutes, a 10-minute radius was selected to consider the supply of providers within a similar proximal distance.

3.4.3. Families' subsidized provider selections

Provider Type. In the household administrative data, the subsidized provider a family used was designated a center or FDH setting based on its license type. According to VA state licensing requirements, centers were defined as regularly operating care arrangements not located in the residence of the provider or children, and not funded or run by the VDOE. FDH providers were defined as care arrangements located in the residence of the provider or children that serve 12 or fewer children.

Minutes Traveled to Provider. Using the estimates of driving times between all households and subsidized provider pairs described above, we calculated the number of minutes families would have driven from their home to the subsidized care provider they were using.

Teacher-Child Interaction Quality. VDOE uses the Classroom Assessment Scoring System ([CLASS]; Pianta et al., 2008) observational tool to measure the quality of teacher-child interactions in all publicly funded classrooms across Virginia. Trained and certified local observers recorded ratings for each classroom in fall 2023 (August – December). Infant, toddler, and preschool CLASS observation scores were recorded on multiple domains (instructional support, emotional support, classroom organization), with ratings ranging from 1 to 7. Domain scores from four observation cycles were combined to obtain a mean score for each classroom and then collapsed to obtain an overall average CLASS rating for each subsidized provider.

Language of Instruction. Subsidized providers reported on the language(s) of instruction used by teachers in each classroom during fall 2023. They could select one or multiple languages from a list including American Sign Language, Arabic, Chinese, English, French, German, Greek, Italian, Japanese, Korean, Latin, Portuguese, Russian, Spanish, Vietnamese, or other. This classroom-level information was aggregated to create a blunt indicator for whether non-English languages were used for instruction in any classroom at the provider. It would be useful to compare the exact language spoken in NE households with the exact language(s) of instruction in their child's classroom. However, it was not possible to match individual children to their specific teachers. This means that we do not know if a Spanish-speaking child, for instance, was in a classroom with a teacher who speaks Spanish. Rather, we only know whether there were any classrooms within the provider in which teachers spoke various non-English languages.

3.4.4. Families' satisfaction with their subsidized provider

On the survey, respondents were asked "How would you rate each of the following for the child care provider where you use child care assistance" and indicated their level of satisfaction. Responses were recorded on a 4-point scale ranging from 1 (*poor*) to 4 (*excellent*). The 8 items asked about

satisfaction with CCSP providers in terms of: (1) the care overall, (2) its affordability, (3) its hours, (4) its location, (5) its reliability, (6) the way the care supported their child's learning and development, (7) the way caregivers treated their child, and (8) the way caregivers treated the family. These items were developed by the research team in consultation with VDOE and VDSS staff based on their experiences with families navigating CCSP and informed by OPRE's framework that describes aspects of child care arrangements that signal accessible care (Friese et al., 2017). The items demonstrated adequate reliability ($\alpha = 0.90$).

3.4.5. Control variables

Analyses accounted for several variables including household size, federal poverty level (FPL) percentage, whether the child was in a single or multiple parent home, whether there was more than one child ages 0–5 in the home, household urbanicity (locale type), and whether families lived in a geographic area found to have an overrepresentation of NE households in the survey and administrative samples (i.e., Capital region). Urbanicity was determined by geocoding families' mailing addresses and locating them within locale boundaries determined by the National Center for Education Statistics ([NCES]; Gevert, 2019). NCES codes are similar to those used in previous analyses on child care deserts conducted by the Center for American Progress (e.g., Malik et al., 2020). This approach used information on population density and distance from a principal city to classify Census tracts as city (inside principal city limits), suburban (outside principal city limits, but inside an urbanized area with a population $\geq 50,000$), town (inside urban cluster with a population between 2,500–50,000), or rural (outside urbanized area with a population $< 2,500$). The control for families in the Capital geographic region considered whether households were in the proximity of Washington, D.C. (i.e., the cities of Alexandria, Fairfax, and Falls Church; and the counties of Arlington and Fairfax).

3.5. Analytic plan

We conducted regression-based analyses to examine associations between primary home language (1 = NE household; 0 = EO household) and (1) survey responses on the extent of perceived challenges during the subsidy application process, (2) choice sets of subsidized provider options, (3) aspects of the subsidized care families selected, and (4) survey responses on the level of satisfaction with subsidized care. For all models, outcome variables were tested separately – first in an empty (unconditional) model, and then in a model that included control variables that accounted for factors that may explain varied access to subsidized care above and beyond families' primary language. Linear regressions estimated relationships for continuous outcomes, ordinal regressions estimated relationships for ordinal outcomes, and logistic regressions estimated relationships for binary outcomes. Missing data were minimal for the administrative data sample, with the largest amount missing for provider CLASS ratings (8%) and use of non-English instructional languages (7%). Missing data for the survey sample were also minimal ($< 11\%$). For analyses, missing data were addressed with full information maximum likelihood estimation (FIML). FIML is a useful strategy for leveraging available data from all cases possible to estimate associations between variables.

In addition to the main analyses, several sensitivity analyses were provided in the Supplementary Materials. First, given the large prevalence of NE households in the Capital region, regression analyses were run separately for subsamples located inside versus outside of the Capital area (Tables S.1–S.4). Second, given overlap between the survey sample and larger administrative sample, analyses of administrative data on subsidized provider choice sets and selections were restricted to the subset of households that took the family survey (Table S.5). And third, because NE households were identified using family report on the survey and using case records for the administrative sample, analyses of survey data on subsidy application challenges and satisfaction were also conducted using the administrative data NE household identifier

(Tables S.6 and S.7). These additional analyses largely led to similar findings to the main set of results, though we note a few instances below where there were differences.

4. Results

4.1. Family experiences applying for subsidies

Descriptive information for survey responses about perceived challenges during the subsidy application process is reported in the top panel of Table 2. On average, families reported having a neither hard nor easy (3) to somewhat easy (4) time completing steps of the subsidy application process. Families indicated the lowest ratings for finding information on how to apply for subsidies (NE households = 3.0; EO households = 3.6) and finding a provider to accept subsidies (NE households = 3.3; EO households = 3.6). Based on these averages, it appears that these aspects of the subsidy application process were slightly less easy for NE households.

We ran regression models to estimate associations between families' primary home language and ratings of how easy or difficult it was to complete steps during the process of accessing subsidized child care, with higher scores indicating an easier experience (Table 3). Notably, models explained a small portion of variance in the outcomes, suggesting a limited model fit (R^2 ranged from 0.01 - 0.09; Ozili, 2023). Still, there were significant negative associations observed even after accounting for control variables, suggesting that NE households had significantly more challenges during the subsidy application process. The size of these effects was small in magnitude. Unstandardized coefficients suggested that not surprisingly, the largest differences between NE and EO households were for finding information in the language the family understood best ($B = -0.85$; $p < .001$), followed by filling out the application ($B = -0.55$; $p < .001$), and finding information about how to apply ($B = -0.54$; $p < .001$). Significant differences were also observed for finding and submitting required documents ($B = -0.39$; $p < .001$), scheduling and completing the interview ($B = -0.38$; $p < .001$), and finding a provider to accept subsidies ($B = -0.23$; $p < .001$). As described earlier, we did sensitivity analyses to check whether

Table 2
Descriptives on Surveyed Families' Use of Subsidized Child Care by Primary Home Language.

	EO households (N = 5,025) mean (sd)	NE households (N = 620) mean (sd)	All households (N = 5,645) mean (sd)	Valid N
<i>How hard or easy it was to... (1 = very hard; 2 = somewhat hard; 3 = neither hard nor easy; 4 = somewhat easy; 5 = very easy)</i>				
Find information about how to apply	3.63 (1.22)	3.01 (1.24)	3.56 (1.24)	5,621
Find info in language understood best	4.53 (0.86)	3.64 (1.22)	4.43 (0.95)	5,596
Fill out the application	4.07 (1.09)	3.38 (1.20)	3.99 (1.12)	5,607
Find & submit required documents	4.00 (1.15)	3.44 (1.22)	3.94 (1.17)	5,608
Schedule & complete interview	4.07 (1.09)	3.56 (1.19)	4.01 (1.11)	5,600
Find a provider to accept subsidy	3.59 (1.39)	3.30 (1.26)	3.56 (1.38)	5,606
<i>How would you rate each of the following for the child care provider where you use child care assistance? (1 = poor; 2 = fair; 3 = good; 4 = excellent)</i>				
Affordability	2.93 (0.97)	2.94 (0.97)	2.93 (0.97)	5,371
Hours	3.29 (0.83)	3.39 (0.79)	3.30 (0.82)	5,560
Reliability	3.36 (0.83)	3.38 (0.75)	3.46 (0.82)	5,545
Transportation	3.36 (0.79)	3.39 (0.78)	3.36 (0.79)	5,562
Support for learning	3.32 (0.87)	3.30 (0.85)	3.32 (0.86)	5,524
Treatment of family	3.40 (0.79)	3.38 (0.77)	3.40 (0.79)	5,551
Treatment of child	3.44 (0.78)	3.44 (0.77)	3.44 (0.78)	5,517
Overall	3.36 (0.78)	3.34 (0.78)	3.36 (0.78)	5,552

Table 3

Associations Between Household Language & Report of Challenges Applying for Subsidies.

	Baseline models		Controlled models ¹	
	B (SE)	p	B (SE)	p
<i>Find information about how to apply</i>				
HH is primarily NE	-0.62 (0.05)	***	-0.54 (0.06)	***
R^2	0.02		0.03	
<i>Find info. in language understood best</i>				
HH is primarily NE	-0.89 (0.04)	***	-0.85 (0.04)	***
R^2	0.09		0.09	
<i>Fill out the application</i>				
HH is primarily NE	-0.69 (0.05)	***	-0.55 (0.05)	***
R^2	0.04		0.05	
<i>Find & submit required documents</i>				
HH is primarily NE	-0.55 (0.05)	***	-0.39 (0.05)	***
R^2	0.02		0.04	
<i>Schedule & complete interview</i>				
HH is primarily NE	-0.50 (0.05)	***	-0.38 (0.05)	***
R^2	0.02		0.03	
<i>Find a provider to accept subsidy</i>				
HH is primarily NE	-0.29 (0.06)	***	-0.23 (0.06)	***
R^2	0.004		0.01	

Notes. N = 5,645. Lower outcome scores indicate ratings of more challenges during the application process. ¹Models account for household (HH) size, whether HH had more than one adult member, whether HH had more than one child 0-5 years, FPL, locale type, and whether HH was located in the Capital region. *** $p < .001$. ** $p < .01$. * $p < .05$.

these patterns remained for households located inside and outside of the Capital region, and for households considered NE using the administrative sample identifier. These analyses indicated similar findings, with two exceptions. Associations between primary household language and extent of difficulty finding a provider to accept subsidies were nonsignificant among families who were located inside the Capital region (Table S.1), and also nonsignificant when the model was run with the administrative NE household identifier (Table S.6).

4.2. Families' subsidized provider choice sets

Descriptive information on aspects of families' subsidized child care provider choice sets is reported at the top of Table 4. On average, NE households would need to travel 2.0 minutes from their home to reach the closest subsidized center or 2.3 minutes to reach the closest FDH provider. EO households would travel 2.9 minutes to the closest center, and 5.6 minutes to the closest FDH provider. Additionally, NE households on average had 35 centers and 72 FDH providers within a 10-minute drive from their home, with EO households being in proximity to 30 centers and 20 FDH providers. Based on these averages, it appears that NE households had greater access to providers relative to their EO counterparts on all outcomes considered.

We ran regression models to estimate the degree to which families' primary home language was associated with aspects of their choice set of subsidized providers (Table 5). R-squared values suggested an adequate amount of variance on each outcome was explained by the models (R^2 ranged from 0.39 – 0.60). Although we see significant associations in our uncontrolled models between primary household language and the amount of driving time to the nearest subsidized center or the number of subsidized centers within a 10-minute drive, these links were nonsignificant after accounting for control variables. However, there were significant associations between primary household language and proximity to FDH providers. On average, NE households traveled 42 fewer seconds ($B = -0.70$; $p < .001$) to reach the nearest subsidized FDH provider and had 10 more FDH providers within a 10-minute drive ($B = 9.77$; $p < .001$). Sensitivity analyses indicated results were the same regardless of whether households were located in the Capital region (Table S.2), and among those families in the administrative sample that also completed the survey (Table S.5).

Table 4
Descriptives on Administrative Sample Use of Subsidized Child Care by Primary Home Language.

	EO households (N = 16,877)	NE households (N = 856)	All households (N = 17,733)	Valid N
	mean (sd)	mean (sd)		N
<i>Families' Choice Sets of Subsidized Provider Options (within a 10-minute drive)</i>				
Mins. to closest subsidized center	2.91 (3.30)	1.98 (1.68)	2.87 (3.25)	17,733
Mins. to closest subsidized FDH	5.67 (6.97)	2.30 (2.72)	5.41 (6.86)	17,733
# subsidized providers	29.62 (22.80)	34.88 (18.22)	29.87 (22.62)	17,733
# subsidized FDH providers	20.28 (36.97)	72.09 (64.64)	22.78 (39.45)	17,733
<i>Families' Subsidized Provider Selections</i>				
Used FDH	8.54 (1,442)	27.92 (239)	9.48 (1,681)	17,733
CCSP Provider vs. center (%/n)				
Mins. traveled to subsidized provider used	9.14 (9.77)	5.20 (4.97)	8.95 (9.63)	17,733
CLASS rating of subsidized provider used	4.70 (0.67)	4.90 (0.68)	4.71 (0.67)	16,356
Non-English lang. used for instruction (%/n)	19.04 (2,990)	51.22 (400)	20.56 (3,390)	16,488

Table 5
Associations Between Household Language & Subsidized Provider Choice Sets and Care Selections.

	Baseline models		Controlled models ¹	
	B (SE)	p	B (SE)	p
<i>Mins. to closest center</i>				
HH is primarily NE	−0.94 (0.11)	***	−0.07 (0.09)	
R ²	0.004		0.45	
<i>Mins. to closest FDH</i>				
HH is primarily NE	−0.327 (0.27)	***	−0.70 (0.20)	***
R ²	0.01		0.39	
<i>Number of center providers within a 10-minute drive</i>				
HH is primarily NE	5.26 (0.79)	***	−0.11 (0.60)	
R ²	0.002		0.49	
<i>Number of FDH providers within a 10-minute drive</i>				
HH is primarily NE	51.81 (1.33)	***	9.77 (0.92)	***
R ²	0.08		0.60	
<i>HH used FDH (vs. center)²</i>				
HH is primarily NE	0.12 (0.01)	***	0.05 (0.01)	***
R ²	0.02		0.08	
<i>Mins. traveled to subsidy provider used</i>				
HH is primarily NE	−3.95 (0.34)	***	−2.07 (0.34)	***
R ²	0.01		0.11	
<i>CLASS rating of subsidy provider used</i>				
HH is primarily NE	0.20 (0.03)	***	0.10 (0.03)	***
R ²	0.004		0.03	
<i>Non-English lang. used for instruction²</i>				
HH is primarily NE	0.24 (0.01)	***	0.12 (0.01)	***
R ²	0.02		0.08	

Notes. N = 17,733. ¹Controlled models account for household (HH) size, whether HH had more than one adult member, whether HH had more than one child 0–5 years, FPL, locale type, and whether HH was located in the Capital region. ²Average marginal effect estimate from logistic regression reported for binary outcomes. *** p < .001. ** p < .01. * p < .05.

4.3. Families' subsidized provider selections

Descriptive information about the subsidized child care provider

families selected is reported in the bottom of Table 4. Over a quarter (28%) of NE households used an FDH subsidized provider, and the rest used a center. Among EO households, 9% used an FDH. On average, NE households drove 5.2 minutes to reach their subsidized provider and EO households drove 9.1 minutes. On average NE households sent their child to providers with an average CLASS score of 4.9. This was 4.7 for EO households. Lastly, just over half (51%) of NE households selected a subsidized provider that reported non-English instructional languages, with 19% of EO households selecting a provider with non-English instruction.

Regression models tested whether primary household language was significantly associated with aspects of their subsidized provider selection (bottom of Table 5). R-squared values were low even for models with control variables (R^2 ranged from 0.03 – 0.11), suggesting the relationships between primary household language and outcomes were small (Ozili, 2023). However, significant associations were observed between primary home language and families' use of an FDH provider, the minutes traveled to their subsidized provider, observed CLASS quality rating, and use of non-English instructional languages. After accounting for control variables, results indicated that NE households were 5 percentage points more likely to select an FDH provider (average marginal effect [AME] = 0.05; $p < .001$), traveled on average 2 fewer minutes to reach their provider ($B = -2.07$; $p < .001$), attended a provider with a slightly higher CLASS rating ($B = 0.10$; $p < .001$), and were 12 percentage points more likely to select a provider with non-English instructional languages (AME = 0.12; $p < .001$). Sensitivity analyses largely suggested the same results, with one exception. There was a nonsignificant association between primary household language and CLASS ratings among families located inside the Capital region (Table S.3).

4.4. Families' satisfaction with their subsidized provider

On average, surveyed families reported excellent (4) or good (3) satisfaction with aspects of their subsidized child care provider (Table 2). Regression models estimated the degree to which primary household language was associated with satisfaction ratings, with higher scores indicating higher levels of satisfaction (Table 6). R-square values were low (R^2 ranged from 0.002 – 0.03), suggesting there was limited explanatory power (Ozili, 2023). The size of these effects was small in magnitude, and there were no significant differences observed between primary household language and levels of satisfaction on any of the 8 items. Sensitivity analyses largely confirmed these nonsignificant differences, with two exceptions. First, there was a significant association between primary household language and ratings of reliability among families inside the Capital region, indicating NE households in this area of VA reported more negative ratings on this aspect of their provider ($B = -0.16$; $p < .05$). Second, there was a significant association between primary household language and ratings on affordability when the administrative data NE household identifier was used, suggesting NE households had more positive ratings on affordability ($B = 0.22$; $p < .01$).

5. Discussion

This study compared the experiences of subsidy-using NE and EO households in VA. Survey responses and administrative data on subsidy-receiving households and providers afforded a unique opportunity to investigate whether NE households who successfully used subsidies had experiences that differed from their counterparts in EO households. Analyses considered the extent of differences in subsidy-using families' application experiences, provider choice sets, provider selections, and satisfaction levels by primary household language. These findings inform suggestions for how CCDF policies and practices may improve families' access to subsidies and affordable child care, particularly among NE households.

Table 6

Associations between Household Language & Reported Satisfaction with their Subsidized Care.

	Baseline models		Controlled models ¹	
	<i>B</i> (<i>SE</i>)	<i>p</i>	<i>B</i> (<i>SE</i>)	<i>p</i>
<i>Affordability</i>				
HH is primarily NE	0.01 (0.04)		0.03 (0.05)	
<i>R</i> ²	<.001		0.03	
<i>Hours</i>				
HH is primarily NE	0.10 (0.04)		0.05 (0.04)	
<i>R</i> ²	<.001		0.01	
<i>Reliability</i>				
HH is primarily NE	0.03 (0.04)		−0.01 (0.04)	
<i>R</i> ²	<.001		0.003	
<i>Transportation</i>				
HH is primarily NE	0.03 (0.03)		−0.02 (0.04)	
<i>R</i> ²	<.001		0.01	
<i>Support for learning</i>				
HH is primarily NE	−0.02 (0.04)		−0.03 (0.04)	
<i>R</i> ²	<.001		0.003	
<i>Treatment of family</i>				
HH is primarily NE	−0.01 (0.03)		−0.02 (0.04)	
<i>R</i> ²	<.001		0.002	
<i>Treatment of child</i>				
HH is primarily NE	−0.00 (0.03)		−0.00 (0.04)	
<i>R</i> ²	<.001		0.002	
<i>Overall</i>				
HH is primarily NE	−0.02 (0.03)		−0.03 (0.04)	
<i>R</i> ²	<.001		0.002	

Notes. Sample size of models ranges from *N* = 5,449–5,622. Higher outcome scores indicate greater levels of satisfaction. ¹Models account for household (HH) size, whether HH had more than one adult member, whether HH had more than one child 0–5 years, FPL, locale type, and whether HH was located in the Capital region. *** *p* < .001. ** *p* < .01. * *p* < .05.

5.1. Interpretation of main findings

Prior research has shown that historically marginalized and NE-speaking populations encounter more barriers during the subsidy application process (e.g., Crosby et al., 2024; Heinz et al., 2025; Stephens et al., 2024b) and that there are fewer informational resources available for more linguistically isolated households during their child care search (e.g. Cook et al., 2025; Greenberg et al., 2018; Sandstrom et al., 2024). Our results echo those findings and reveal that even among families who do manage to access subsidies, NE households faced greater subsidy application challenges than their EO counterparts. As discussed above, states and localities vary in the practices they use to help families apply and access subsidized care, including supports for NE households. Our findings indicate that families would likely benefit from additional supports to find information about the subsidy program and the application, submit required documents to verify eligibility, complete interviews, and locate a provider that accepts subsidies. These efforts may be most beneficial in the language a family understands best.

Though prior work has shown that NE households often experience more limited access to child care and subsidies, this study indicated that conditional on subsidy receipt, NE households did not have worse choice sets, quality, and satisfaction. These findings are encouraging and counter to our hypothesis and prior research. These findings also are consistent with the notion that CCDF-funded subsidies help working families with low incomes access affordable care (e.g., Heinz et al., 2025; Henly & Adams, 2018). It is possible that families who get approved and enroll in subsidized care have already navigated other potential barriers within the system and have experiences that are more similar to those of EO households in selecting high-quality and desirable arrangements. Indeed, the CCSP in VA supports families approved for subsidies by providing information materials and contacts for local child care and resource agencies to help them find and enroll in care (VDOE, 2022). Additionally, providers included in the CCSP system must meet certain requirements and may join Virginia's Quality Measurement and

Improvement System to access resources, both of which can lead to improvements in service delivery (VDOE, 2022). At the same time, the fact that there were no differences in access between NE and EO households does not mean that the child care received was adequate – just that it was similar on the measures of access considered in this study. There may still be room for improvement when it comes to subsidized child care access for both groups.

Notably, while this study found that families had a similar supply of center-based providers within a 10-minute drive from their home, results indicated that NE households actually had *more* FDH providers in their proximity. Moreover, while most families selected center-based care, NE households were more likely than EO households to select FDH care. This is an interesting finding given that prior research has shown that NE households have an equal or greater preference for centers relative to their EO counterparts (e.g., Greenberg et al., 2018; Johnson et al., 2017). This suggests the possibility that proximity is an important factor that shapes families' child care selections. Another plausible explanation is that some families select FDH care over centers due to their preference for non-English instruction, which is more likely to be available in FDH settings. Indeed, a somewhat larger share of FDH settings offered this support (29%) relative to centers (20%). While access appeared similar across primary home language on the metrics considered in this study, other metrics (i.e., teachers that offer an exact language match to children) may be particularly salient for NE households and shape their choice set. Thus, there is a need to explore additional metrics of access and consider how a combination of supply factors shapes NE households' provider choice sets and care selections.

5.2. Recommendations for improving CCDF subsidy access

Nearly 18,000 VA children ages 0–5 used subsidies in 2023, which was only a small share (13%) of the population of low-income children eligible (Authors' calculations of VDSS records; Kids Count Data Center, 2022). Our results provide suggestive evidence that subsidy access may help NE households achieve similar levels of access and quality as their EO counterparts. If so, increased CCDF funding and outreach efforts would be beneficial. Indeed, VA has already been investing more funding toward CCSP over the last few years. Notably, state funds sustained funding for the same number of slots previously served with COVID-19 relief funds, and the state is working to eliminate the subsidy waitlist and serve even more children (Pauly, 2025; VDOE, 2025).

In addition, NE households would likely benefit from further efforts to address linguistic, informational, and systemic barriers that impact their ability to navigate subsidy program requirements and receive subsidized care (Park et al., 2022; Ullrich et al., 2019). The state's CCDF plan does outline its use of translated materials, translation caseworkers, and outreach efforts to support families with limited English proficiency (VDOE, 2022). Some agencies may also be using additional strategies to reach NE households. Practices that may further improve NE households' access include hiring more bilingual outreach staff, streamlining application requirements, further coordinating enrollment across agencies, and exploring the possibility of accepting subsidy applications at community-based organizations where NE households have already established relationships (Adams & Hahn, 2022). These efforts are likely to reduce the “challenges” gap observed in our study and support the many NE households who did not receive subsidies due to the language barrier during the process.

States aiming to improve access for NE households may benefit from considering whether NE households are clustered in urban areas or more rural parts of the state. In VA, there is a large prevalence of NE households in the dense, urban Capital region. Residing in more centralized areas likely shapes NE households' access to subsidized care in terms of families being in proximity to a greater concentration of providers, and perhaps other NE households that share resources and knowledge of the subsidy program. Indeed, a few results showed significant associations suggesting more challenges for the subsample of NE households outside

of the Capital region, but were non-significant among those inside the Capital region (e.g., finding a provider to accept subsidies). The local agencies that administer subsidies in the Capital region are ideally situated to support NE households and respond to the needs of their large and linguistically diverse community. Notably, agencies that administer CCSP in this area make a concerted effort to hire multilingual staff and participate in outreach events tailored to specific community groups (Fairfax County Division Director for Early Childhood Programs and Services, personal communication, January 13, 2026). In addition, targeted efforts may be useful outside of the Capital region in less densely populated areas, which could be less likely to have resources available to support NE households.

Our results are also consistent with the possibility that families prefer providers that speak their non-English home language (Sandstrom et al., 2024; Stephens et al., 2024a; U.S. HHS 2019). Results from this study suggested NE households were more likely to select a subsidized provider with staff that provided non-English instruction. Paired with the finding that NE households were more likely to select FDH providers, and that FDH providers are more likely to offer non-English instruction, it is possible that greater availability of non-English-speaking staff in FDH settings may have impacted the choice sets families considered and their care selections (Greenberg et al., 2019; Sandstrom et al., 2024). There is a need to further explore this and consider how the child care workforce could be strengthened by recruiting, hiring, and training more teachers and staff who speak the home languages of children in their communities (NASEM, 2024).

5.3. Study strengths, limitations, and future directions

One key strength of this study was the unique data we used. The large sample of families surveyed provided important insights on their experiences accessing subsidized care. Additionally, comprehensive administrative data offered a unique opportunity to examine the population of subsidy-using families and all subsidized care providers in the state (Lin et al., 2019). These data allowed for a study that combined both families' direct perspectives on their experiences with VA's subsidy program (Raikes et al., 2012) and comprehensive state records on families' provider choice sets and subsidized care selected. The use of geospatial analysis to calculate distances between families and subsidized providers was also advantageous for understanding families' subsidized provider options.

Conclusions drawn from this study should be considered in the context of several limitations. First, it was not feasible in this study to examine varied experiences accessing subsidies within NE households. Though most NE households in the survey and administrative samples spoke Spanish, there were many smaller groups of families that spoke other languages and no other single language accounted for >2% of NE households. There were demographic differences observed between Spanish and other NE households, but it was not possible to further disaggregate across the other languages families spoke at home, as the size of each group was very small. There is a need for research that investigates differences among families that speak a variety of languages and accounts for other points of intersectionality, as these households are known to have demographic factors that may be related to subsidized child care access (i.e., race/ethnicity, family immigration history, socioeconomic status, household composition; Giang & Park, 2022; Park et al., 2017, 2022).

Relatedly, this study did not have information on families' immigration status, years they had resided in the U.S., or parent education. This information would have been relevant to control for in analyses, as research finds these factors are related to household language and child care access (Greenberg et al., 2019; Sandstrom et al., 2024; Thomson et al., 2020). Furthermore, the incorporation of these additional control variables in analyses may have helped to mitigate omitted variable bias and improve the R-squared values of the regression models. Indeed, scholarly work has noted that low R-squared values suggest limited

explanatory power (Ozili, 2023).

This study is also limited due to potential bias in parent/caregiver survey responses about their perceived experiences. Most families indicated high satisfaction ratings with their subsidized care provider and had little variability (e.g., Herbst et al., 2020). Prior studies have noted that, on average, parents indicate high levels of provider satisfaction, even when the true quality of their care is not high (Bassok, et al., 2018). We do not know if this desirability bias is stronger among either NE or EO families, but if so this could impact our results. Fortunately, we also had data on observed quality; and analyses using CLASS scores also found no differences in care selected by primary home language.

Additionally, though this study was limited to families who had an active subsidy authorization during August 2023, we did not have information on the duration of time families used subsidized care, the stability of their arrangements, or when authorization occurred relative to survey administration. This may have introduced bias into parent survey responses if a significant amount of time had lapsed between applying for subsidies and when they were asked to report on experiences during the application process. However, given all children were under age 5, with many also under the age of 2, there was likely not a significant amount of time between application and survey administration. Additionally, related research finds that on average families' use of subsidized care is relatively short (<1 year; Swenson, 2014), suggesting there was likely a narrow window of time that occurred between subsidy access and survey administration for most families.

There were also limitations with the administrative data available on subsidized providers. The indicators of provider-level CLASS ratings and presence of non-English-speaking teachers offer some insight on the extent to which subsidized care arrangements offered features of quality that are often desired by NE households. However, it was not possible to know the interactions individual children experienced in their classrooms. Furthermore, the provider-level indicator of non-English instruction incorporated an admittedly crude measure of language access and could not provide information about whether there was an exact match between an individual child's home language and the languages spoken by their provider or specific teacher. A critical area for future research is to consider whether the availability of subsidized providers who offer an exact language match with families' home language can be linked to NE households' perceived provider choice sets and care selections in combination with other access indicators. In addition, this study did not have information on whether providers offered services that met the access dimension of supporting parent needs (Friesse et al., 2017), such as nontraditional, extended, and flexible schedules (Sandstrom et al., 2024). We suggest that state data systems gather this more detailed information on provider characteristics and operating schedules.

Finally, it is challenging to generalize findings from this study to states outside of VA. CCDF is a federal policy, but implementation is overseen by states and localities, and practices vary substantially across states (e.g., Doromal et al., 2023; Dwyer et al., 2023). Though similar challenges with the subsidy application process have been observed in other states (e.g., Heinz et al., 2025; Crosby et al., 2024), understanding CCDF experiences in a particular state/locality requires research in that location. Furthermore, it is important to recognize that the population of NE households in VA is not representative of the diverse population of families across the U.S. whose primary home language is non-English – which varies significantly in terms of home languages, cultural heritage, immigration history, and other sociodemographic characteristics (Giang & Park, 2022; Park et al., 2017, 2022). Lastly, findings from this study inform the need for research to consider how linguistically minoritized families navigate complex social benefit systems in other countries or cultural contexts, especially those with large immigrant populations, as these access-related challenges are not unique to the U.S.

6. Conclusion

Using large-scale data from surveys and state administrative records on families who successfully used subsidized child care in VA, this study provides insight on the extent of differential access among linguistically diverse households. We examined several metrics of families' access to care with reasonable effort and support for development. Findings suggested that, conditional on families' successful entry into VA's subsidy program, NE and EO households had similar experiences accessing subsidized child care, and they were more likely to use FDH providers and those offering non-English instruction. However, NE households reported more challenges during the process of applying for subsidies. NE families may benefit from continued and expanded investments to reach a larger share of the CCDF-eligible population, and further programmatic efforts to alleviate administrative burden during the application process.

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CRedit authorship contribution statement

Christina Stephens: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Conceptualization. **Isabelle Fares:** Writing – review & editing, Methodology, Data curation. **Molly Michie:** Writing – review & editing, Methodology, Conceptualization. **Jessica E. Whittaker:** Writing – review & editing, Funding acquisition. **Daphna Bassok:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Conceptualization.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.ecresq.2026.04.001](https://doi.org/10.1016/j.ecresq.2026.04.001).

Data availability

The authors do not have permission to share data.

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