Infant and Toddler Child Care Data Needs in New Jersey

By NIEER

Access to quality infant and toddler care is woefully inadequate in the United States and New Jersey is no exception. Fundamentally, good infant and toddler care is very expensive while many families with young children have low incomes, leaving child care, especially high-quality child care, inaccessible for many families who would most benefit from it. Designing effective policies to address this fundamental problem is complex. Policies can have unintended and sometimes negative consequences. For example, some policies aimed at empowering families in poverty have encouraged the use of unlicensed informal care of poor quality that is detrimental to child development, while other policies have raised costs of licensed care without ensuring that private and public payments are sufficient to pay for higher quality.

Access to high-quality child care in New Jersey may be more difficult to expand than in many other states because of relatively high facilities and labor costs in the state. New Jersey also has a relatively large proportion of unregistered family child care providers as registration is voluntary. NIEER’s 2013 report on infant toddler child care found that one third of lead teachers in center-based infant-toddler classrooms had no education beyond a high-school degree, and more than half were paid less than $20,000 per year (Alexandre et al., 2013). Just one in five classrooms scored “good” or better on the Infant/Toddler Environment Rating Scale – Revised (ITERS-R), while more than one in ten scored below minimal quality (Alexandre et al., 2013). This is perhaps better than expected given the poor compensation for teachers, but these results apply only to providers who agreed to allow us to observe their quality. There are serious concerns that low quality is more prevalent among the providers who declined to be observed for the study. It is unlikely that quality has improved subsequently since the study was conducted.
Although New Jersey’s reimbursement rates for infant-toddler care have very recently increased, the rate remains below the cost of quality and slots are limited. According to the new *State of Babies* report, in New Jersey only 5% of infants and toddlers in low- to moderate-income families are in Child Care and Development Fund (CCDF)-funded child care (Keating et al., 2019). Additionally, the recent minimum wage increases will make quality child care even more expensive going forward.

The early years are critically important in laying the foundations for children’s learning, health, and well-being. Therefore, it is imperative that state policy and funding priorities for infant and toddler care be informed by evidence and knowledge about development, including what constitutes good experiences for young children. New Jersey has been a national leader in providing high-quality preschool for 3- and 4-year-olds in the most economically disadvantaged communities. Yet, the same types of opportunities are not available for younger children and their parents, especially (but not only) for those in low-income households. Unfortunately, the information needed to develop strong policies for children under three years old is limited, fragmented or siloed, and rarely focused specifically on New Jersey. There are no statewide studies of the quality and capacity of infant and toddler care and how it varies with the characteristics and locations of families since NIEER’s study in 2013. Thus, it is difficult to develop political will and to design and promote effective policy without a basis for better informing the public and New Jersey decision-makers on this topic.

During the current planning grant, NIEER has engaged in conversations with key stakeholders in New Jersey as well as national infant and toddler child care experts. These conversations have led NIEER to identify critical issues for which the lack of information hinders progress in infant and toddler child care policy, and have also contributed to shaping the plan for
future activities of Infant Toddler Center at NIEER (ITC@NIEER). For example, there are many
gaps in the research on what constitutes quality infant and toddler child care, leaving many
questions unanswered about policies to specify caregiver-to-child ratios, teacher/caregiver
qualifications and competencies, training, compensation, and ongoing support/professional
development. Additionally, little is known about how infant and toddler child care in New Jersey
measures up against these elements of quality. New Jersey has paid parental leave but it is
unknown, what, if any, impact this policy has on infant child care, or which policy – paid parental
leave or high quality child care – is more cost effective (and how this may vary by duration of
leave and/or family characteristics). Furthermore, we discovered that, to date, a comprehensive
state by state comparison of infant and toddler child care licensing regulations does not exist.
Understanding how New Jersey compares to other states in this area and what we might learn
from their policies would be an important first step in improving New Jersey policies and,
ultimately the quality of infant and toddler care.

There is also still much to be learned about the universe of infant and toddler child care
providers and users in New Jersey. One salient gap concerns infant and toddler child care that is
not licensed or registered – who are these providers? How many are there? Who are the children
and families they serve? What can be done to support those providers? What is the quality of
these programs? More generally, the state could benefit from additional information about our
infants and toddlers (and their families). What types of care are they using and why? What are
barriers to accessing infant and toddler child care? What are they paying for care? Developing
better policies to increase access to high quality infant and toddler child care, depends crucially on
understanding how parents get information on child care. Similarly, sound policy-making will
benefit from information on the characteristics of the workforce providing care for infants and
toddler providers (including not licensed or registered). What supports are needed, such as professional
development and technical assistance? What are their pay and benefits and how is this changing?
New Jersey has been raising the minimum wage – what impact will that have on the workforce
and on the costs of infant and toddler child care? Higher pay can contribute to increased stability
of the workforce only as long as their employers can stay in business without reducing other
supports and work-life quality.

The purpose of this white paper is to describe what information we currently have on the
child care landscape for infants and toddlers and begin to identify the gaps in these data.
Identifying the data needs can help determine what policy research activities will be most useful
to be conducted in New Jersey as well as point to data gathering that the state could be
conducting.

**What do we currently know about infant, toddlers, and their families in New Jersey?**

Based on Census data, there are over 300,000 infants and toddlers living in New Jersey. Nearly one-third are Hispanic and 17% are Black/African American and 10% are Asian (U.S. Census Bureau, n.d.). NJ ranks behind only four other states (CA, TX, NV, and NY) in the percent of children where a language other than English is spoken at home at over 30% (U.S. Census Bureau, n.d.). Thirty-five percent of infants and toddlers live in low-income families (< 200% FPL), 17% are in poverty (< 100% FPL), and 8% are in extreme poverty (< 50% FPL) (U.S. Census Bureau, n.d.). However median income of families with children in NJ varies widely across counties: in 2016, the median income in the wealthiest county was 3.5 times as high as in the poorest county (The Annie E. Casey Foundation, n.d.).
According to the 2019 State of Babies report (Keating et al., 2019), New Jersey ranks low in the health of infants and toddlers in the state. Contributing to this low ranking, 14.4% of infants and toddlers experience low or very low food security, 5% are uninsured, 5.8% received late or no prenatal care, and 8% were low-birth weight. Fifteen percent of mothers reported less than optimal mental health. While NJ does participate in Medicaid expansion, Medicaid does not cover social-emotional screenings for young children or Infant and Early Childhood Mental Health (IECMH) services in early childhood education (ECE) programs. NJ did rank highly in the Strong Families category, in part because the state has paid family leave (funded through a payroll deduction) and paid sick time that can be used to care for a sick child. The state also ranked high in the Early Learning Experiences domain in part because they exceed the national average on the percent of eligible children with Early Head Start access (9%), developmental screenings received between 9-35 months (32.9%), and enrollment of low/moderate income infants and toddlers in CCDF-funded care (5.2%). However, families above 200% federal poverty level (FPL) are not eligible for child care subsidies in New Jersey and only 9 to 17% of eligible children (not specific to infants and toddlers) receive the subsidy due to inadequate funding (Ullrich, Schmit, & Cosse, 2019).

Two-thirds of infants and toddlers in the state have all parents in the workforce, and therefore are in need of high quality, affordable child care (U.S. Census Bureau, n.d.). At the county level, this ranges from 56% to 82%, considering all children, not just infants and toddlers (The Annie E. Casey Foundation, n.d.). Yet there is no comprehensive source of information that shows the number of infants and toddlers served across different types of early care and education programs. There is information for some ECE categories, which is included below.
During the 2018-2019 school year, a total of 14,216 children in NJ birth through age 3 received services under IDEA Part C, including 816 children under one, 3,999 one- to two-year-olds, and 9,401 two- to three-year-olds. Sixty-five percent of infants and toddlers receiving these services were male, 31% were Hispanic, 11% were Black/African American, 9% were Asian, and 44% were White. Ninety-two percent of these children received services in their homes and the remaining 8% received services in community-based organizations (U.S. DOE, n.d.).

According to the Head Start Program Information Report (PIR; U.S. HHS, n.d.), during the 2018-2019 program year, Early Head Start (EHS) programs had the capacity to serve 2,933 infants and toddlers and 318 pregnant women in New Jersey. A total of 803 slots were in Early Head Start Child Care Partnerships. Seventy-six percent of EHS child slots were in center-based programs that operated for a full-day, 5 days per week but only 26% of slots were in programs that covered the full-working day. About 25% of slots were in home-based settings. A total of 3,632 infants and toddlers enrolled in these programs over the program year, as did 557 pregnant women. Ninety percent of infants, toddlers, and pregnant women enrolled were income eligible (at or below 100% FPL). Twenty-seven percent of children enrolled in EHS received child care subsidies. Fifty-five percent of children enrolled were Hispanic/Latino; 44% were Black/African American, and 39% were White. Just over half of children had a home language other than English.

Although there is adequate data on the use of special education services and EHS among infants and toddlers in New Jersey, key holes include the number of children in other center-based child care, in family child care (including those that are not registered), and the use of child care subsidies. The limited information that does exist here is not specific to infants and toddlers.
According to a report by the Center for Law and Social Policy (CLASP; Ullrich, Schmit, & Cosse, 2019), there are 480,722 children in NJ that are eligible for child care subsidies based on federal eligibility parameters (not limited to only infants and toddlers). Fewer than 9% of eligible children received subsidies, and this varies by child race/ethnicity. For example, 10% of eligible Hispanic/Latino children received a subsidy and 17% of eligible Black/African American children did, compared to 5% of eligible White children and less than 2% of eligible Asian children. However, New Jersey sets its eligibility limit higher, at 196% FPL, which results in 258,072 eligible children. Nearly 17% of these children received subsidies, including 15% of eligible Hispanic children, 12% of eligible White children, 27% of eligible Black/African American children, and 5% of eligible Asian children.

Data from the Office of the Administration for Children and Families (ACF, 2019) indicates that in 2018, an average of 29,200 families in NJ, including 43,500 children used child care subsidies each month. Four percent of children utilizing subsidies were under the age of one, 11% were one to two years old, and 14% were two to three years old. Forty-five percent of children (of all ages) were Black/African American, 41% were White; and 41% were Hispanic. Over 90% of subsidies were used for center-based child care, 7% were used for “family home”; this includes data for children of all ages.

There is also some information about parents utilizing the state’s paid parental leave to care for new babies. Currently, parents can take up to six weeks of paid parental leave (though this increases to 12 in July 2020). The maximum “pay” 67% of one’s income, up to $667 per week, will increase to 85% or $818 per week as of July 2020 (NJLWD, n.d.). In 2015, 32,000 people in NJ used the paid family leave program (Dunford, 2017). This is double the number of people who used it prior to the enactment of NJ’s Paid Family Leave law. However, it represents
just 13% of parents of new babies, with take-up rates lower among low-income parents (Dunford, 2017). In 2017, 34,050 people filed eligible claims in NJ to use the state’s Paid Family Leave Act (NJLWD, 2018). Over 84% of claims were filed to use it to bond with a new baby or newly adopted child and 83.9% of claims were made by women (NJLWD, 2018). A total of $93.8 million was spent with average weekly amounts of $538. On average, Paid Family Leave was used for an average of 5.2 weeks for a total of $2,786 (NJLWD, 2018).

**What do we need to know about NJ infants, toddlers and their families?**

In order to make informed policy decisions, a great deal of new information is needed about New Jersey’s infants and toddlers and their families. Central questions pertain to use of infant and toddler child care – what type of care are families using for their infants and toddlers? How do they get information about child care options? What are the key pieces of information used to make those decisions? How much are they paying (and what is the cost)? How far do they travel? Parent surveys are one method for trying to answer these questions. The state’s needs assessment from their federal Preschool Development Birth to Five grant (PDG) may also shed some light on these questions but to-date is not publicly available.

**What do we currently know about the early childhood programs that serve infants, toddlers, and their families in NJ?**

According to the Annie E. Casey Foundation KidsCount, in 2017 (The Anne E. Casey Foundation, n.d.), New Jersey had 3,965 licensed child care centers, with a licensed capacity of 361,680 children. Availability of licensed child care centers varies widely across the state from only 20 in one county to 460 in another. NJ also had 1,680 registered family child care providers, though this ranged from only 9 in one county to 260 in another. In 2007, 24% of children under age 6 were in family-based child care. In 2014, NJ families spent 24% of their income, on
average, for child care for one infant and one preschooler, ranging from 18% to 38% across counties. While this information is helpful in understanding child care in NJ, it does not provide a picture specific to infants and toddlers in the state. The state’s licensing database provides information on which programs are licensed to serve infants and toddlers. However, it cannot indicate which programs actually serve infants and toddlers, their licensed capacity for infants and toddlers, or the numbers of infants and toddlers actually enrolled.

Early childhood data systems offer a rich opportunity to garner the current status of non-parental caregiving for infants and toddlers in New Jersey. However, many of these data systems reside in separate state agencies and are not designed to be integrated together in ways that address key policy questions. The following list of bullets highlight key data systems:

- The Office of Child Care Licensing provides data on the number and capacity of center-based programs that serve infants and toddlers. Registered family child care programs may also provide some estimates of infants and toddlers in home-based child care. NJ administrative data from these sources provides capacity of specific programs but it is not broken down by age group and the actual number of children enrolled is not available publicly. When the state determines the licensed capacity of a center, it is broken down by the age of the child (i.e., infant, toddler, school-aged, etc.), but this breakdown is not collected or organized in a way that can be aggregated or used for planning. The absence of the enrollment numbers limits our understanding of the actual number of infants and toddlers in care, e.g., the distribution of ages in home and center-based settings and the ability to calculate the subsidy density of programs.

- At this time, a very small proportion of programs offering infant and toddler care are part of Grow NJ Kids, the New Jersey Quality Rating and Improvement System (QRIS). Data
from Grow NJ Kids could provide preliminary information on the quality of programs that serve infants and toddlers. But current data will not provide a statewide representative picture. At a basic level, we would want to know the number of programs serving infants and toddlers who participate in Grow NJ Kids and who receives quality enhancement/improvement supports based on this engagement with the state system. Moreover, Grow NJ Kids administrative data could provide information on the types of supports provided to participating programs (e.g. are Grow NJ Kids programs receiving infant and toddler coaching or professional development?). Specific Grow NJ Kids activities linked to quality standards may have unique importance for the infant and toddler population (e.g. continuity of care; family engagement strategies; ratios). Efforts to support these specific standards (specifically administrative data on quality supports) may provide a view of the types of assistance currently being utilized in child care programs serving infants and toddlers. Additionally, Grow NJ Kids administrative data could provide information on whether or not programs serving infants and toddlers are improving. Further, comparing programs serving infants and toddlers participating in Grow NJ Kids versus those that are not in the QRIS can provide insight into how the QRIS supports programs, staff development, and program quality. Data from Grow NJ Kids may also shed light on how the QRIS functions differently (or similarly) for programs serving infants and toddlers from those serving only older children.

- Child care subsidy is a key funding mechanism for low-income families with infants and toddlers. Linking child care subsidy data with child care licensing/registered data for both family child care and center-based settings is an essential feature to examining the current caregiving settings for these infants and toddlers. In doing so, every effort should be
made to also capture the caregiving settings for infants and toddlers receiving subsidy but being cared for in settings not on the licensed/registered list. What is the current status of family, friend and neighbor care for low-income infants and toddlers in New Jersey? Are there specific outreach and quality efforts designed for this population? Child care subsidy data is essentially billing data at the individual child level – these data can be aggregated with other systems to capture the density of subsidy in particular programs or areas. Moreover, this type of data can be used to examine children’s stability of care over time. How often do infants and toddlers receiving child care subsidy change caregiving settings? Do they move from one setting to another? Or from one setting to home? Are these changes precipitated by changes in parent employment, parent’s loss of eligibility of child care subsidy, or difficulty in navigating the child care subsidy system? Child care subsidy data can also be integrated with Grow NJ Kids data to obtain a sense of the quality of programs serving New Jersey’s infants and toddlers. Child care subsidy data can also be used to understand costs associated with infant and toddler care, and how it varies across the state, although it is only one piece.

An alignment across the three data systems - licensing, Grow NJ Kids, and subsidy - would allow an analysis of access of care across the state, the quality of care for licensed/registered programs, and how those intersect for low-income infants and toddlers. For policy and systems design, it may be particularly helpful to use some type of geographic information system (GIS) mapping to depict how access to quality care may vary across the state.

More information is also needed on the infant and toddler workforce. New Jersey’s Workforce Registry may provide some information but will not provide a comprehensive, and up-to-date picture. We do, however, have some information on the EHS workforce from the
Head Start PIR (U.S. HHS, n.d.). EHS programs in New Jersey employed 577 lead classroom teachers during the 2018-2019 program year. Two-thirds of these teachers had a Child Development Associate (CDA) credential, including just over one-third that had an infant-toddler CDA credential. There were also 66 home visitors in EHS programs statewide. Over half of EHS child development staff were Hispanic/Latino, 33% were Black/African American, and 9% were White. Half of the staff spoke a language other than English, including 46% who spoke Spanish.

**What Are the Implications for the ITC@NIEER**

This analysis of the availability of infant and toddler child care data for policymaking will inform both our immediate and long-term plans. Many of ITC@NIEER’s efforts will be aimed at filling these gaps in data. In our first year of operation as a full center, the policy reports we will produce will be informed by our current analysis as well as our assessment of data needs (which may change rapidly as a result of the current economic crisis). Additionally, we will conduct focus groups with parents of infants and toddlers (including those who currently use different types of non-parental care and those who do not use infant/toddler child care), teachers, directors, and family child care providers. They will be informed by ideas and needs generated from NIEER’s summit, on-going conversations with state policy makers, and what we know about existing NJ data/data needs in NJ (including needs outlined in this white paper). Questions and discussion topics will be designed to provide important information about the characteristics of each group and will focus on, for example: child care needs, current usage, barriers, costs, concerns (parents); experience, qualifications, compensation (including salary and benefits), current and needed supports, workplace challenges, plans to stay in current position (teachers, caregivers, directors, family child care). Focus groups will provide insights into how participants
view infant toddler child care and related policy including priorities, challenges, and
opportunities. Information collected from the focus groups will inform the proposed policy
reports for the current grant (especially the workforce report) as well as inform future policy
reports and ITC@NIEER strategic plan. For example, one possible future policy research
activity is to conduct state-representative surveys of parents of infants and toddlers as well as the
infant toddler child care workforce and child care center directors and family child care
providers. Information gleaned from the focus groups can inform the content of those surveys as
well as strategies for recruiting statewide samples. We will work closely with the Right from the
Start New Jersey communications team to ensure that NIEER’s research and outreach is not
redundant with theirs.
References


