



Virginia Neighborhood ECCE Supply & Demand Mapping Initiative

Ready Region Blue Ridge

July 2026

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Project Background

In 2025, the Virginia Early Childhood Foundation (VECF) engaged Reinvestment Fund's Policy Solutions Team to develop a deeper understanding of supply of, demand for, and gaps in access to Early Childhood Care and Education (ECCE) across the Commonwealth of Virginia.

Over the course of the project, the Reinvestment Fund team worked with VECF and Ready Region lead agencies to understand and describe ECCE supply, demand, and shortages across Virginia. Ready Region representatives reviewed data memos and provided feedback throughout the project.

VECF worked with Ready Regions to define subregions within each [Ready Region](#), and analysis was done to understand supply, demand, and gaps for each neighborhood in Virginia as defined by Census block groups. The project focused on various aspects of ECCE supply, including overall supply (children 0 through 4), supply for infants and toddlers (children 0 through 2), and publicly funded supply. While the core gap analysis utilized 2025 supply data, the project also identified changes in supply from 2023 to 2025.

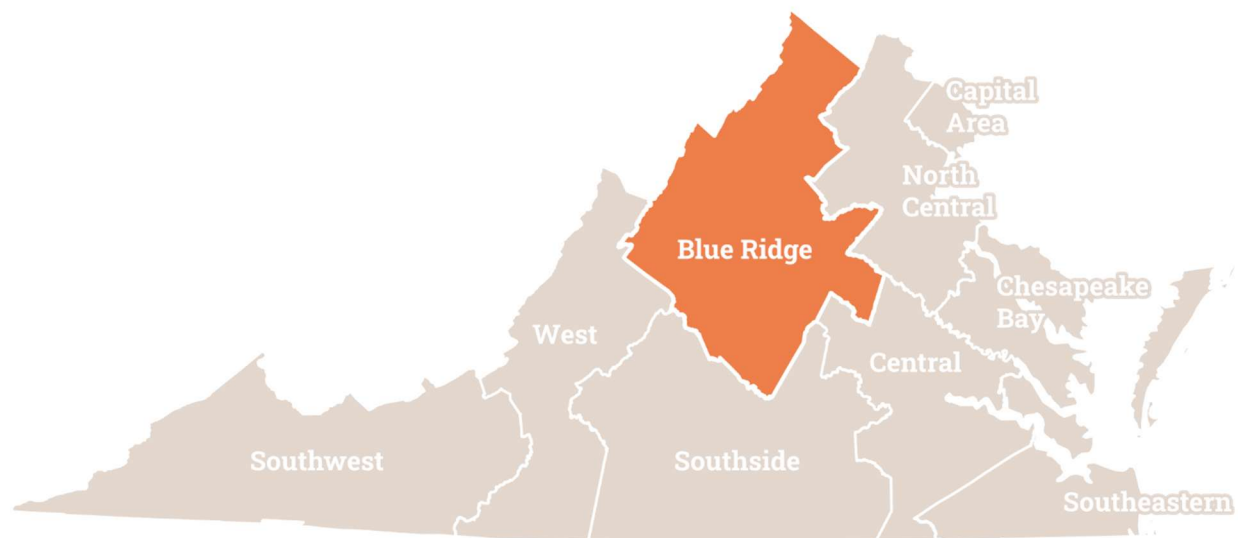


Figure 1 Map of Virginia's Ready Regions

Ready Region Geographies

Ready Region Blue Ridge consists of 21 counties and independent cities, grouped into 3 subregions, as identified by Ready Region Blue Ridge leadership.

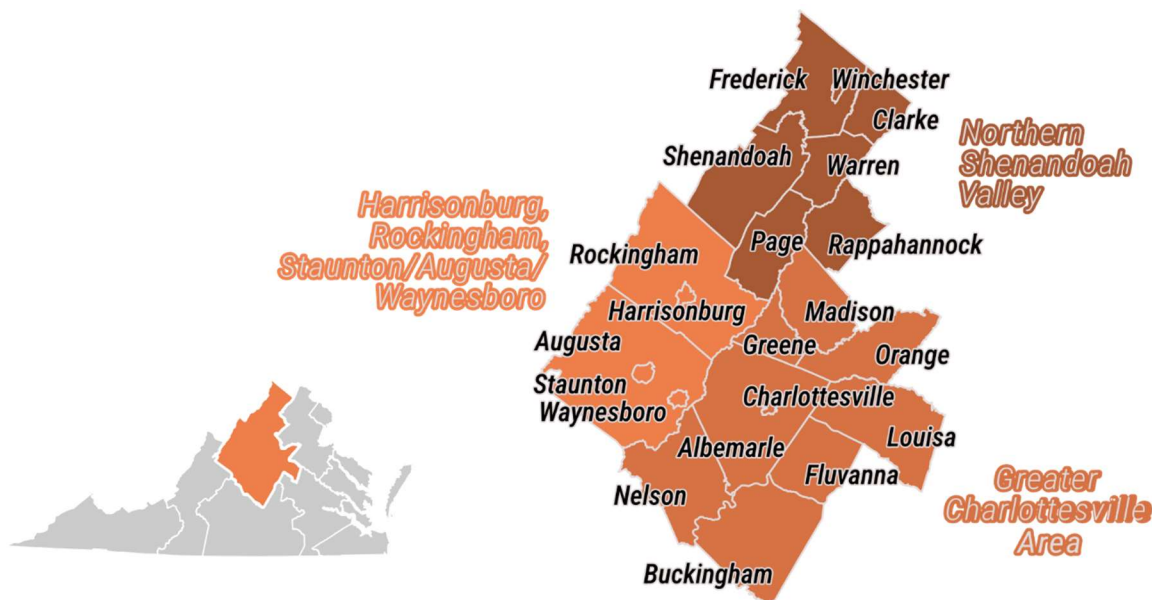


Figure 2 Map of Ready Region Blue Ridge's Subregions

Greater Charlottesville Area	City of Charlottesville Counties of Albemarle, Buckingham, Fluvanna, Greene, Louisa, Madison, Nelson, Orange
Northern Shenandoah Valley	City of Winchester Counties of Clarke, Frederick, Page, Rappahannock, Shenandoah, Warren
Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro	Cities of Harrisonburg, Staunton, Waynesboro Counties of Augusta, Rockingham

Overall ECCE Supply and Demand

Overall demand includes all children under five years old. Overall supply includes all ECCE programs that serve children under five years old. The programs may be licensed centers, home-based programs, school-based programs, and license-exempt operators. “Resident children” refers to all children living in an area, while the “Commuter-Adjusted” Maximum Possible Demand incorporates adjustments for those who may be looking for child care near their workplace rather than residence (see Methodology for more details on commuter adjustment)

Overall ECCE Demand

	Total Resident Children Under Five	Maximum Possible Demand (Commuter-Adjusted)
RR Blue Ridge	45,347	44,542
<i>Greater Charlottesville Area</i>	17,383	17,336
<i>Northern Shenandoah Valley</i>	14,110	13,614
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	13,854	13,592

Overall ECCE Supply

	Providers	Licensed Capacity
RR Blue Ridge	411	17,789
<i>Greater Charlottesville Area</i>	177	6,959
<i>Northern Shenandoah Valley</i>	123	5,486
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	111	5,344

Infant and Toddler ECCE Supply and Demand

Infant and toddler care is a subset of the overall ECCE supply that looks only at capacity among providers licensed to serve children under age 3 and the population of children under age 3. “Resident children” refers to all children living in an area, while the “Commuter-Adjusted” Maximum Possible Demand incorporates adjustments for those who may be looking for child care near their workplace rather than residence (see Methodology for more details on commuter adjustment)

Infant and Toddler ECCE Demand

	Total Resident Children Under Three	Maximum Possible Demand (Commuter-Adjusted)
RR Blue Ridge	26,398	25,880
<i>Greater Charlottesville Area</i>	10,458	10,565
<i>Northern Shenandoah Valley</i>	8,233	7,828
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	7,707	7,487

Infant and Toddler ECCE Supply

	Providers	Licensed Capacity
RR Blue Ridge	275	5,808
<i>Greater Charlottesville Area</i>	128	2,369
<i>Northern Shenandoah Valley</i>	77	1,802
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	70	1,637

Absolute and Relative Shortage

The availability and shortage of ECCE can be measured in different ways to help answer different questions.

Absolute shortage is the difference between an area's supply and demand. This is a useful measure if your goal is to understand the number of seats a community would need to add to ensure one seat for every child. Because this measure directly reports the number of seats needed, smaller areas with lower population will naturally have smaller absolute shortages even if the need is acute.

Supply ratio is the level of supply in an area divided by the level of demand. This is a useful measure if your goal is to compare shortages across different areas or communities, especially those with different population sizes. Areas with a ratio closer to 100% have enough capacity for most children, while communities with low values closer to 0% have capacity to serve very few children.

Absolute Shortage and Supply Ratio for the Ready Region and subregions are reported on the following pages.

Relative shortage illustrates priority areas *within* a region (i.e., subregions) by first observing the area's *typical* relationship between the existing supply and the estimated demand, then comparing each neighborhood's supply and demand to this typical condition. This measure is useful if your goal is to prioritize supply building activities for different areas in your region but can be harder to explain. Additionally, in markets that do not have enough supply overall, even communities that have higher than typical availability may still need additional supply.

Additional details on how relative shortage was calculated are included in the methodology section of this report.

Maps showing Relative Shortages are included in the map sections for each subregion.

Overall ECCE Absolute Shortage and Supply Ratio

Overall care includes all ECCE programs that serve children under five years old. The programs may be licensed centers, home-based programs, school-based programs, and license-exempt operators.

Overall ECCE Absolute Shortage

	Licensed Capacity <i>(Supply)</i>	Max. Possible Demand <i>(Commuter Adj. Demand)</i>	Absolute Shortage <i>(Supply – Demand)</i>	Supply Ratio <i>(Supply ÷ Demand)</i>
RR Blue Ridge	17,789	44,542	-26,753	40%
<i>Greater Charlottesville Area</i>	6,959	17,336	-10,377	40%
<i>Northern Shenandoah Valley</i>	5,486	13,614	-8,128	40%
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	5,344	13,592	-8,248	39%

Infant and Toddler ECCE Absolute Shortage and Supply Ratio

Infant and toddler care is a subset of the overall ECCE supply that looks only at capacity among providers licensed to serve children under age 3 compared to the population of children under age 3.

Infant and Toddler ECCE Absolute Shortage

	Licensed Capacity (Supply)	Max. Possible Demand (Commuter Adj. Demand)	Absolute Shortage (Supply – Demand)	Supply Ratio (Supply ÷ Demand)
RR Blue Ridge	5,808	25,880	-20,072	22%
<i>Greater Charlottesville Area</i>	2,369	10,565	-8,196	22%
<i>Northern Shenandoah Valley</i>	1,802	7,828	-6,026	23%
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	1,637	7,487	-5,850	22%

Publicly Funded Care

In addition to insufficient availability of licensed ECCE slots, affordability of care can be a barrier for many families. Publicly funded programs like the Virginia Child Care Subsidy Program (CCSP) help low- and moderate-income families afford the cost of care.

To understand the need for additional publicly funded slots, our analysis examined supply for the four largest publicly funded programs: CCSP, Virginia Preschool Initiative, Mixed Delivery, and Head Start / Early Head Start, as well as local subsidies. Our analysis also examined the demand for publicly funded programs by estimating the number of children under age 5 in families who earn less than 300% of Federal Poverty Guidelines, an approximation of income eligibility.

While VECF has information on whether or not providers accept specific public funding sources, we do not have information about the maximum number of publicly funded slots individual providers currently have or would be willing to accept. Accordingly, this analysis incorporates the licensed capacity of publicly funded providers and the supply of publicly funded ECCE at a subregion level. Ready Regions may have an opportunity for deeper analysis using other data sources on actual allocation of ECCE slots, including information from the Virginia Department of Education (VDOE) and the VECF Supply/Demand Dashboard.

Provider Participation in Publicly Funded Care

	Total # Providers	# Providers Accepting One or More Public Funding Sources	% of Providers Accepting One or More Public Funding Sources
RR Blue Ridge	411	233	57%
<i>Greater Charlottesville Area</i>	177	102	58%
<i>Northern Shenandoah Valley</i>	123	67	55%
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	111	64	58%

Publicly Funded ECCE Absolute Shortage and Supply Ratio

Publicly funded care is a subset of the overall ECCE supply that looks only at capacity among providers participating in CCSP, Virginia Preschool Initiative, Mixed Delivery, Head Start / Early Head Start, and local subsidies.

Publicly Funded ECCE Absolute Shortage

	Licensed Capacity at Publicly Funded Providers	Publicly Funded ECCE Slots (Supply)	Max. Possible Demand (Children under five in families <300% FPL)	Absolute Shortage (Supply – Demand)	Supply Ratio (Supply ÷ Demand)
RR Blue Ridge	10,546	5,453	24,561	-19,108	22%
<i>Greater Charlottesville Area</i>	4,319	1,881	7,997	-6,116	24%
<i>Northern Shenandoah Valley</i>	2,705	1,541	8,382	-6,841	18%
<i>Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro</i>	3,522	2,031	8,182	-6,151	25%

Change Over Time (2023-2025)

The table below shows the absolute shortage (supply – demand) for overall ECCE care in each of the years 2023, 2024, and 2025. Additionally, the table shows the resulting changes in the Absolute Shortage and Supply Ratio during this period. A negative change in Absolute Shortage or Supply Ratio shows a **decreased** availability in the area, which may be a result of a decrease in supply or an increase in demand. Conversely, a positive change in Absolute Shortage or Supply Ratio shows an **increased** availability in the area, which may be a result of an increase in supply or a decrease in demand.

Ready Region Blue Ridge saw decreased availability during this period, as did the subregions of the Greater Charlottesville Area and the Northern Shenandoah Valley. The Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion, in contrast, saw an increase in availability from 2023 to 2025.

	Absolute Shortage 2023 <i>(Supply – Demand)</i>	Absolute Shortage 2024 <i>(Supply – Demand)</i>	Absolute Shortage 2025 <i>(Supply – Demand)</i>	Change in Absolute Shortage 2023-2025	Change in Supply Ratio 2023-2025
RR Blue Ridge	-26,151	-26,598	-26,753	-602	-0.6%
Greater Charlottesville Area	-9,656	-9,957	-10,377	-721	-2.9%
Northern Shenandoah Valley	-7,832	-8,388	-8,128	-296	-1.4%
Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro	-8,663	-8,253	-8,248	+415	+3.0%

Greater Charlottesville Area

Overall ECCE Demand

The Greater Charlottesville Area has a maximum possible demand of 17,336 children under age five. This demand for ECCE is present across the subregion, with concentrations near Charlottesville and in portions of Orange, Louisa, and Fluvanna counties.

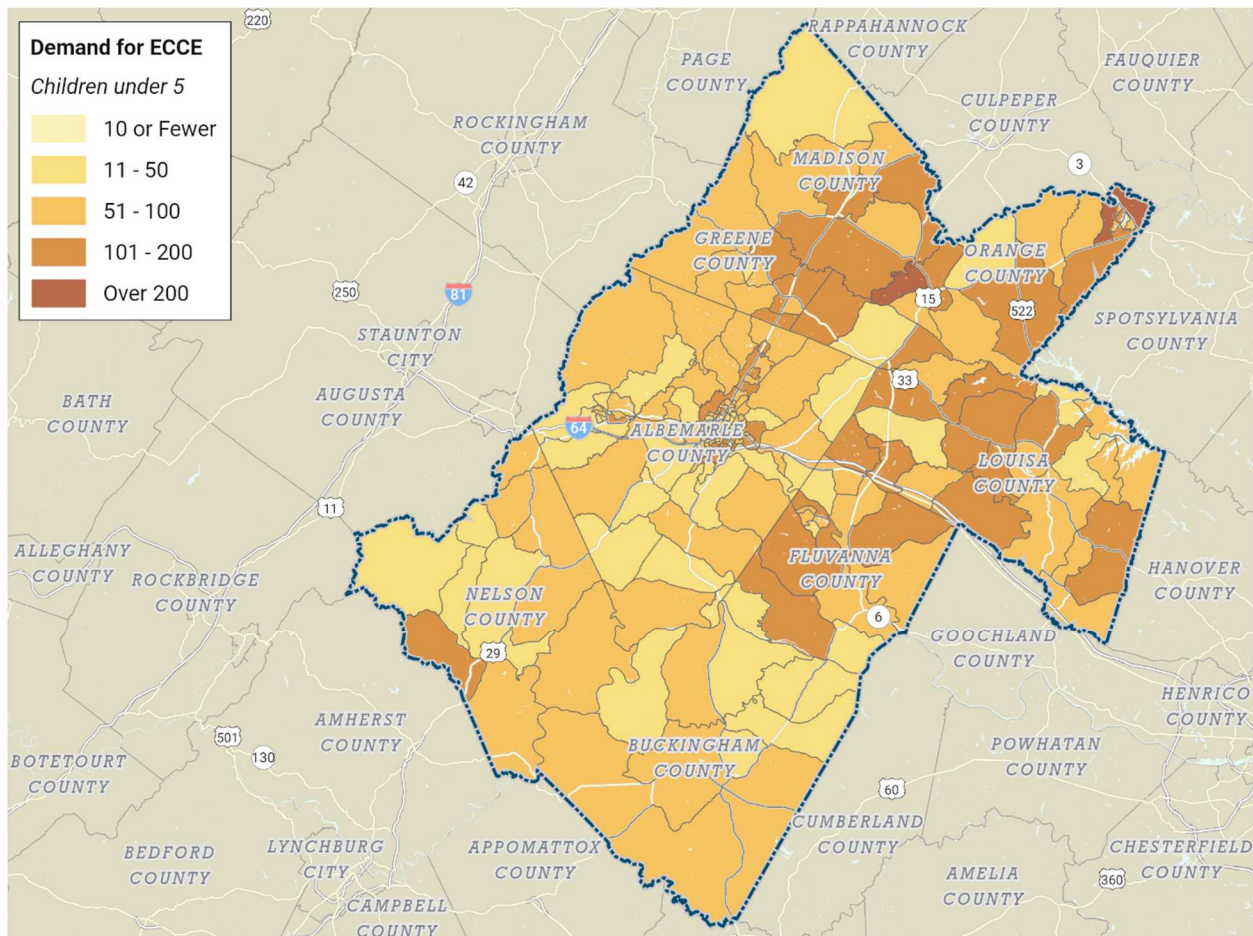


Figure 3 Overall ECCE Demand in the Greater Charlottesville Area

Overall ECCE Supply

The Greater Charlottesville Area has a supply of 6,959 licensed ECCE slots. The supply of ECCE is highest in areas including the city of Charlottesville and north along Route 29 into Greene and Madison counties.

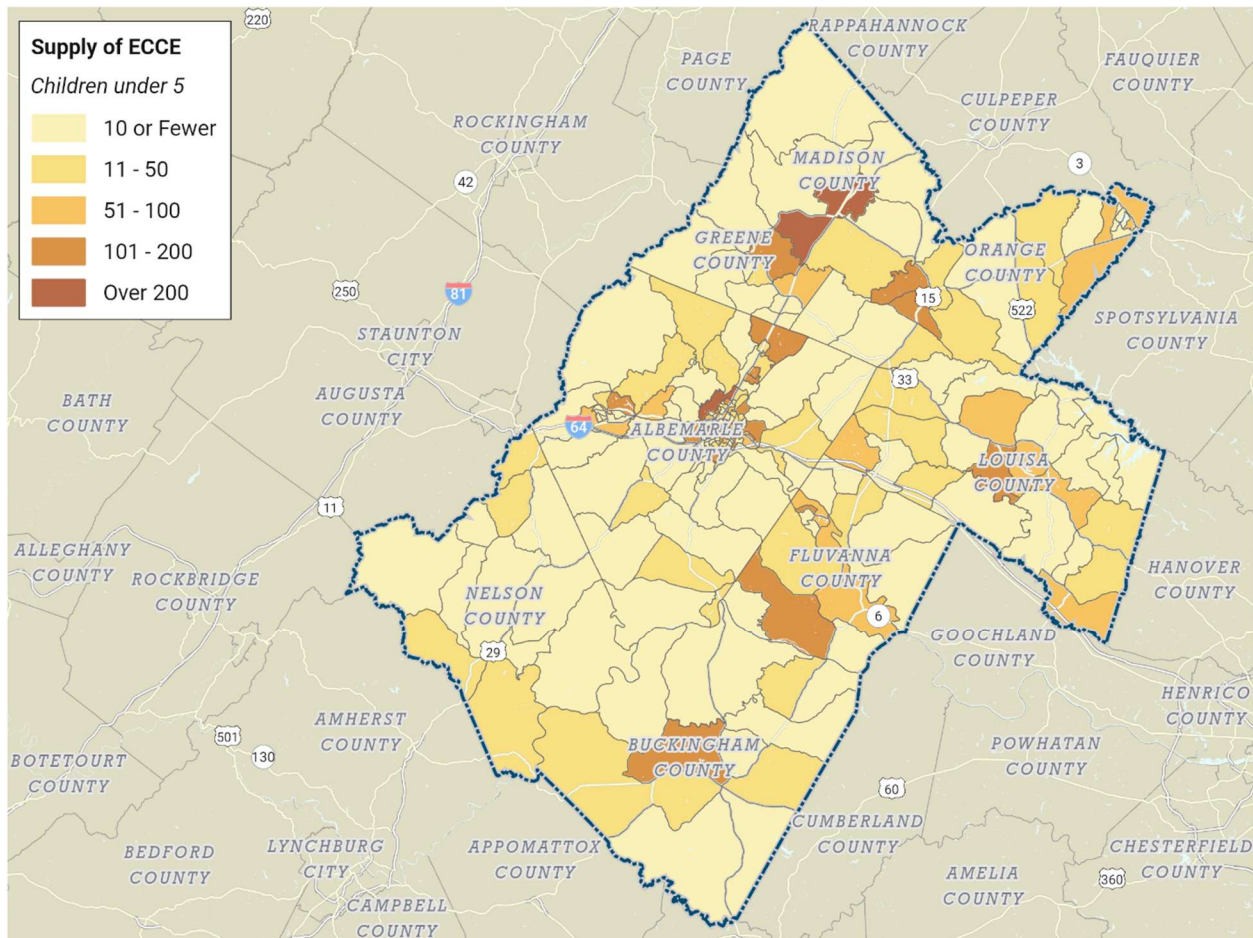


Figure 4 Overall ECCE Supply in the Greater Charlottesville Area

Overall Relative Shortage

In the Greater Charlottesville Area, **40%** of demand for children under age 5 is met by existing supply.

Areas colored in **Gray** have average relative availability, or a gap between supply and demand that is typical for the subregion. Areas colored in **Green** have higher than average relative availability but still may not have sufficient availability to meet demand in the area.

Several areas with the highest availability are clustered around Charlottesville and north along Route 29 into Greene and Madison counties. Areas with the lowest availability are spread throughout the subregion, including along the northern and eastern edges of the subregion.

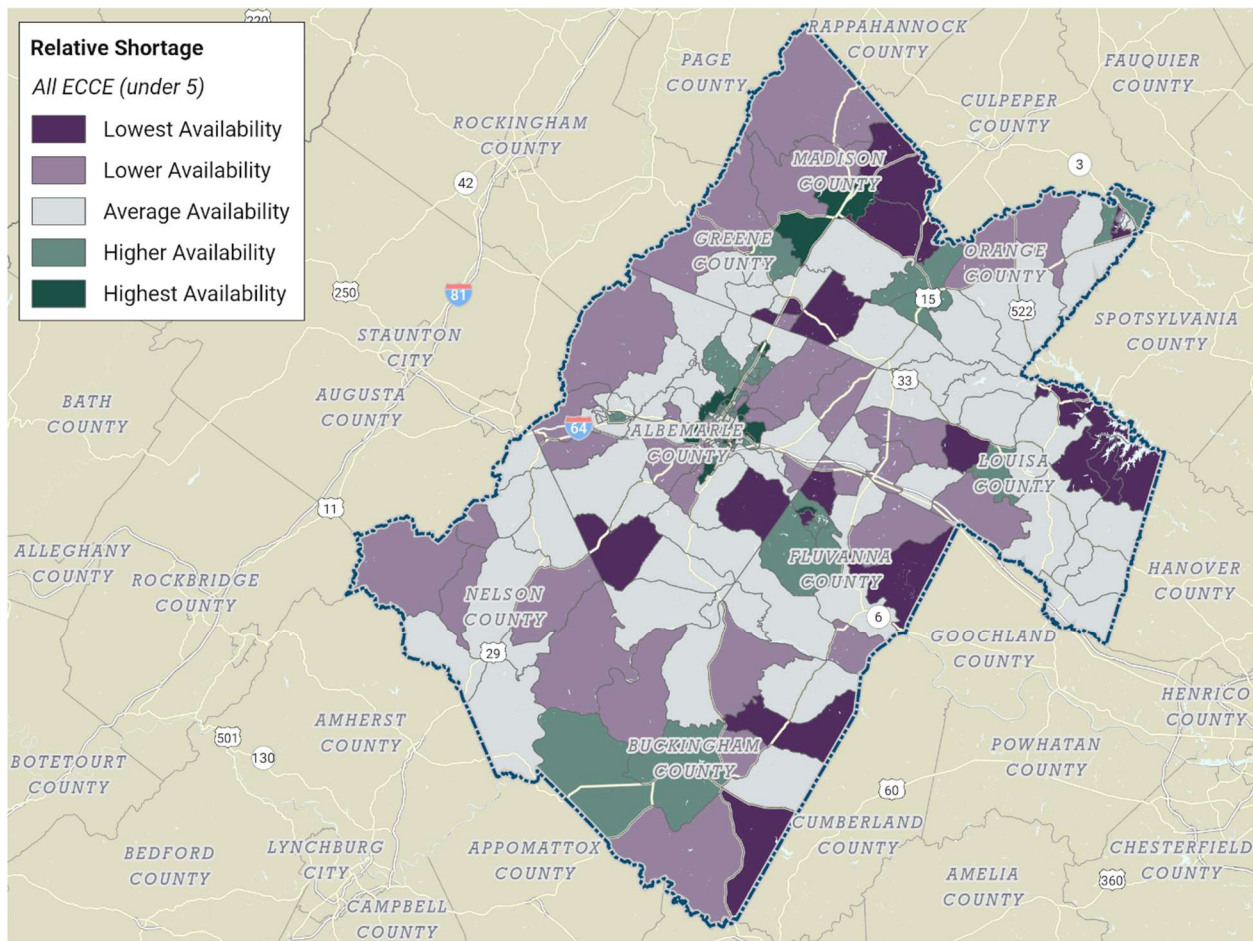


Figure 5 Overall ECCE Relative Shortage in the Greater Charlottesville Area

Infant and Toddler ECCE Demand

The Greater Charlottesville Area has a maximum possible demand of 10,565 children under age three. This demand for Infant and Toddler ECCE is present across the subregion, with concentrations near Charlottesville and in portions of Orange, Louisa, and Fluvanna counties.

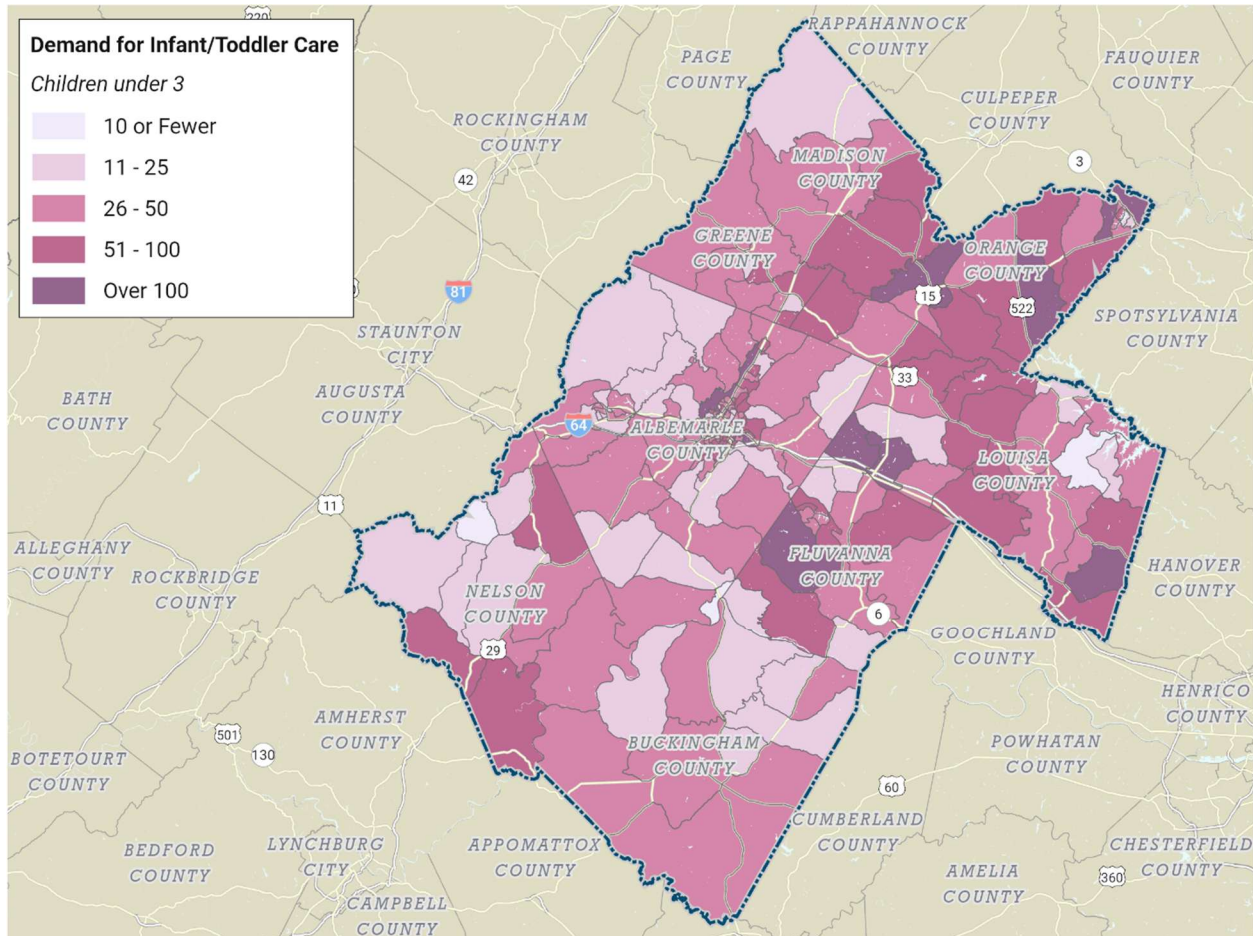


Figure 6 Infant and Toddler ECCE Demand in the Greater Charlottesville Area

Infant and Toddler ECCE Supply

The Greater Charlottesville Area has a supply of 2,369 licensed ECCE slots for children under three. The supply of Infant and Toddler ECCE is highest in areas including the city of Charlottesville and north along Route 29 into Greene and Madison counties, as well as portions of Louisa and Fluvanna counties.

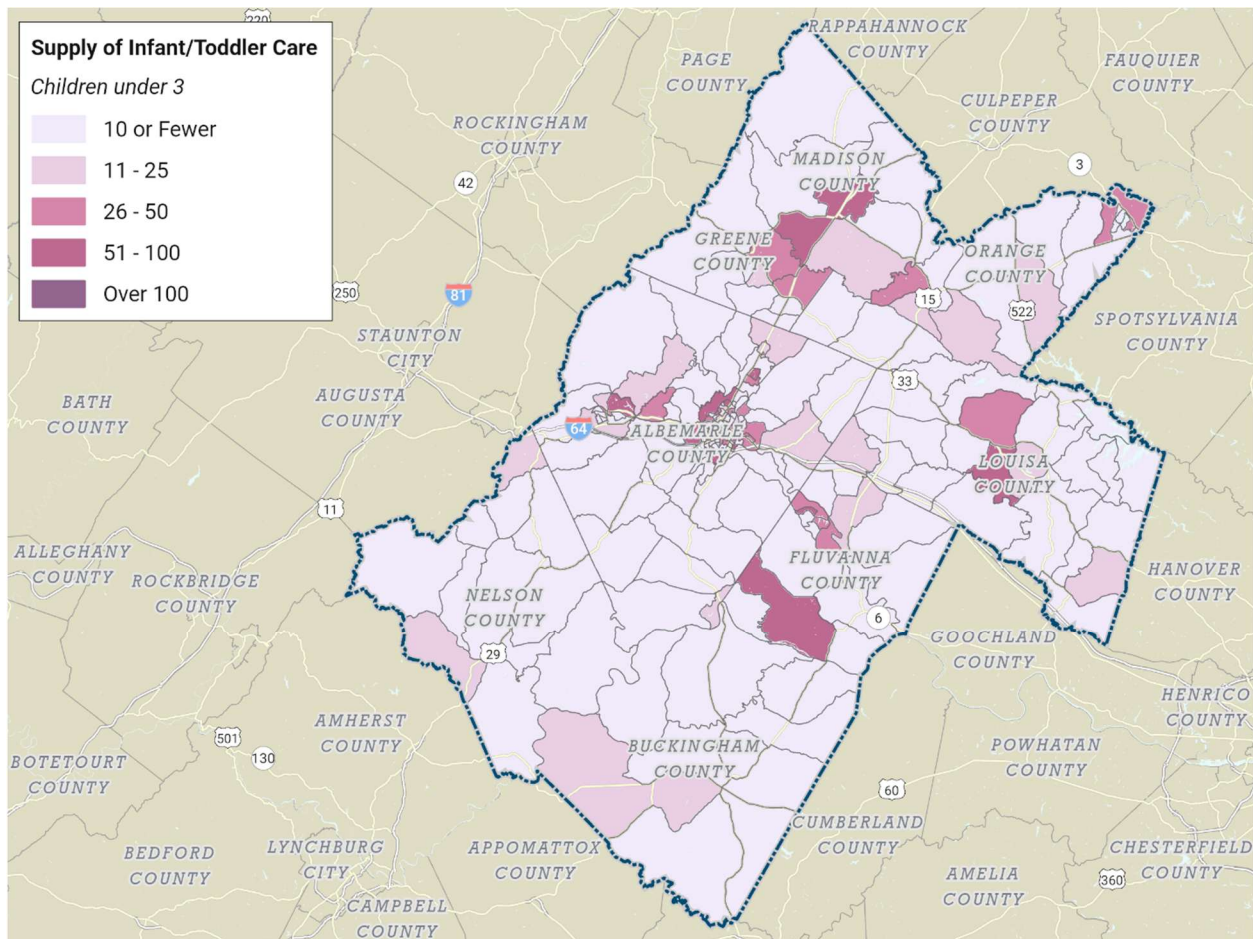


Figure 7 Infant and Toddler ECCE Supply in the Greater Charlottesville Area

Infant and Toddler Relative Shortage

In the Greater Charlottesville Area, **22%** of demand for Infant and Toddler Care (care for children under age 3) is met by existing supply.

Areas colored in **Gray** have average relative availability, or a gap between supply and demand that is typical for the subregion. Areas colored in **Green** have higher than average relative availability but still may not have sufficient availability to meet demand in the area.

Several areas with the highest availability are clustered around Charlottesville and north along Route 29 into Greene and Madison counties as well as portions of Fluvanna and Louisa counties. Areas with the lowest availability are spread throughout the subregion, including along the northern, eastern, and southern edges of the subregion.

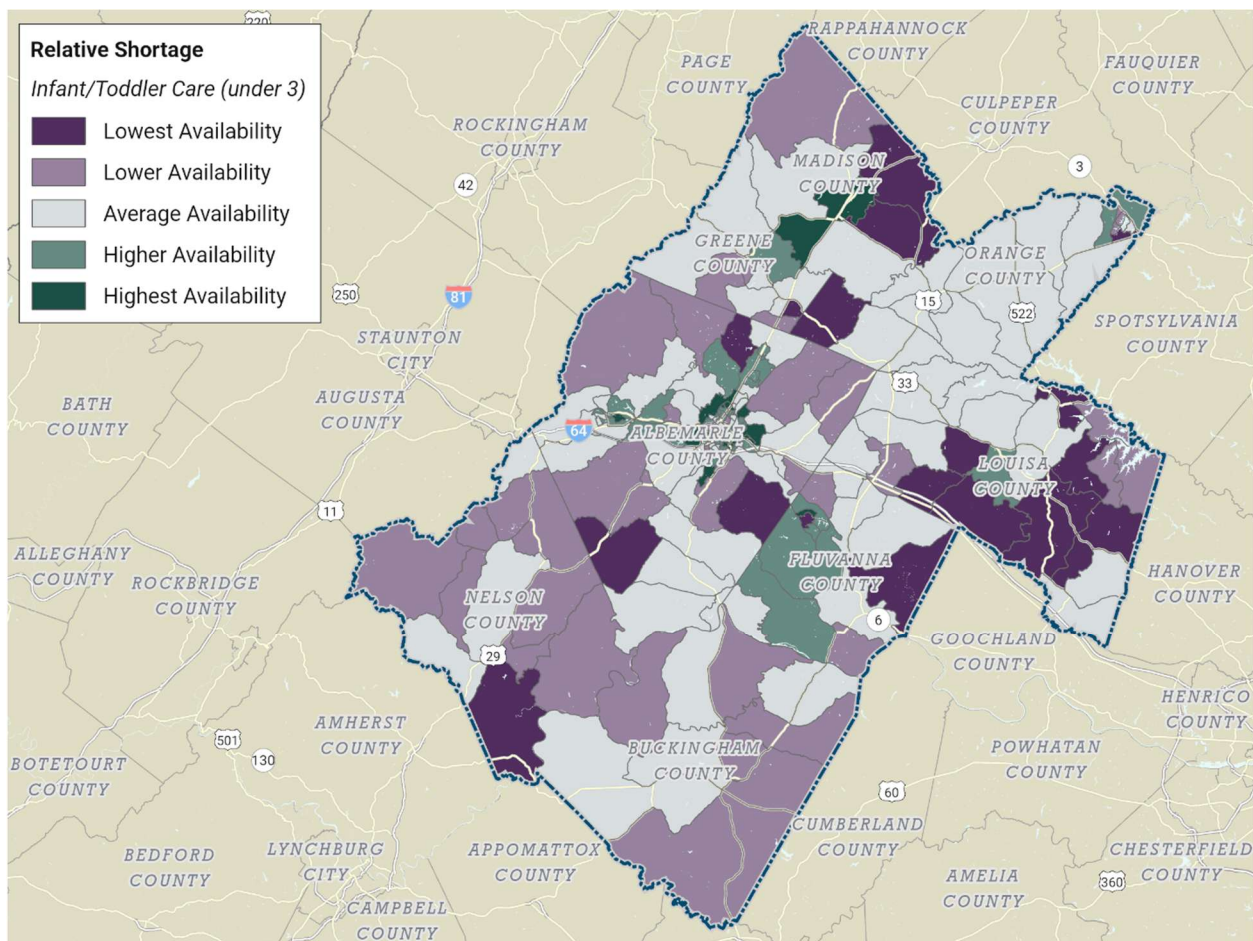


Figure 8 Infant and Toddler ECCE Relative Shortage in the Greater Charlottesville Area

Publicly Funded Care (Acceptance)

The map below shows the location of providers and the concentration of children who are likely eligible for publicly funded care in the Greater Charlottesville Area. Areas with a higher number of children in families earning less than 300% Federal Poverty Guideline are darker orange while areas with a lower number of these children are lighter.

Each dot represents a provider. Providers shaded in **Purple stars** accept public funds. Providers shaded in **Gray** do not accept public funds. Fifty-eight % of providers in the Greater Charlottesville Area participate in at least one publicly funded program.

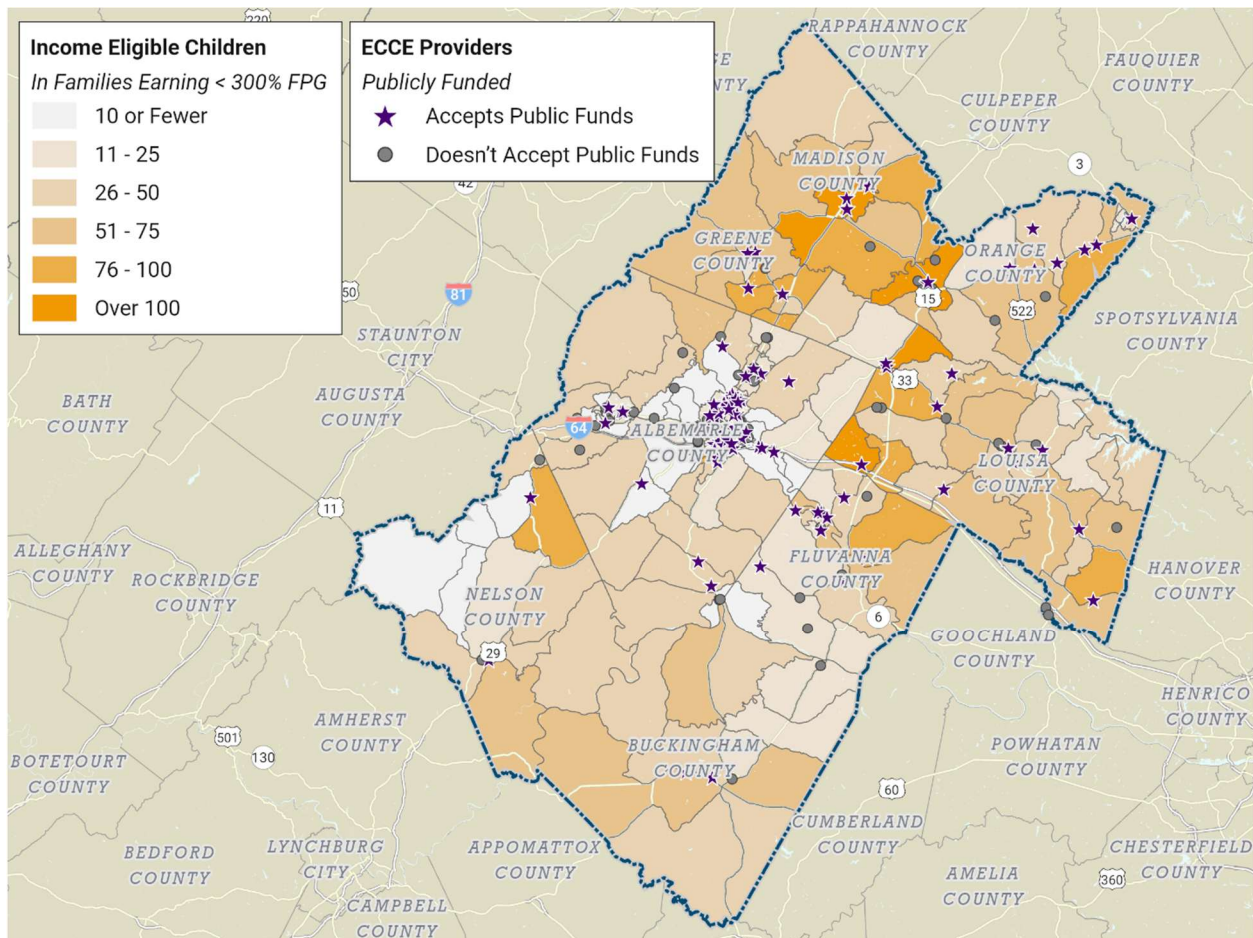


Figure 9 ECCE Providers by Public Funding Acceptance in the Greater Charlottesville Area

Publicly Funded Care (Demand and Supply)

The map below groups areas along two intersecting variables in the Greater Charlottesville Area – the licensed capacity of providers who participate in publicly funded programs and the number of children under age 5 in families earning less than 300% Federal Poverty Guideline.

Orange block groups are those with a higher demand (number of children under age five in families that are potentially income-eligible) and a lower supply (licensed capacity at providers who accept public funds) and represent areas that may be experiencing a particularly acute shortage of publicly funded care.

Areas shaded in **Gray** have fewer publicly funded providers, but lower demand for publicly funded care. Areas shaded in **Blue** have providers accepting public funds but fewer children in income-qualified families. Areas shaded in **Green** have both high demand and higher supply of publicly funded care.

Note that while this includes the licensed capacity of providers participating in at least one publicly funded ECCE program, most of these providers do not accept public funds for all of their ECCE slots as shown in the table Publicly Funded ECCE Absolute Shortage. Twenty-four % of the Greater Charlottesville Area’s demand for publicly funded care can be met by existing publicly funded ECCE slots.

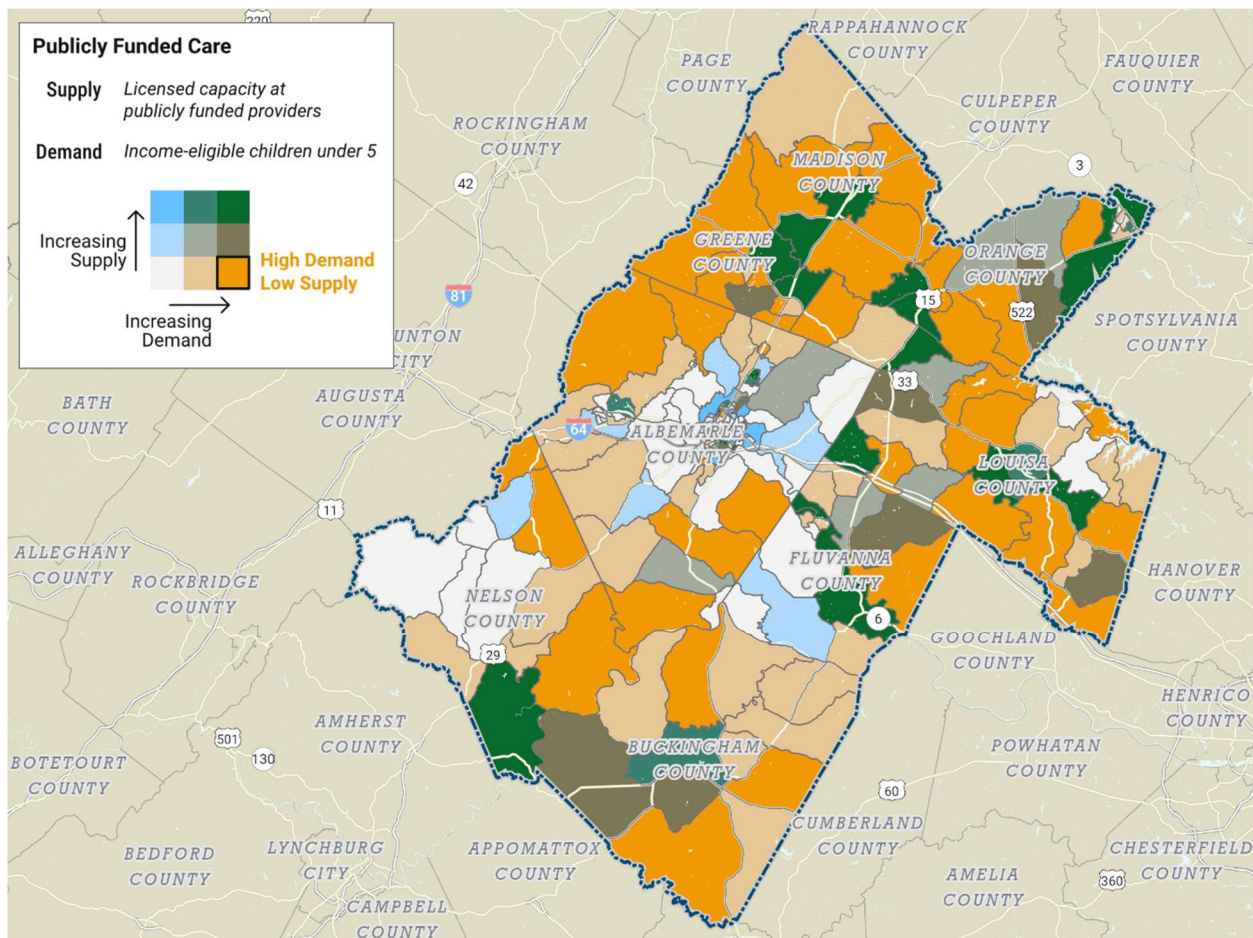


Figure 10 Supply and Demand for Publicly Funded ECCE in the Greater Charlottesville Area

Change in Absolute Shortage (2023-2025)

The map below shows the areas with a change in absolute shortage between 2023 and 2025. Areas shaded in **Green** increased availability through reductions in absolute shortage. Areas shaded in **Gray** had minimal or no change in absolute shortage. Areas shaded in **Purple** had an increase in absolute shortage, meaning that availability decreased.

Much of the Greater Charlottesville Area saw a reduction in absolute shortage between 2023 to 2025. Parts of Nelson, Albemarle, Louisa, and Orange Counties saw their absolute shortage worsen by more than 25 seats during this same period.

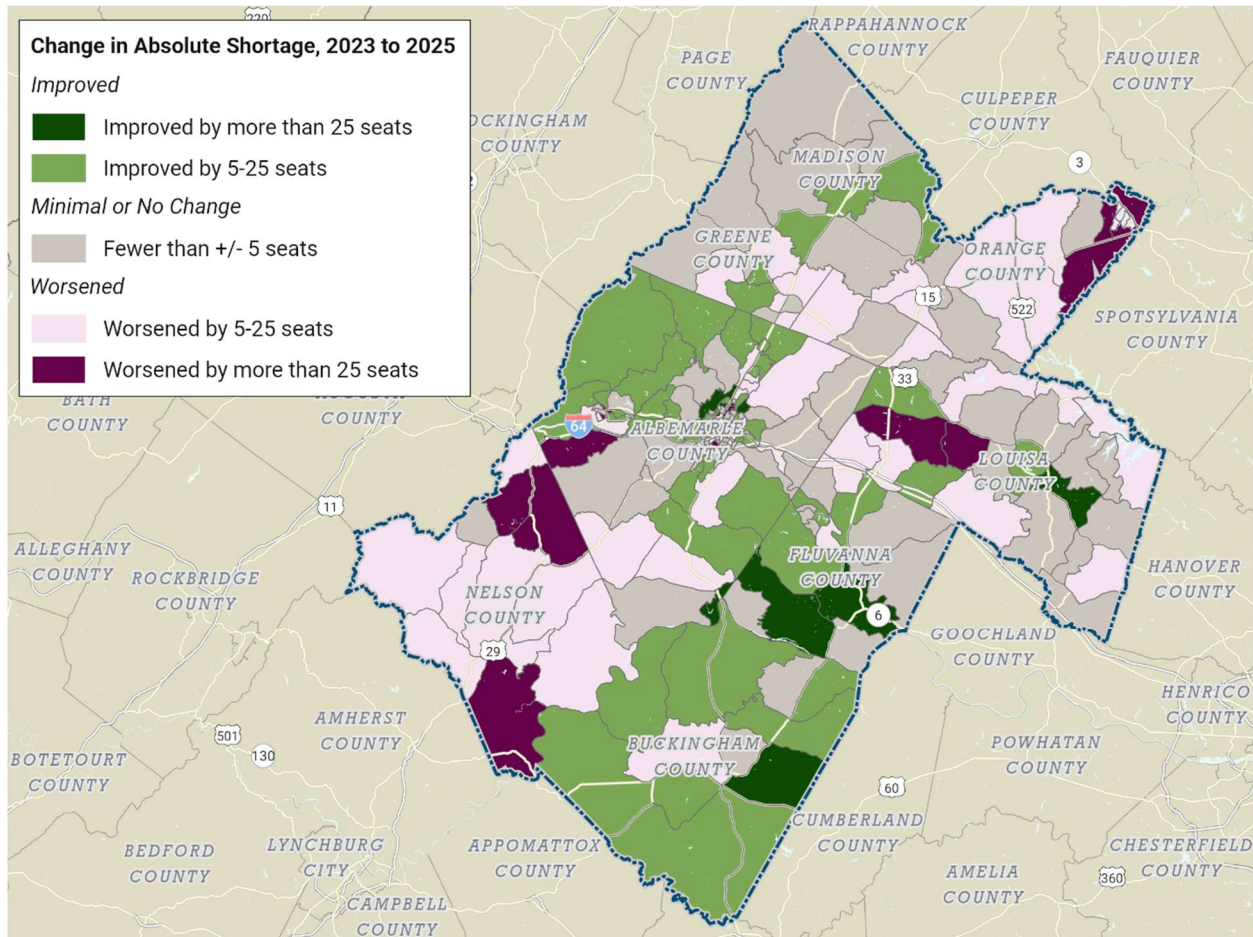


Figure 11 Change in Absolute Shortage (2023-2025) in the Greater Charlottesville Area

Change in Relative Shortage (2023-2025)

Average relative availability indicates a gap between supply and demand that is typical for the subregion. In the Greater Charlottesville Area in 2025, 40% of demand for children under age 5 is met by existing supply.

The map below identifies areas that experienced a change in relative shortage from 2023 to 2025. Areas in **Teal** improved relative availability, while areas in **Purple** worsened relative availability during this period.

Many areas in Louisa and Buckingham counties as well as the City of Charlottesville improved relative availability from 2023 to 2025. In contrast, other areas in Albemarle, Nelson, and Louisa counties experienced reductions in availability relative to the subregion.

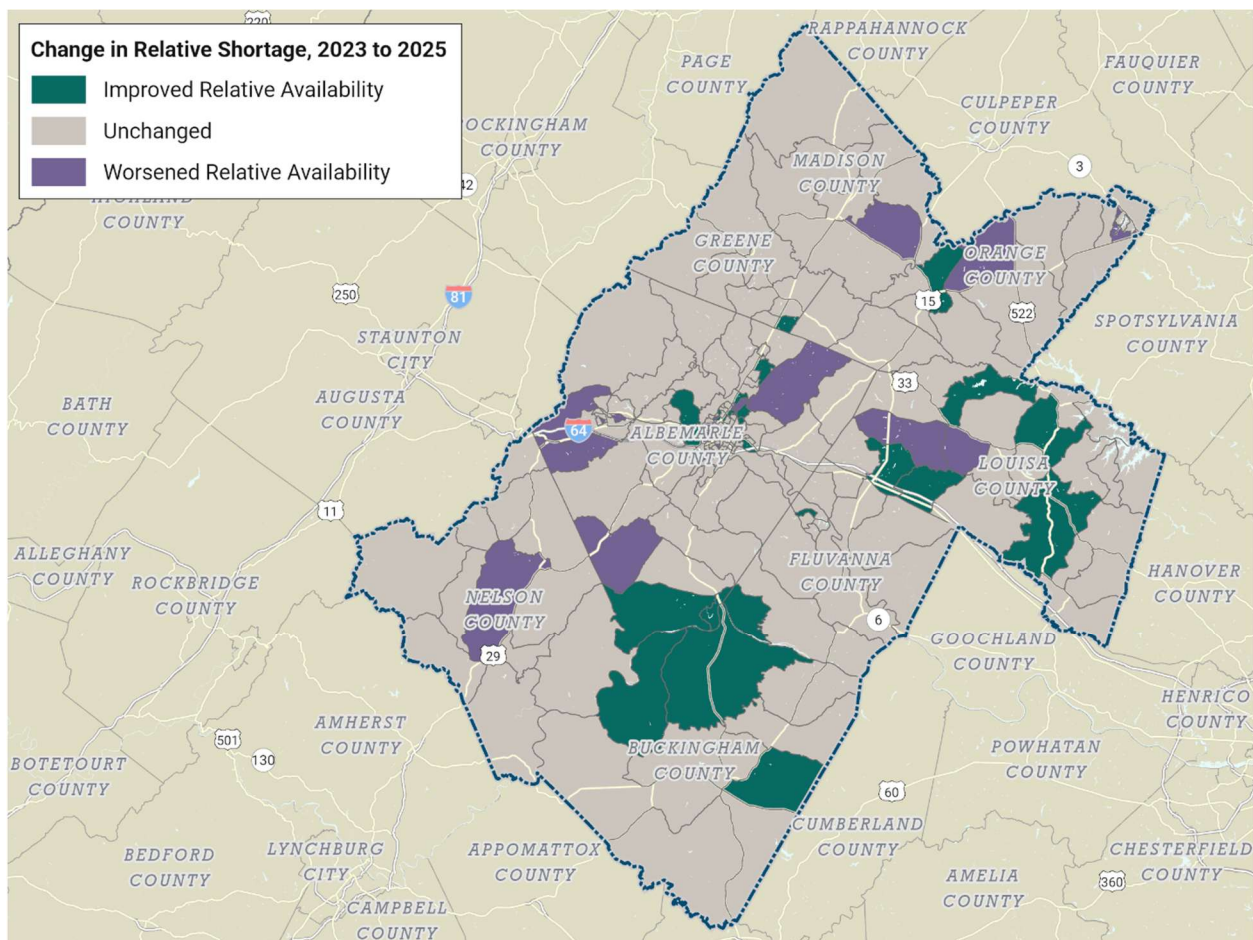


Figure 12 Change in Relative Shortage (2023-2025) in the Greater Charlottesville Area

Northern Shenandoah Valley

Overall ECCE Demand

The Northern Shenandoah Valley has a maximum possible demand of 13,614 children under age five. This demand for ECCE is particularly present along the I-81 corridor and in the city of Winchester.

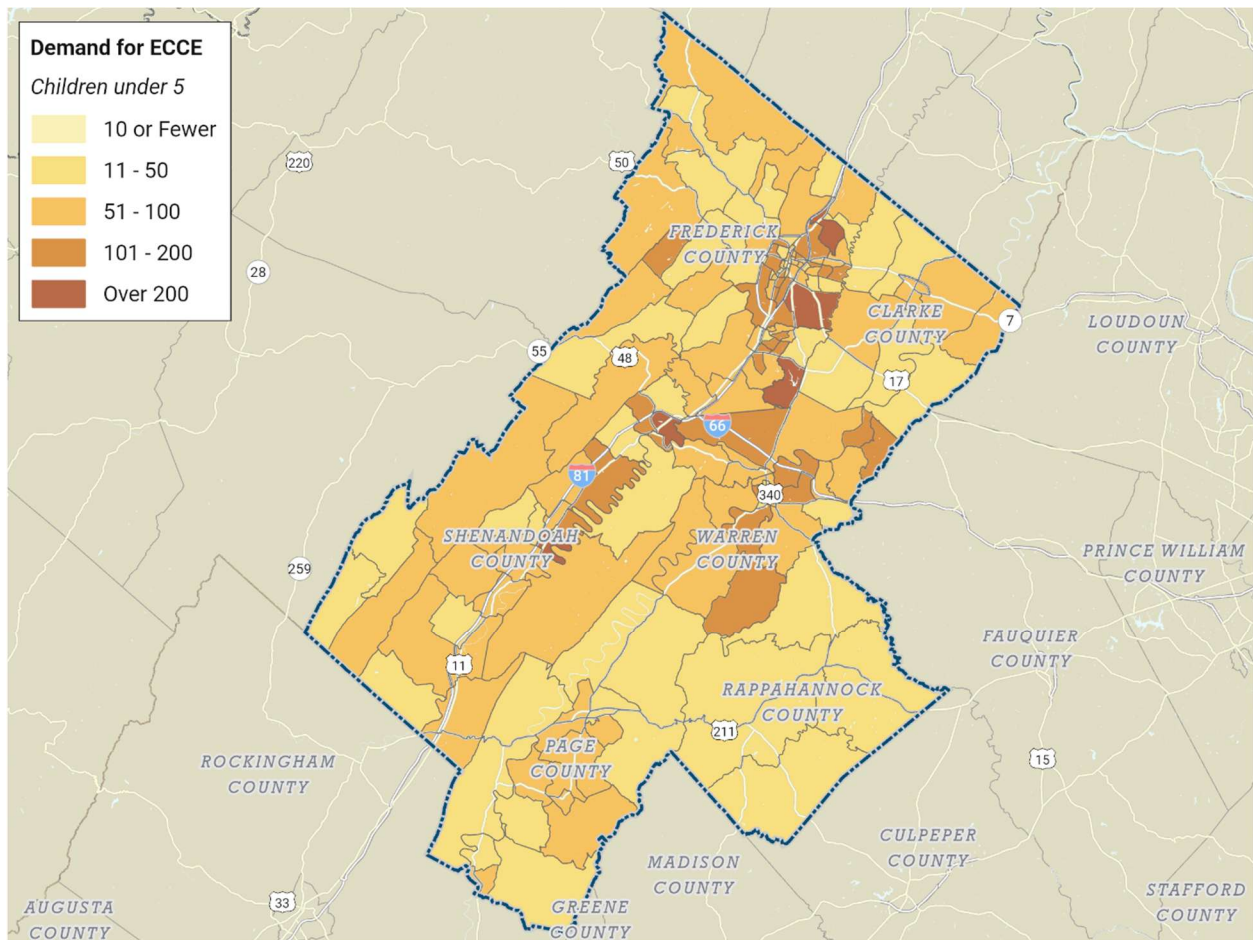


Figure 13 Overall ECCE Demand in the Northern Shenandoah Valley

Overall ECCE Supply

The Northern Shenandoah Valley has a supply of 5,486 licensed ECCE slots. The supply of ECCE is highest in the city of Winchester.

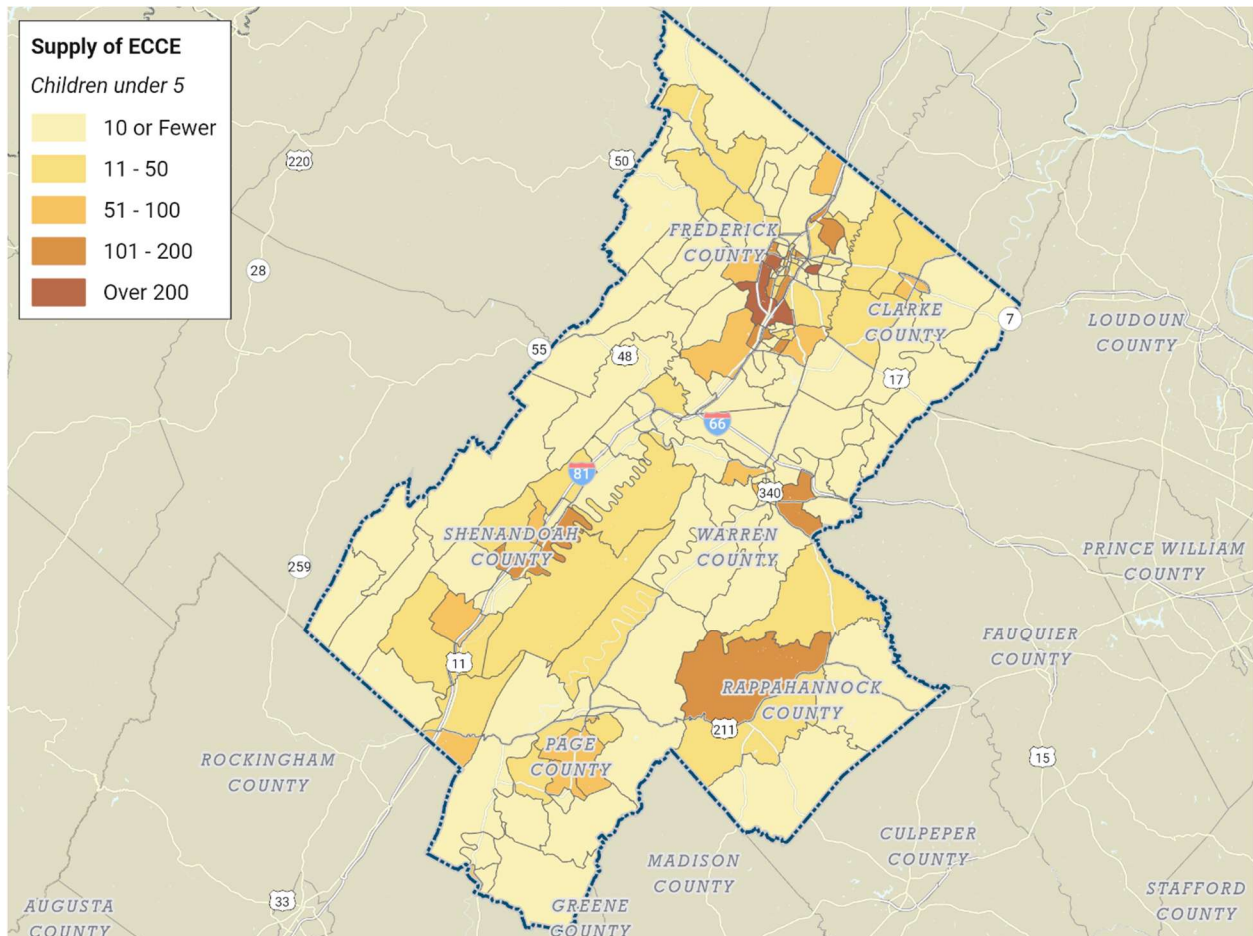


Figure 14 Overall ECCE Supply in the Northern Shenandoah Valley

Overall Relative Shortage

In the Northern Shenandoah Valley, **40%** of demand for children under age 5 is met by existing supply.

Areas colored in **Gray** have average relative availability, or a gap between supply and demand that is typical for the subregion. Areas colored in **Green** have higher than average relative availability but still may not have sufficient availability to meet demand in the area.

Several areas with the highest availability are clustered around Winchester and near Highways 211 and 522 in Rappahannock County. Areas with the lowest availability are spread throughout the subregion, including along the eastern edge of the subregion.

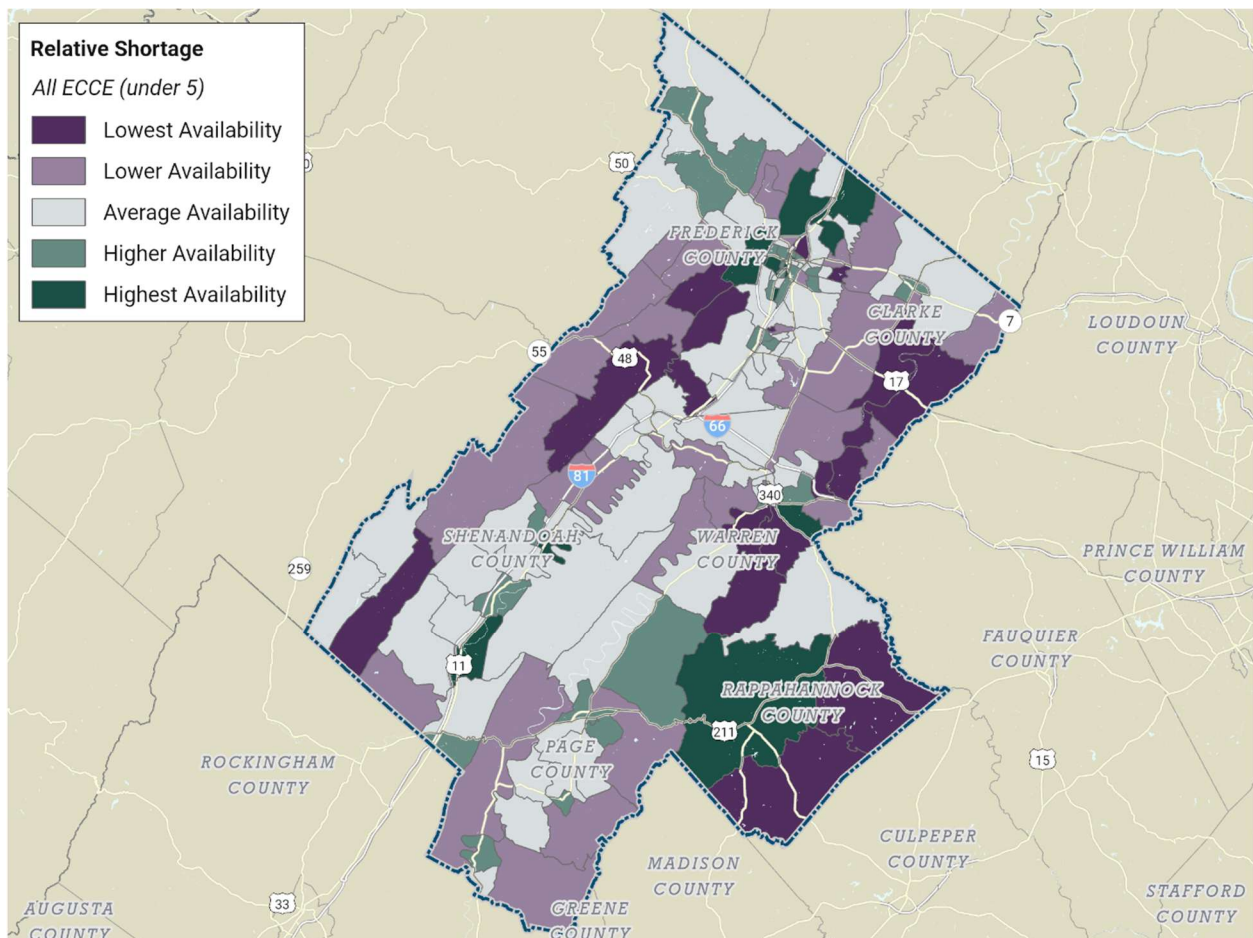


Figure 15 Overall ECCE Relative Shortage in the Northern Shenandoah Valley

Infant and Toddler ECCE Demand

The Northern Shenandoah Valley has a maximum possible demand of 7,828 children under age three. This demand for Infant and Toddler ECCE is present in much of the subregion.

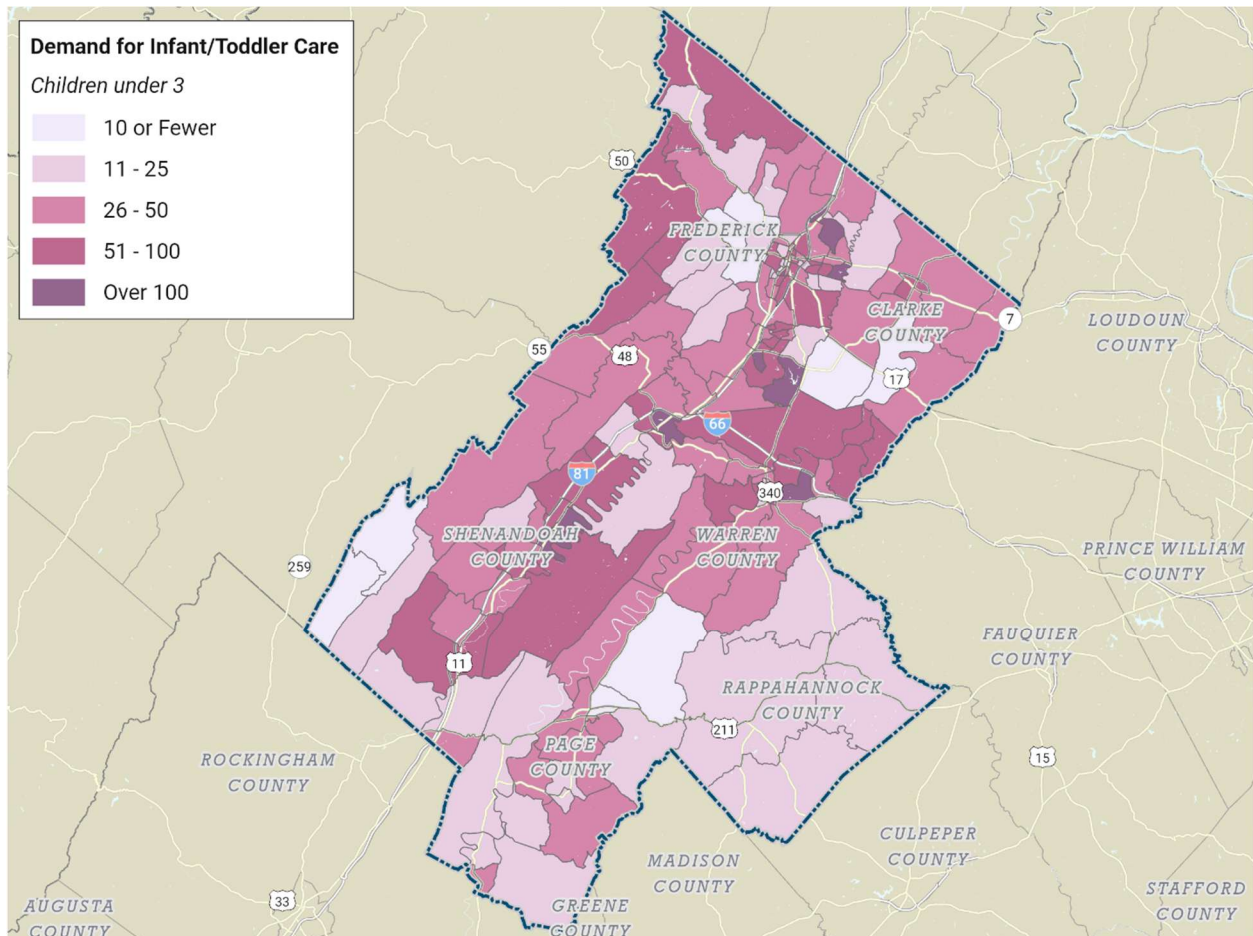


Figure 16 Infant and Toddler ECCE Demand in the Northern Shenandoah Valley

Infant and Toddler ECCE Supply

The Northern Shenandoah Valley has a supply of 1,802 licensed ECCE slots for children under three. The supply of Infant and Toddler ECCE is highest in near the city of Winchester as well as portions of Warren and Rappahannock Counties.

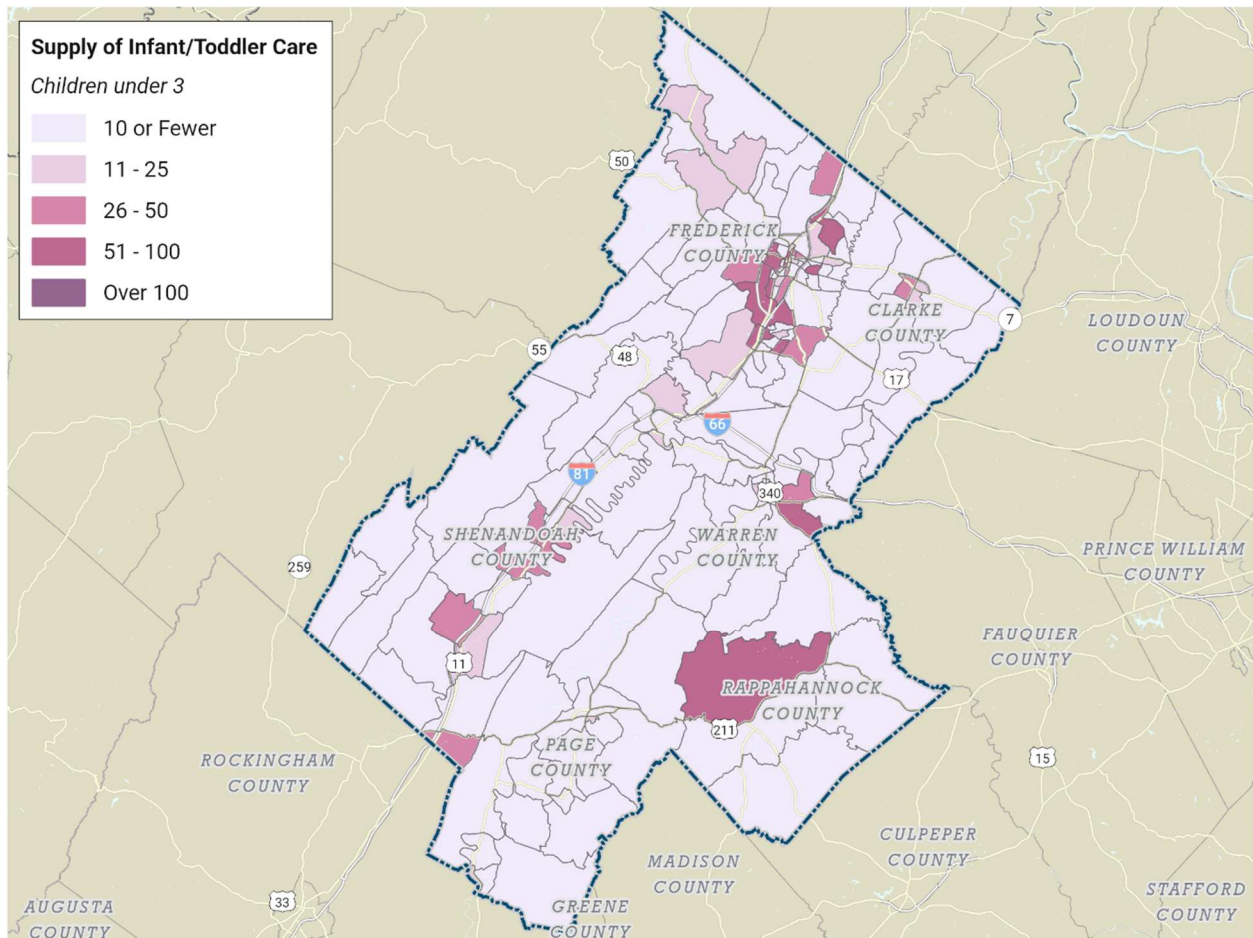


Figure 17 Infant and Toddler ECCE Supply in the Northern Shenandoah Valley

Relative Shortage (Infant and Toddler Care)

In Northern Shenandoah Valley, **23%** of demand for Infant and Toddler Care (care for children under age 3) is met by existing supply.

Areas colored in **Gray** have average relative availability, or a gap between supply and demand that is typical for the subregion. Areas colored in **Green** have higher than average relative availability but still may not have sufficient availability to meet demand in the area.

Several areas with the highest availability are clustered around Winchester and near Routes 211 and 522 in Rappahannock County. Areas with the lowest availability are spread throughout the subregion, including near the southeastern edge of Clarke County.

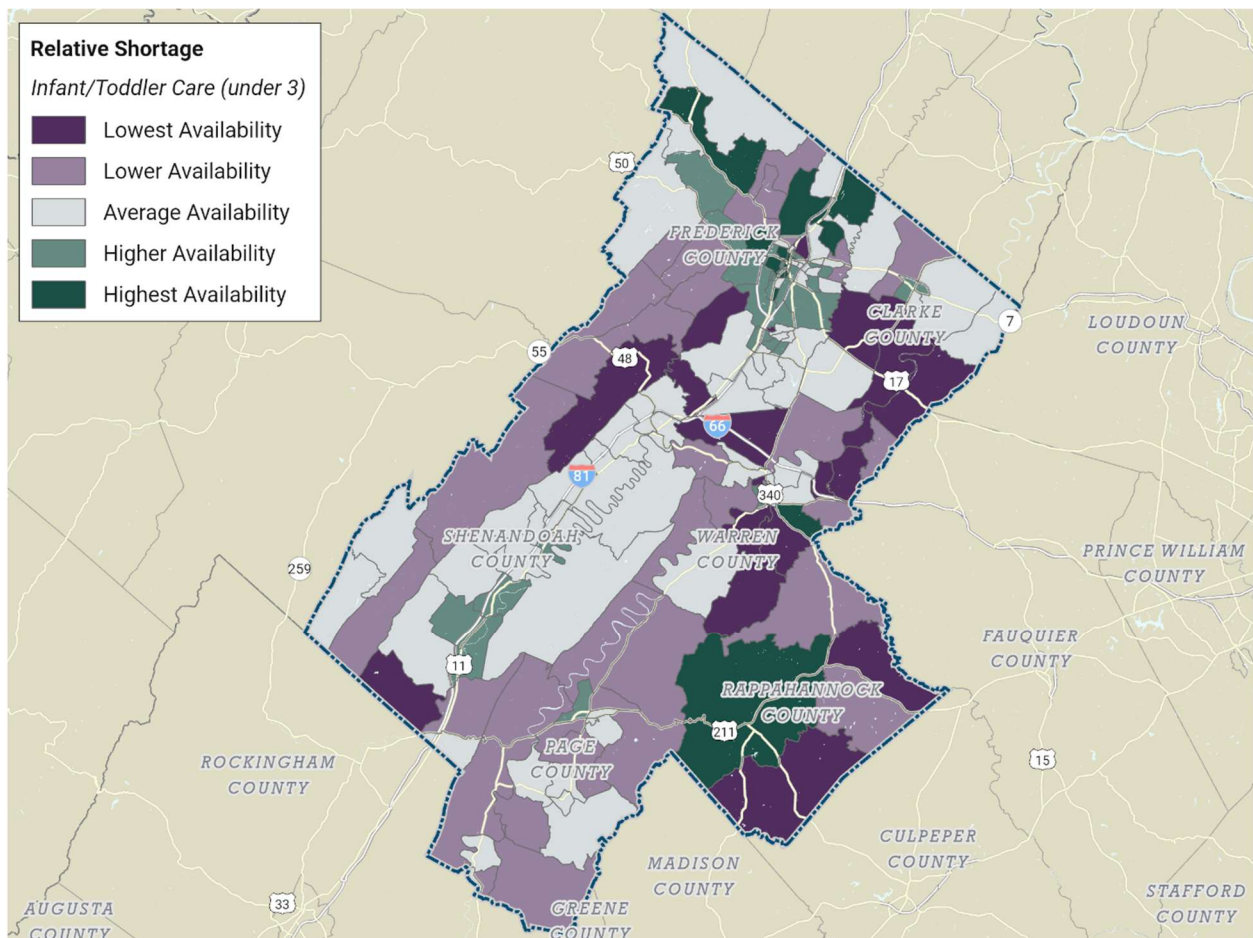


Figure 18 Infant and Toddler ECCE Relative Shortage in the Northern Shenandoah Valley

Publicly Funded Care (Acceptance)

The map below shows the location of providers and the concentration of children who are likely eligible for publicly funded care in the Northern Shenandoah Valley. Areas with a higher number of children in families earning less than 300% Federal Poverty Guideline are darker orange while areas with a lower number of these children are lighter. Each dot represents a provider. Providers shaded in **Purple stars** accept public funds. Providers shaded in **Gray** do not accept public funds. Fifty-five% of providers in the Northern Shenandoah Valley participate in at least one publicly funded program.

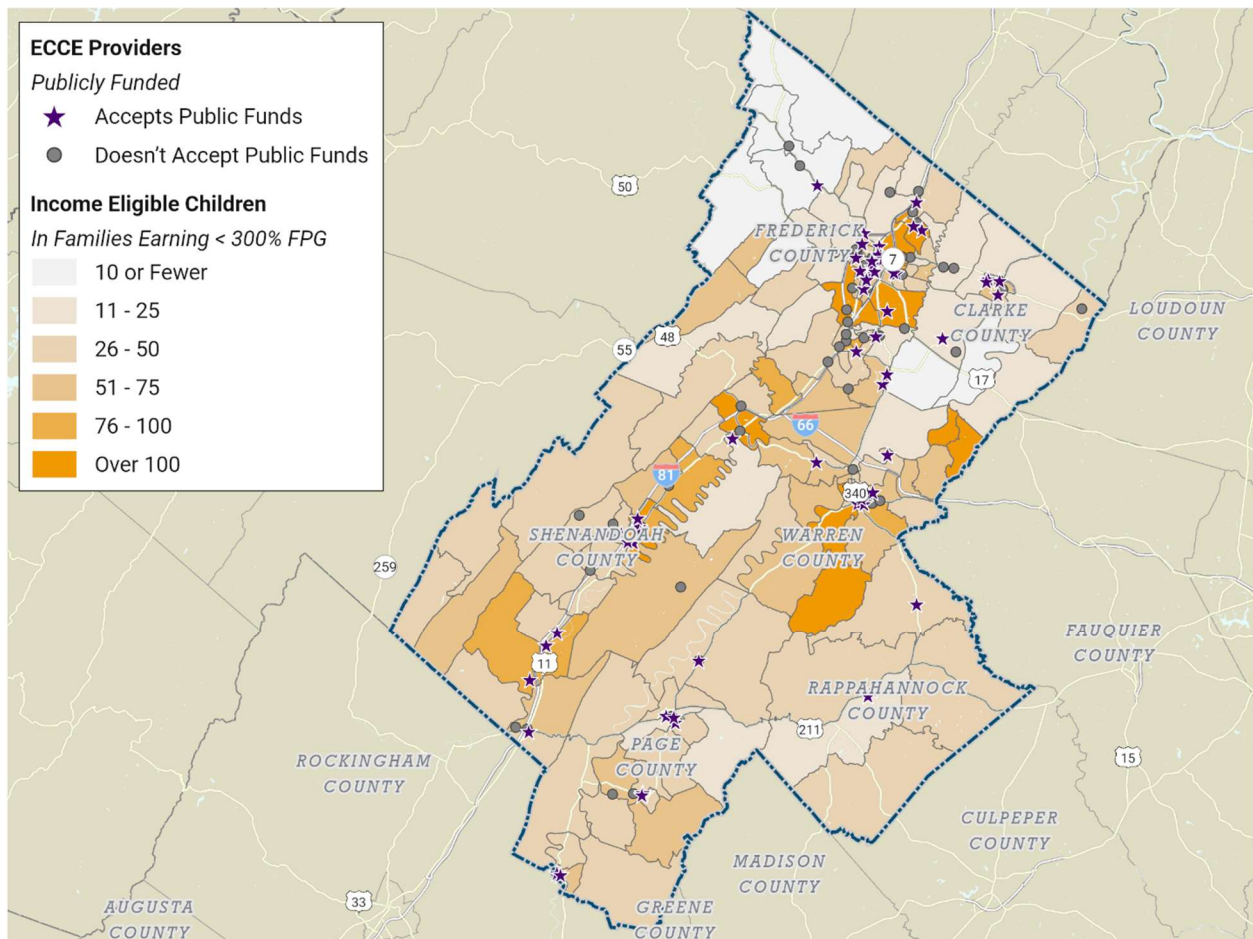


Figure 19 ECCE Providers by Public Funding Acceptance in the Northern Shenandoah Valley

Publicly Funded Care (Demand and Supply)

The map below groups areas along two intersecting variables in the Northern Shenandoah Valley – the licensed capacity of providers who participate in publicly funded programs and the number of children under age 5 in families earning less than 300% Federal Poverty Guideline.

Orange block groups are those with a higher demand (number of children under age five in families that are potentially income-eligible) and a lower supply (licensed capacity at providers who accept public funds) and represent areas that may be experiencing a particularly acute shortage of publicly funded care.

Areas shaded in **Gray** have fewer publicly funded providers, but lower demand for publicly funded care. Areas shaded in **Blue** have providers accepting public funds but fewer children in income-qualified families. Areas shaded in **Green** have both high demand and higher supply of publicly funded care.

Note that while this includes the licensed capacity of providers currently participating in at least one publicly funded ECCE program, most of these providers do not accept public funds for all of their ECCE slots and thus other areas may also be lacking sufficient publicly funded care. Eighteen% of the Northern Shenandoah Valley's demand for publicly funded care can be met by existing publicly funded ECCE slots.

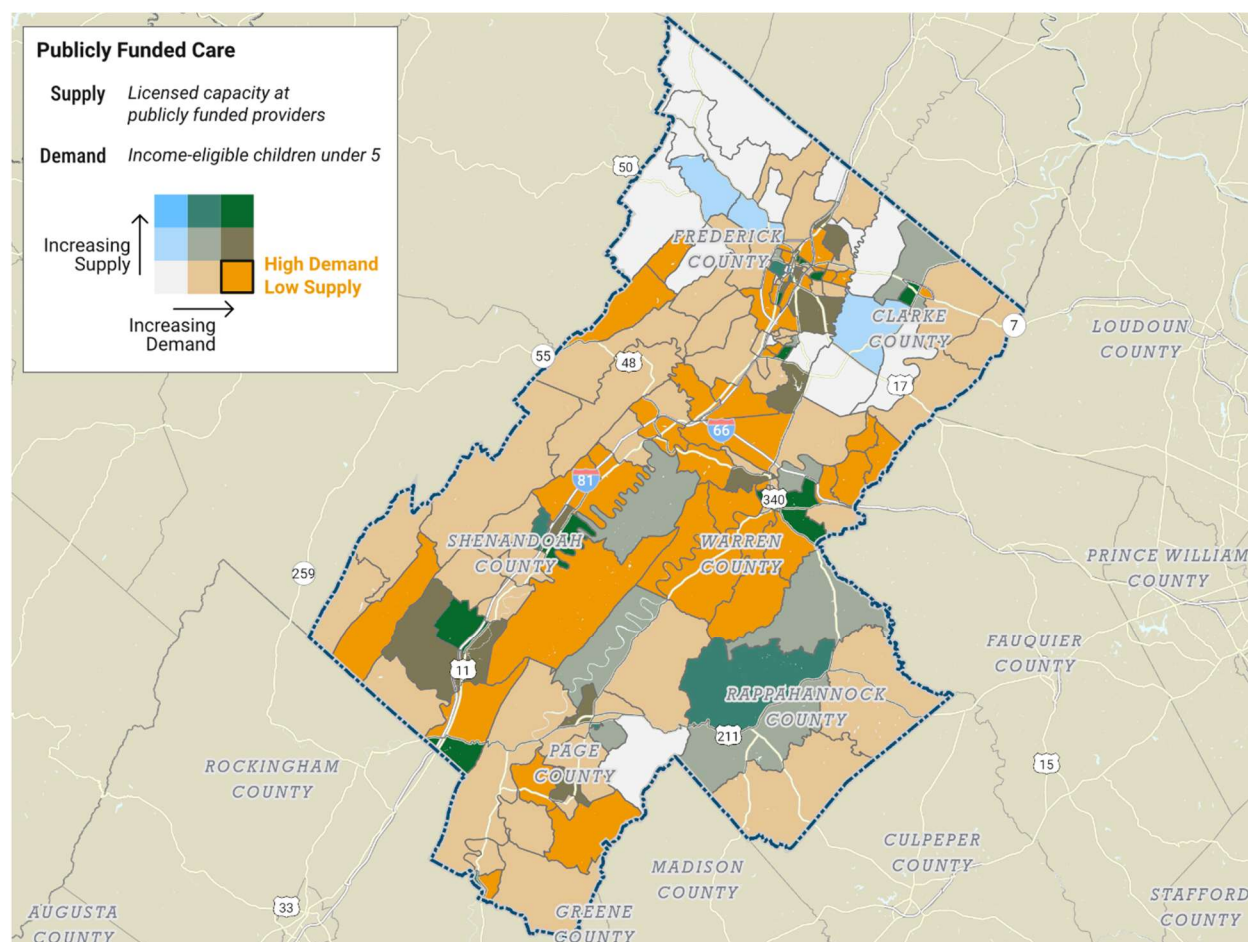


Figure 20 Supply and Demand for Publicly Funded ECCE in the Northern Shenandoah Valley

Change in Absolute Shortage (2023-2025)

The map below shows the areas with a change in absolute shortage between 2023 and 2025. Areas shaded in **Green** increased availability through reductions in absolute shortage. Areas shaded in **Gray** had minimal or no change in absolute shortage. Areas shaded in **Purple** had an increase in absolute shortage, meaning that availability decreased.

Several areas in the northern and southern ends of the Northern Shenandoah Valley saw a reduction in absolute shortage between 2023 to 2025. Parts of Clarke and Shenandoah Counties saw their absolute shortage worsen by more than 25 seats during this same period.

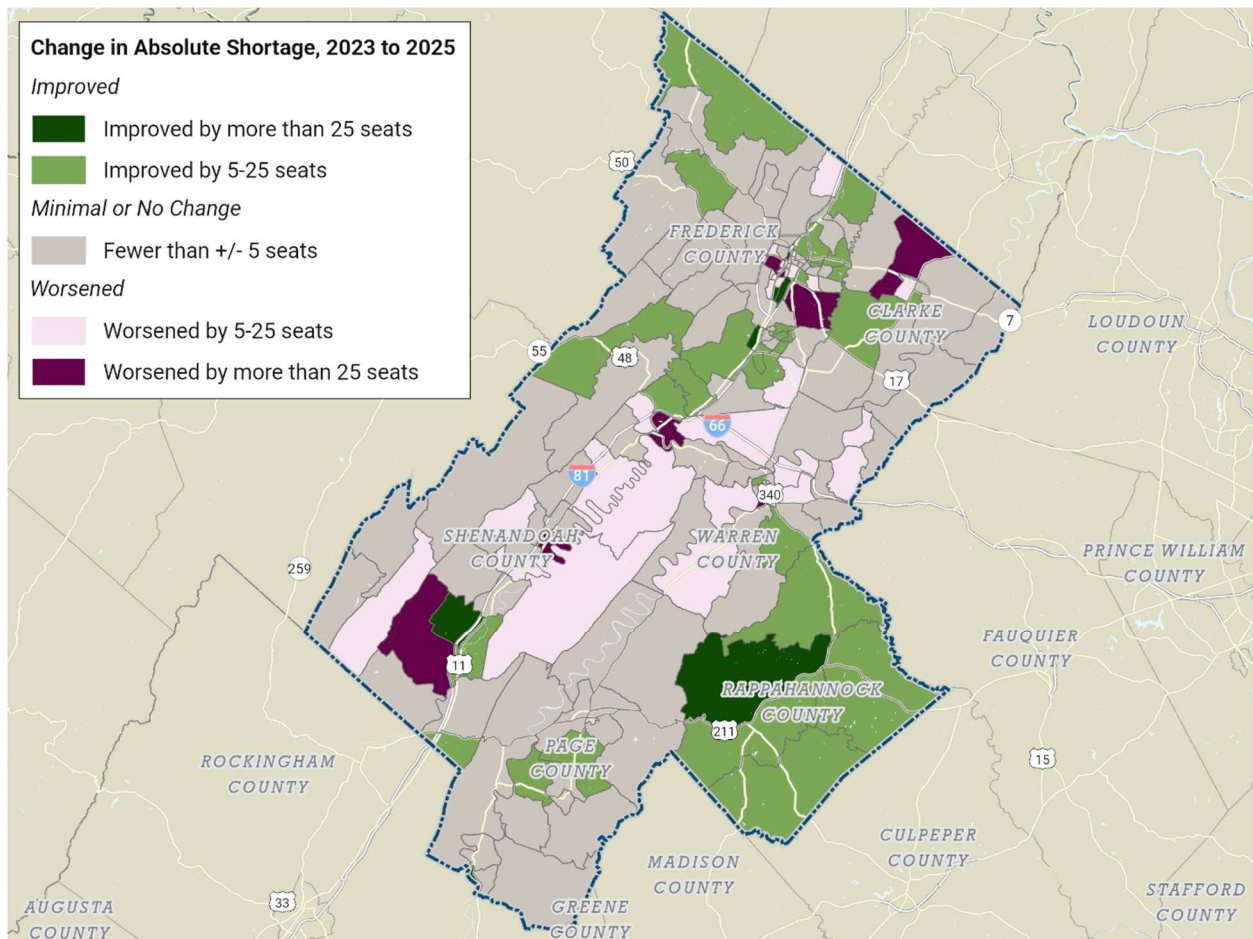


Figure 21 Change in Absolute Shortage (2023-2025) in the Northern Shenandoah Valley

Change in Relative Shortage (2023-2025)

Average relative availability indicates a gap between supply and demand that is typical for the subregion. In the Northern Shenandoah Valley in 2025, 40% of demand for children under age 5 is met by existing supply.

The map below identifies areas that experienced a change in relative shortage from 2023 to 2025. Areas in **Teal** improved relative availability, while areas in **Purple** worsened relative availability during this period.

While some areas improved relative availability from 2023 to 2025, much of the subregion remained unchanged or reduced availability relative to the subregion during this same period.

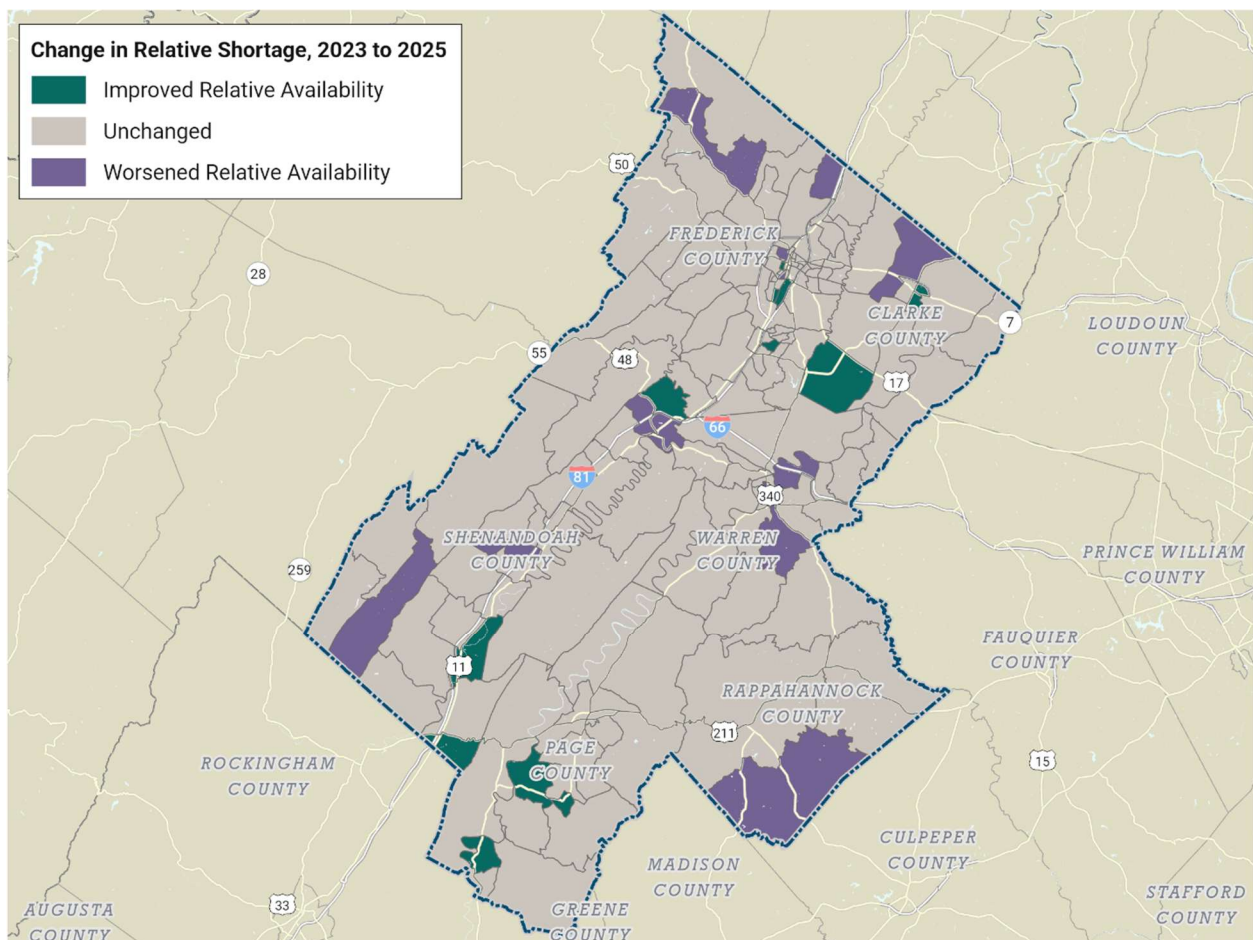


Figure 22 Change in Relative Shortage (2023-2025) in the Northern Shenandoah Valley

Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro

Overall ECCE Demand

The Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion has a maximum possible demand of 13,592 children under age five. This demand for ECCE is particularly present along the I-81 corridor and in the cities of Harrisonburg, Staunton, and Waynesboro.

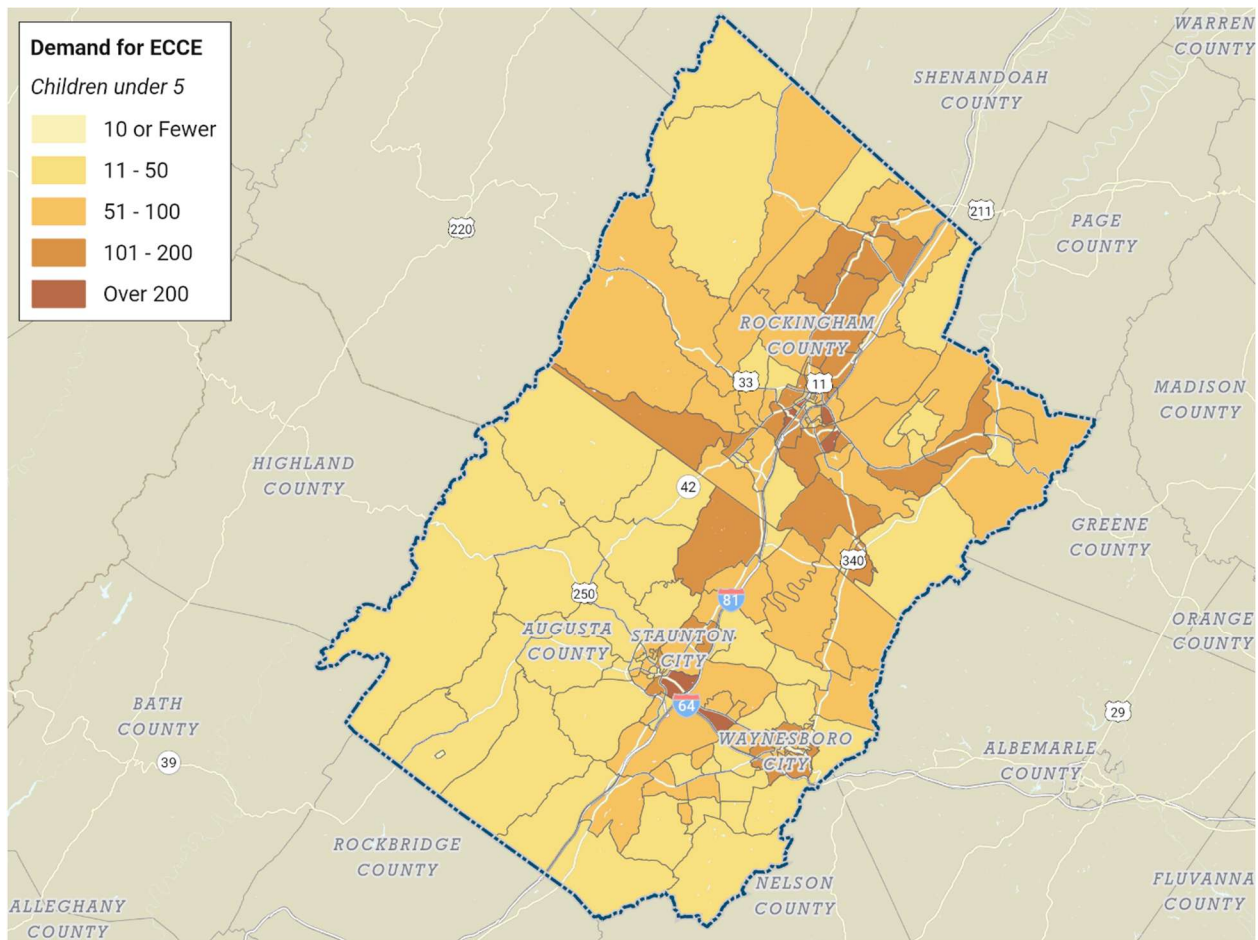


Figure 23 Overall ECCE Demand in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Overall ECCE Supply

The Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion has a supply of 5,344 licensed ECCE slots. The supply of ECCE is highest in the cities of Harrisonburg, Staunton, and Waynesboro.

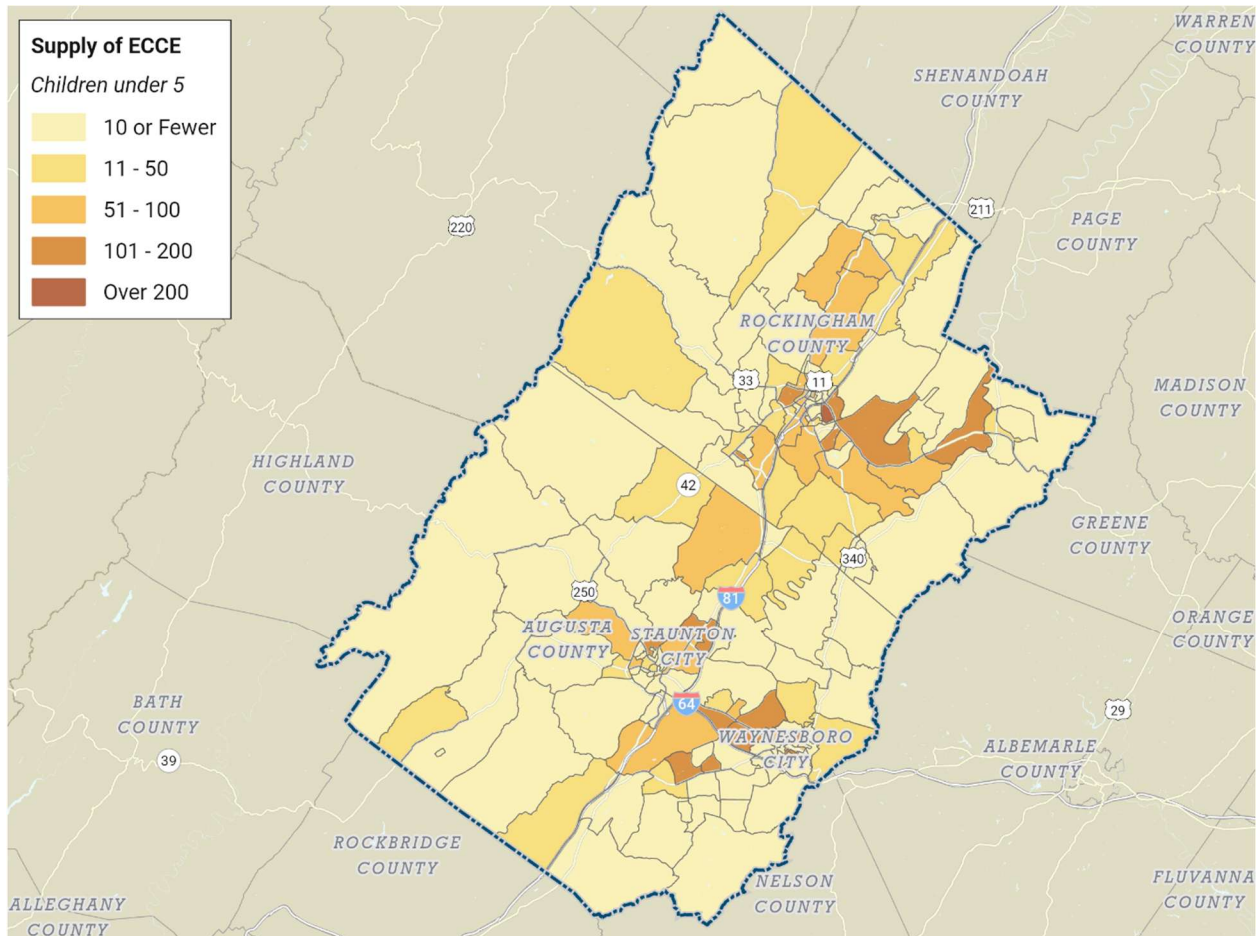


Figure 24 Overall ECCE Supply in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Overall Relative Shortage

In the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion, **39%** of demand for children under age 5 is met by existing supply.

Areas colored in **Gray** have average relative availability, or a gap between supply and demand that is typical for the subregion. Areas colored in **Green** have higher than average relative availability but still may not have sufficient availability to meet demand in the area.

Several areas with the highest availability are clustered around Staunton, Waynesboro, and Harrisonburg. Areas with the lowest availability are spread throughout the subregion, including west of I-81 in Rockingham County and east of Staunton in Augusta County.

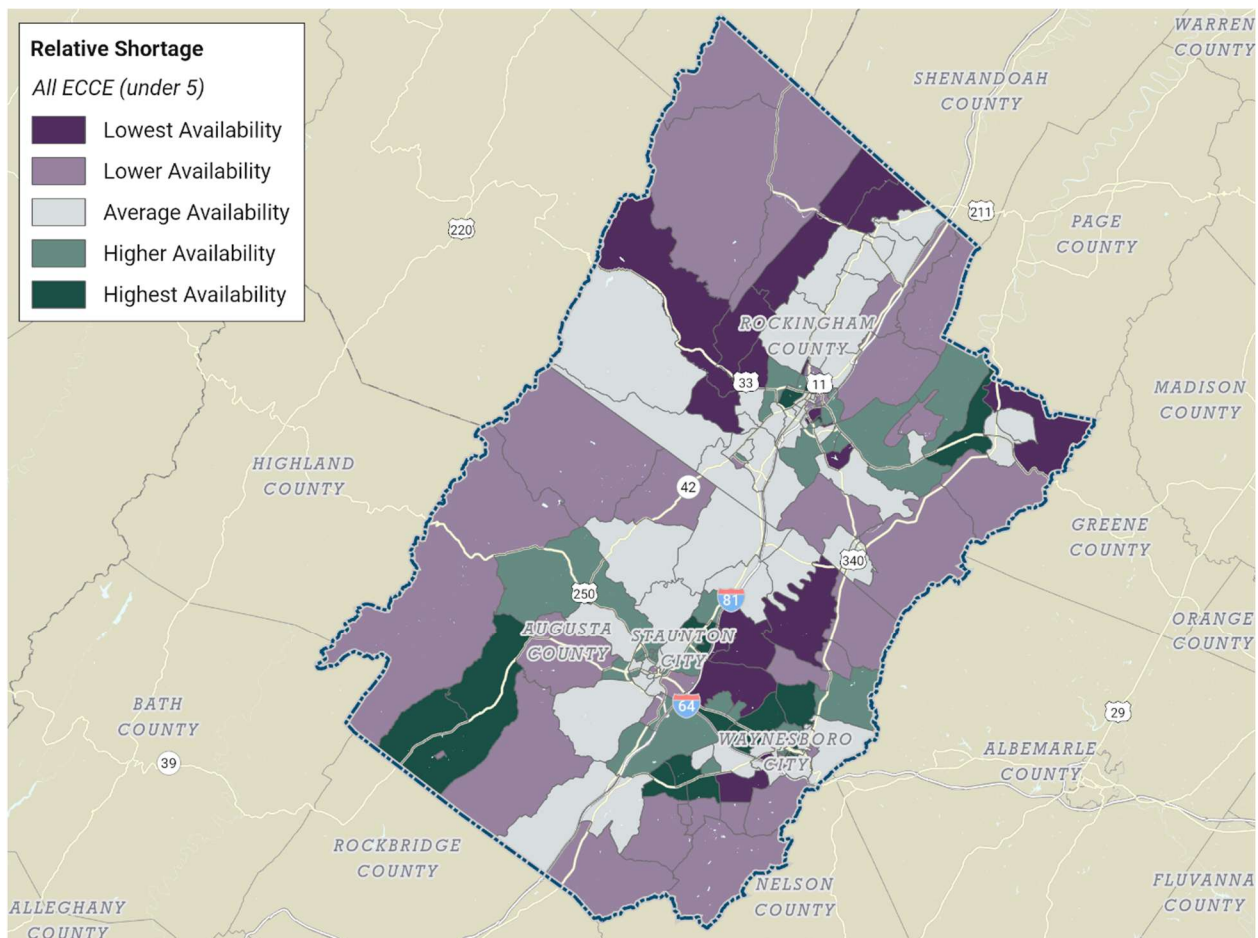


Figure 25 Overall ECCE Relative Shortage in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Infant and Toddler ECCE Demand

The Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion has a maximum possible demand of 7,487 children under age three. This demand for Infant and Toddler ECCE is present across the subregion, with concentrations in the cities of Harrisonburg, Staunton, and Waynesboro and along the I-81 corridor.

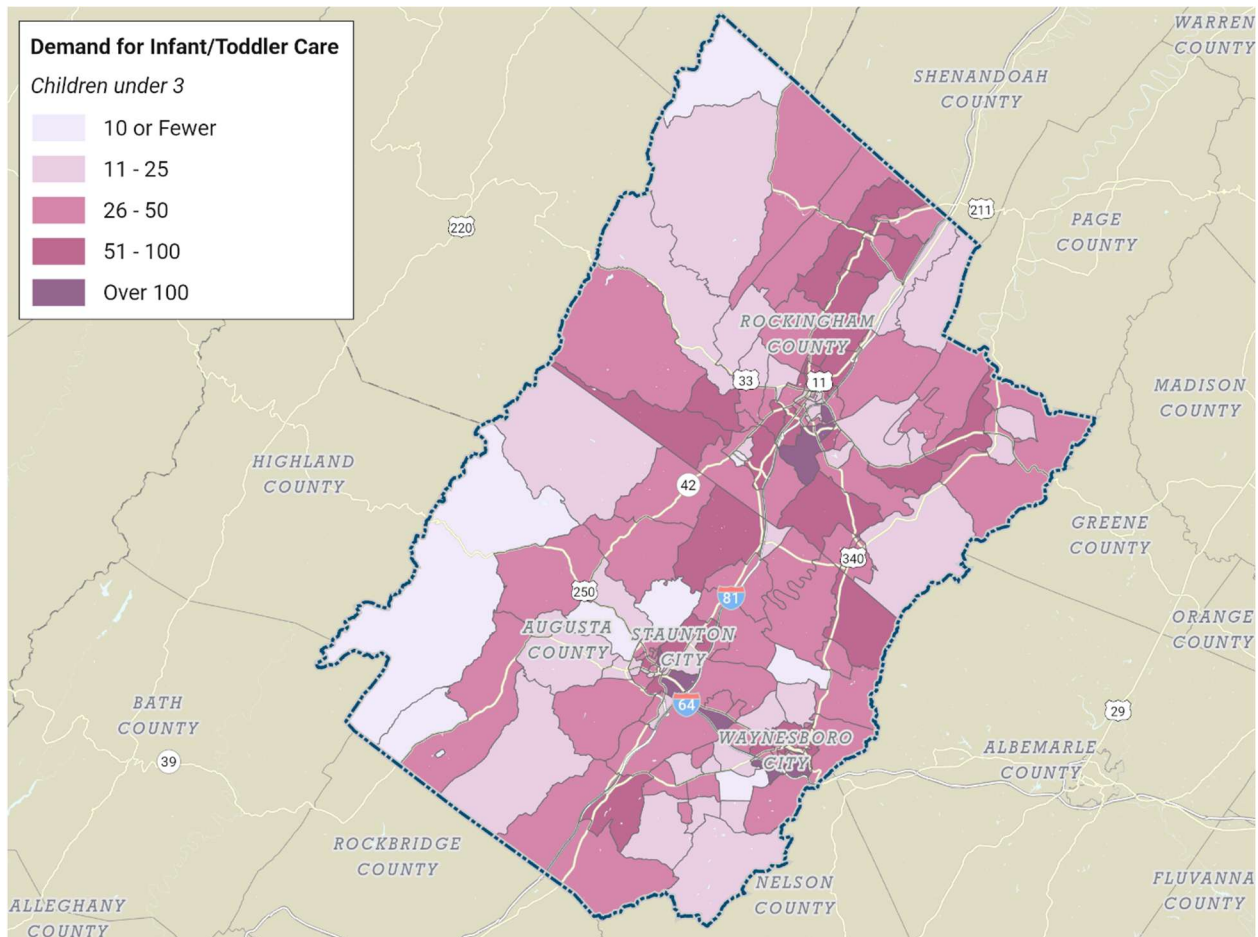


Figure 26 Infant and Toddler ECCE Demand in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Infant and Toddler ECCE Supply

The Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion has a supply of 1,637 licensed ECCE slots for children under three. The supply of Infant and Toddler ECCE is highest in areas near the cities of Harrisonburg, Staunton, and Waynesboro.

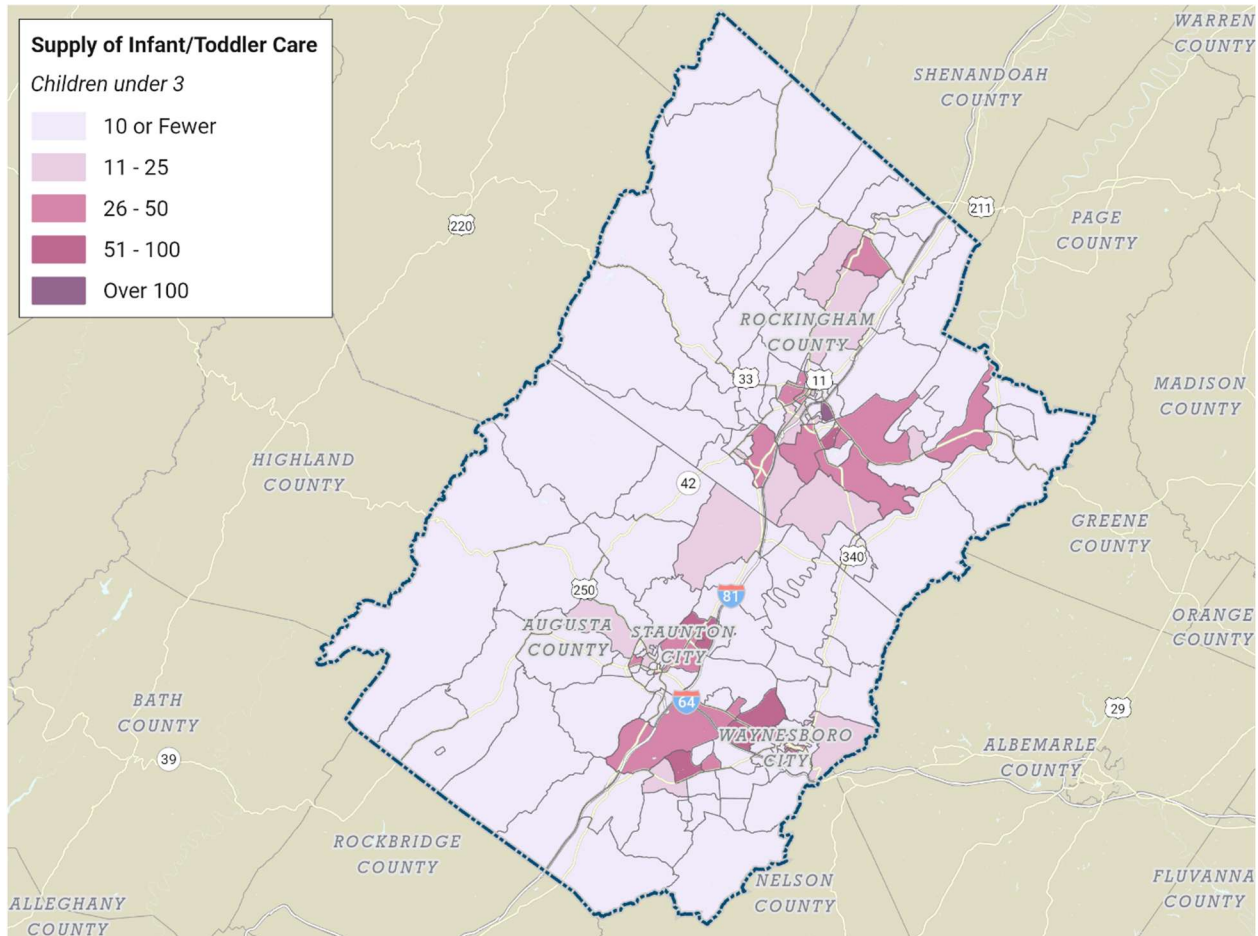


Figure 27 Infant and Toddler ECCE Supply in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Infant and Toddler Relative Shortage

In the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion, **22%** of demand for Infant and Toddler Care (care for children under age 3) is met by existing supply.

Areas colored in **Gray** have average relative availability, or a gap between supply and demand that is typical for the subregion. Areas colored in **Green** have higher than average relative availability but still may not have sufficient availability to meet demand in the area.

Several areas with the highest availability are clustered around Staunton, Waynesboro, and Harrisonburg. Areas with the lowest availability are spread throughout the subregion, including north of Harrisonburg along of I-81 in Rockingham County and south of Staunton in Augusta County.

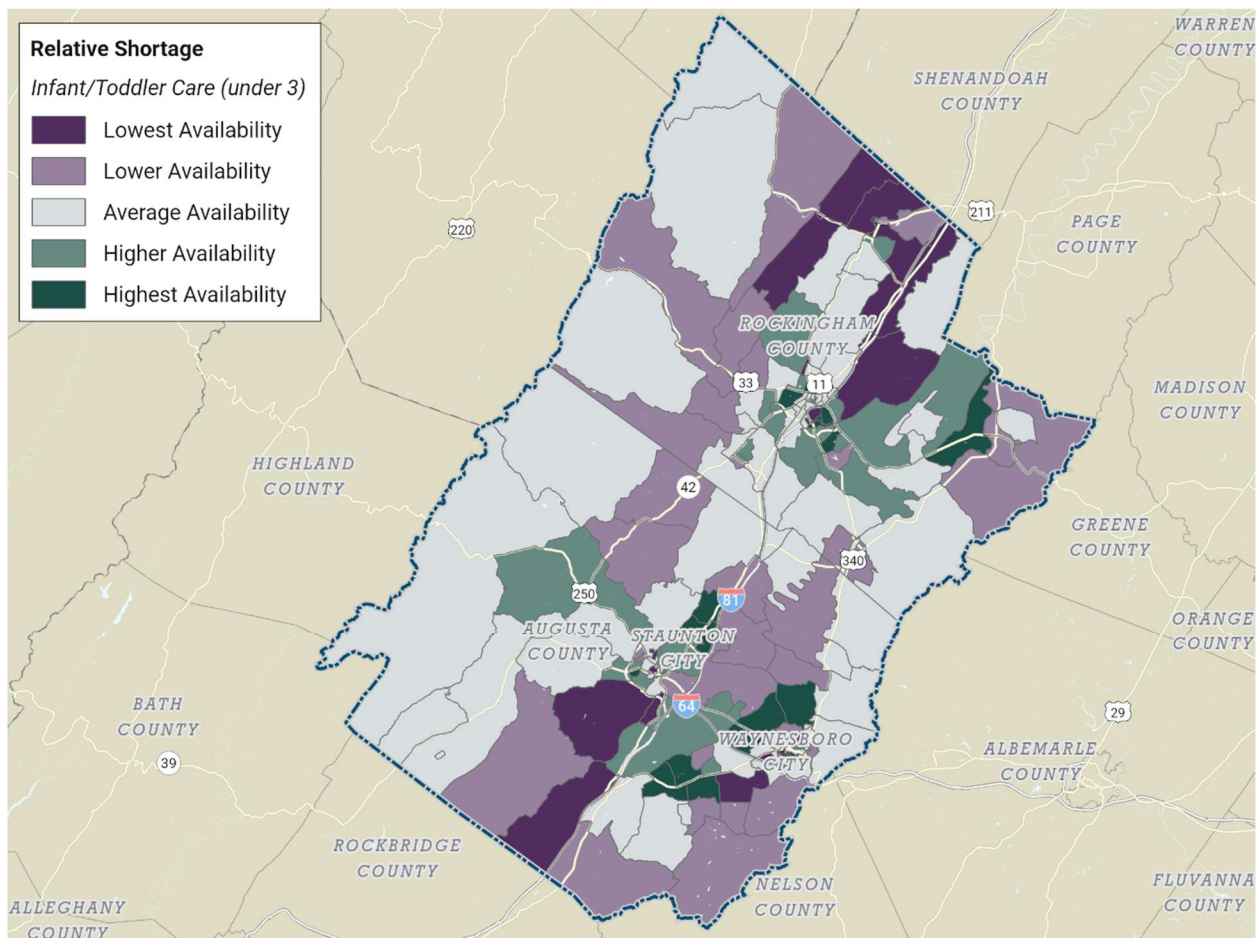


Figure 28 Infant and Toddler ECCE Relative Shortage in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Publicly Funded Care (Acceptance)

The map below shows the location of providers and the concentration of children who are likely eligible for publicly funded care in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion. Areas with a higher number of children in families earning less than 300% Federal Poverty Guideline are darker orange while areas with a lower number of these children are lighter. Each dot represents a provider. Providers shaded in **Purple stars** accept public funds. Providers shaded in **Gray** do not accept public funds. Fifty-eight % of providers in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion participate in at least one publicly funded program.

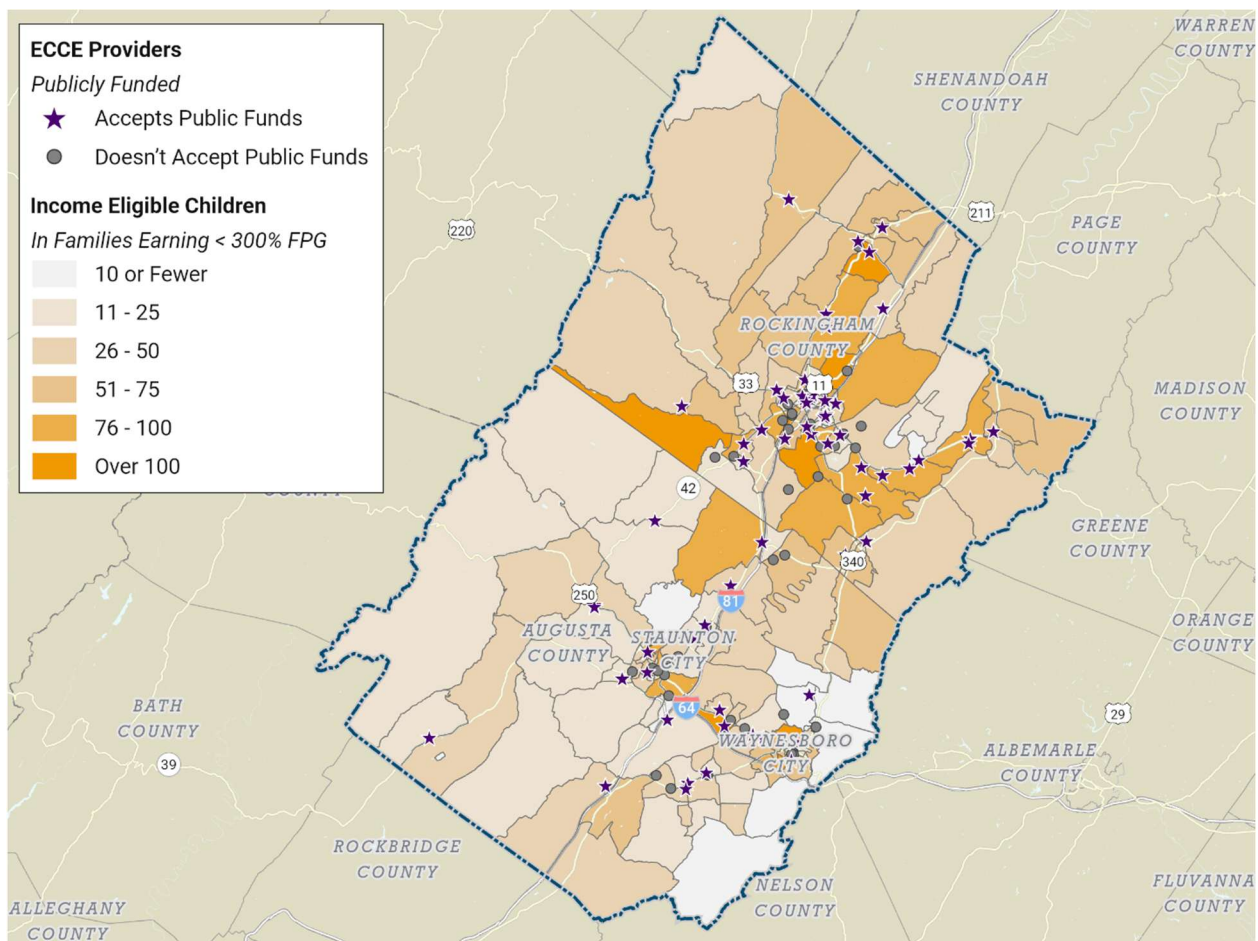


Figure 29 ECCE Providers by Public Funding Acceptance in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Publicly Funded Care (Demand and Supply)

The map below groups areas along two intersecting variables in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion – the licensed capacity of providers who participate in publicly funded programs and the number of children under age 5 in families earning less than 300% Federal Poverty Guideline.

Orange block groups are those with a higher demand (number of children under age five in families that are potentially income-eligible) and a lower supply (licensed capacity at providers who accept public funds) and represent areas that may be experiencing a particularly acute shortage of publicly funded care.

Areas shaded in **Gray** have fewer publicly funded providers, but lower demand for publicly funded care. Areas shaded in **Blue** have providers accepting public funds but fewer children in income-qualified families. Areas shaded in **Green** have both high demand and higher supply of publicly funded care.

Note that while this includes the licensed capacity of providers currently participating in at least one publicly funded ECCE program, most of these providers do not accept public funds for all of their ECCE slots and thus other areas may also be lacking sufficient publicly funded care. Twenty-five % of the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion's demand for publicly funded care can be met by existing publicly funded ECCE slots.

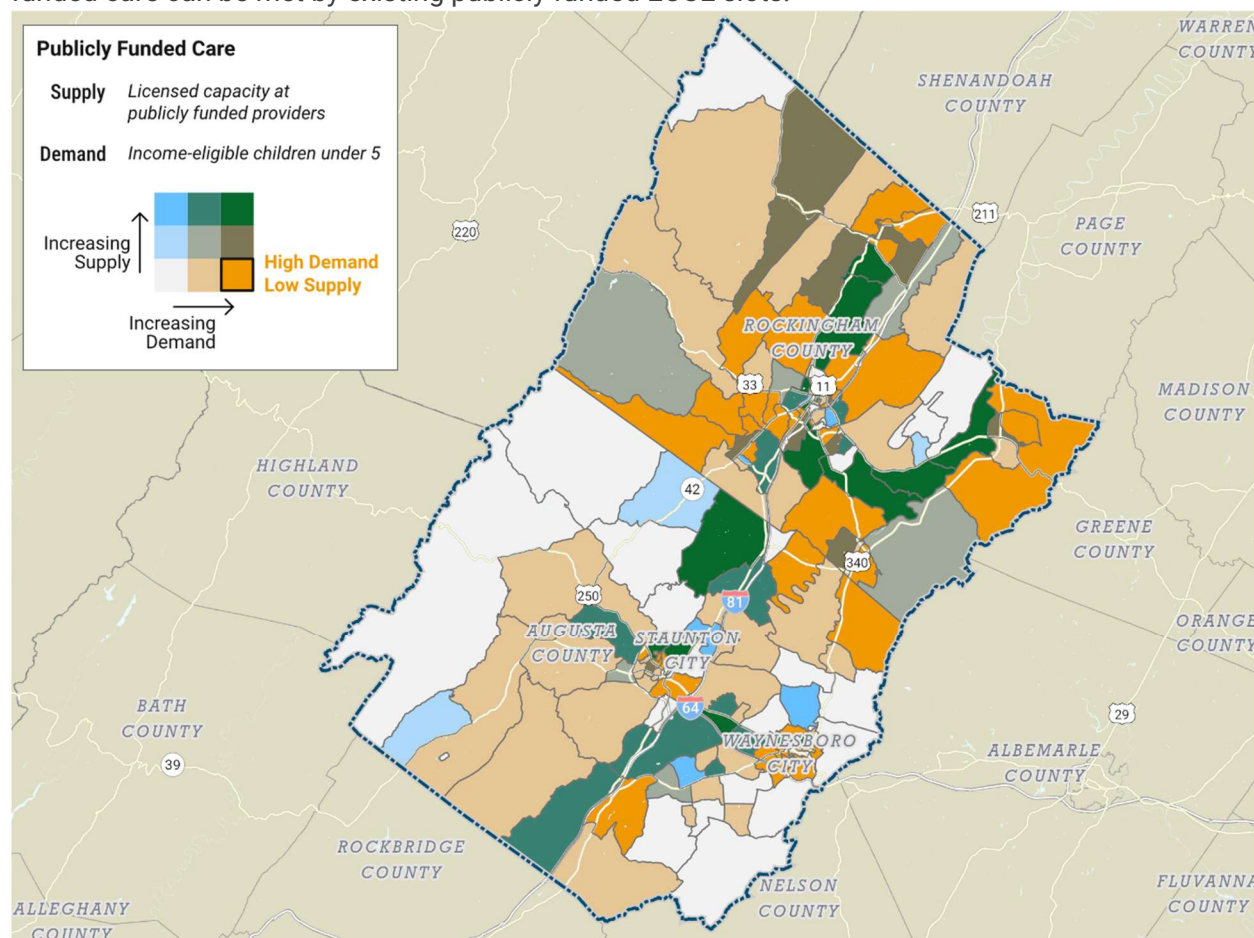


Figure 30 Supply and Demand for Publicly Funded ECCE in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Change in Absolute Shortage (2023-2025)

The map below shows the areas with a change in absolute shortage between 2023 and 2025. Areas shaded in **Green** increased availability through reductions in absolute shortage. Areas shaded in **Gray** had minimal or no change in absolute shortage. Areas shaded in **Purple** had an increase in absolute shortage, meaning that availability decreased.

Much of the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion saw an increase in availability from 2023 to 2025. However, portions of Harrisonburg, Staunton, and Waynesboro saw their absolute shortage worsen by more than 25 seats during this same period.

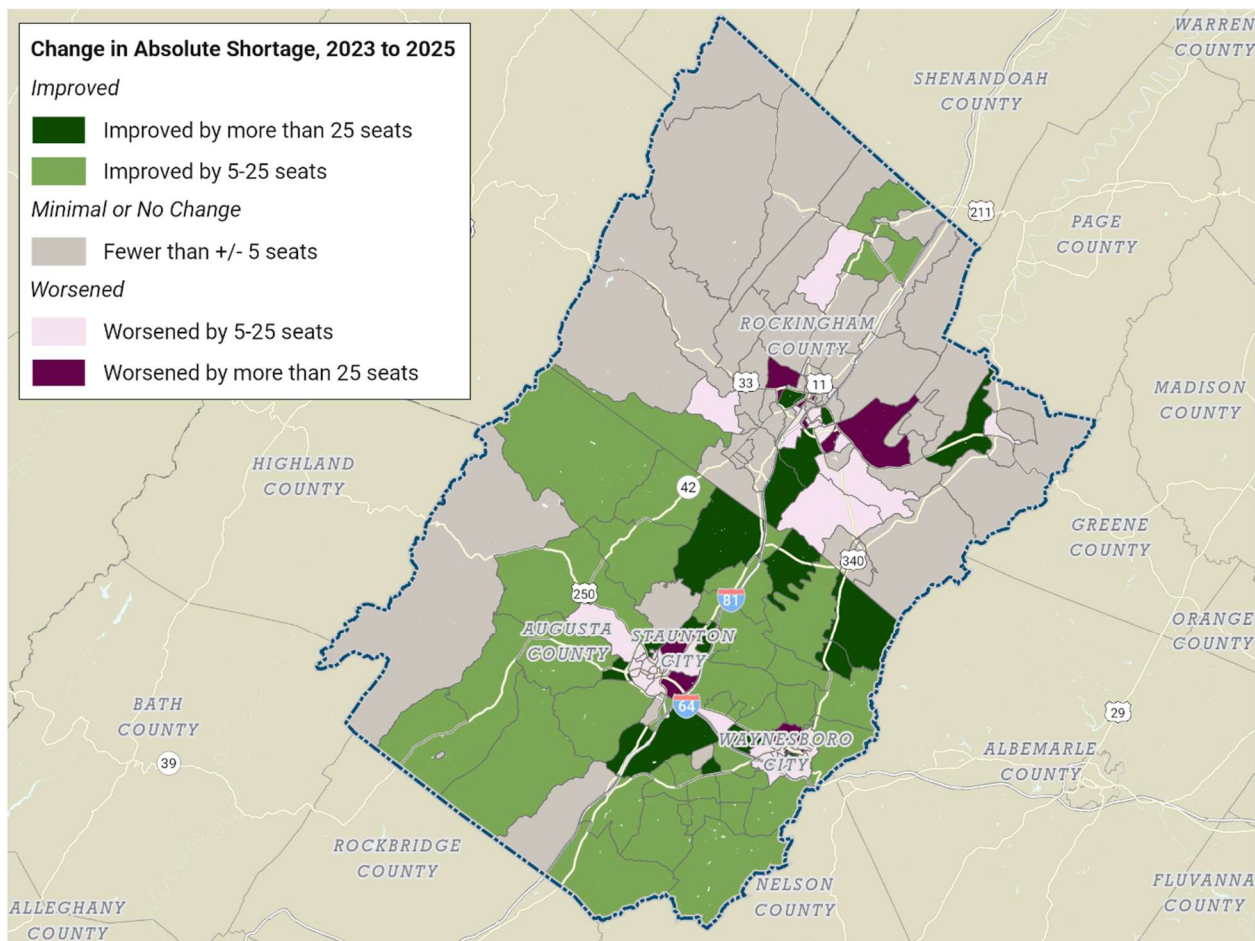


Figure 31 Change in Absolute Shortage (2023-2025) in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Change in Relative Shortage (2023-2025)

Average relative availability indicates a gap between supply and demand that is typical for the subregion. In the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion in 2025, 39% of demand for children under age 5 is met by existing supply.

The map below identifies areas that experienced a change in relative shortage from 2023 to 2025. Areas in **Teal** improved relative availability, while areas in **Purple** worsened relative availability during this period.

While some areas in Rockingham and Augusta Counties improved relative availability from 2023 to 2025, much of the subregion remained unchanged or reduced availability relative to the subregion during this same period.

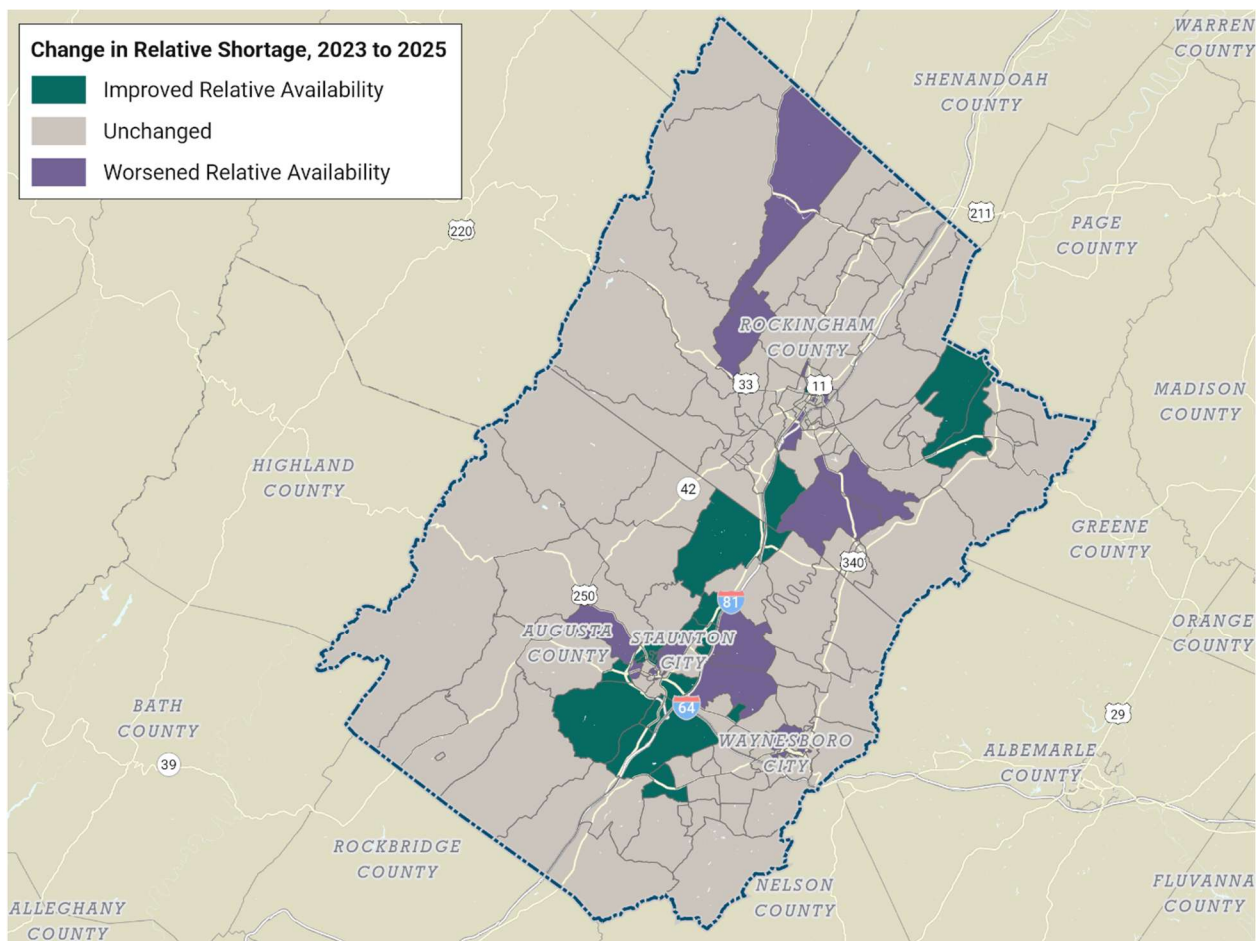


Figure 32 Change in Relative Shortage (2023-2025) in the Harrisonburg, Rockingham, Staunton/Augusta/Waynesboro subregion

Methodology

The ECCE gap analysis measures and maps the availability of ECCE in Virginia across Ready Regions so that Ready Regions' lead organizations and their stakeholders understand how and where to support supply-building strategies and make investment decisions. This section provides a brief overview of the methods used to complete the gap analysis, including the key geographic units, data sources, and measures behind the analysis, which should inform how readers read and interpret the results.

This statewide analysis is organized around the nine Ready Regions, each with a locally based lead agency best positioned to turn findings into locally appropriate action. Because child care access is shaped by local conditions—where families live, where parents work, and how communities are connected—the analysis defined **subregions** within each Ready Region to represent a local market. To understand how different neighborhoods within the subregion experience that access, the analysis measured supply, demand, and gaps at the Census block group level. Census block groups are small geographic areas containing between 600 and 3,000 residents, roughly the size of 4 to 5 city blocks in an urban area.

The measure of ECCE supply is the number of available seats within reach of each neighborhood. The analysis focused on regular, reliable care options for families with children under age 5. To capture the full range of provider and license types, the final list of ECCE providers draws primarily from VECF's consolidated, deduplicated provider list, which integrates multiple ECCE databases. Additional criteria excluded sites with a minimum enrollment age of 5 years or higher, supplemental or bridge programs (e.g., before/after school programs or summer camps), and permanently closed sites.

The number of seats at each provider was estimated based on their licensed capacity. While licensed capacity likely overstates the true availability of ECCE in the area at any given time, it is the most consistent measure available across regions and over time. For providers serving more than one age group—infant/toddler, preschool, and school-age—their licensed capacity was adjusted using a set of weights derived for each Ready Region to represent the typical share of total capacity that is reserved for each age band.

The ECCE demand estimates assume every child under 5 represents potential demand for care. Also referred to as **maximum possible demand**, the final estimate has two components: resident demand and commuter demand. **Resident demand** is the population of children under five living in the area. **Commuter demand** accounts for parents and caregivers who may seek care near their place of work rather than near home. The result is a **net commuter demand**—positive or negative—that depends on commuting patterns, worker characteristics, work arrangement (i.e., fully remote, hybrid, or on-site), and industry. Net commuter demand has the largest effect in primarily residential neighborhoods, which lose demand to commuting, and in large job centers, which gain it.

Based on the supply and demand estimates, the analysis describes shortage using two measures. **Absolute shortage** is the difference between supply and demand—the number of additional seats needed to fully meet existing demand. Absolute shortages are best read alongside supply ratios, which express supply as a share of total demand. The same shortage of 100 seats might be 10% of one subregion's demand and 50% of another's. **Relative shortage** is the second measure, comparing each block group to its subregion as a whole—higher than typical, roughly typical, or lower than typical for that local market.

This report presents results from 2025, the most recent year analyzed, to illustrate the current state of ECCE access. Beyond overall ECCE access, the analysis was conducted on two specific segments: care for infants and toddlers (children under age 3) and publicly funded care. The full analysis was also replicated for 2023 and 2024, offering the first look at change over time.

For more information about the analysis and methods used in this report, see https://vecf.org/wp-content/uploads/2026/05/VECF_Virginia-ECCE-Gap-Analysis_Detailed-Methodology_20260528.pdf.