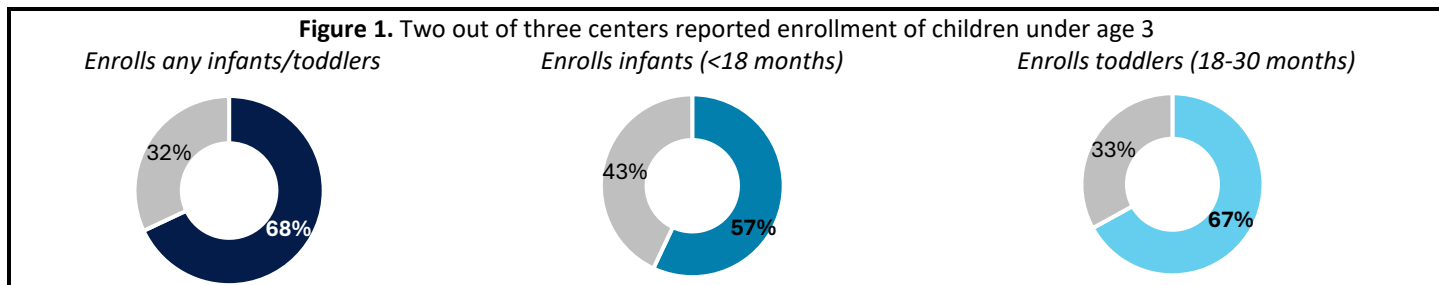




Data Snapshot: New Jersey Infant and Toddler Care in Licensed Center-Based Providers

Research from the [National Institute for Early Education Research \(NIEER\)](#) provides a descriptive portrait of infant and toddler care offered by licensed center-based providers in New Jersey (NJ). These findings come from a statewide survey of center directors.¹ While nearly all responding centers served preschool-age children (ages 3-5 years), Figure 1 shows that roughly **2 out of 3 centers served infant- and toddler-age children (those under 3 years old)**.

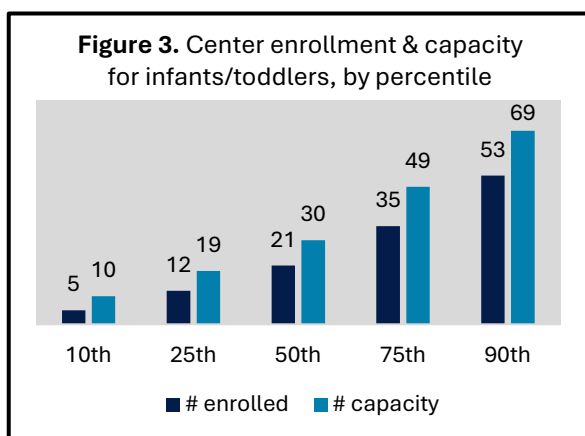
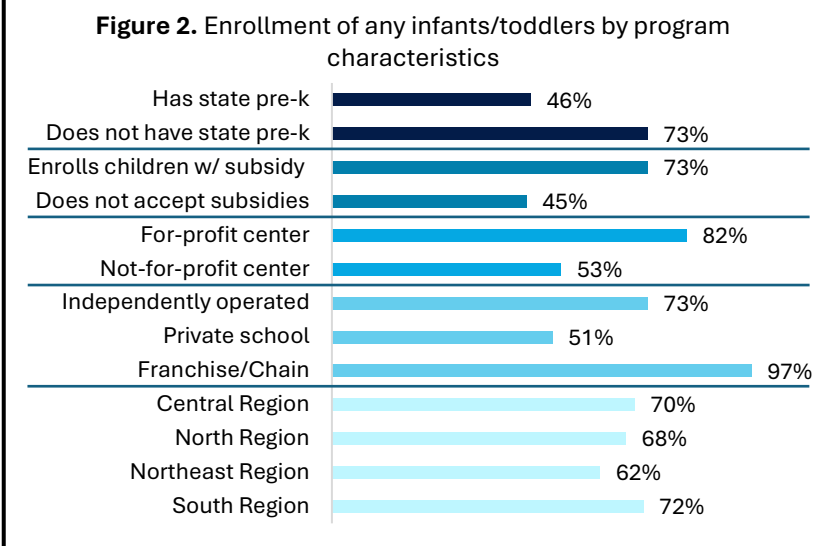


There was variability in centers' enrollment of any infants/toddlers (Figure 2):

- Centers that had classrooms contracted for state pre-k (vs. those without state pre-k) or those that did not accept subsidies (vs. those that did) were less likely to enroll children under age 3.
- For-profit centers, franchises or chains, or independently operated settings were more likely to enroll this age group than not-for-profit and private school settings.
- A smaller share of centers in Northeast NJ enrolled this age group.

There was also variability in centers' enrollment and capacity for infants and toddlers:

- On average, centers had 5 classrooms for children under age 3. Across all classrooms reported in our sample, 70% included this age group.¹
- As shown in Figure 3, the size of centers' enrollment and capacity for infants/toddlers varied. They enrolled an average of 26 children under age 3 (median of 21), and had capacity for 37 children (median of 30).
- On average, infants/toddlers comprised 40% of centers' total enrollment.¹
- Centers' enrollment of infants/toddlers was lower than their reported capacity for this age group (average of 74%). However, under enrollment was only slightly higher than in centers that only served preschoolers and/or school-age children (71%).¹



Why this matters: NJ is home to over 300,000 children under age 3,² and it is estimated that roughly 38% attend center-based care³ (114,000 children). Our data show that relative to younger children, centers on average have higher enrollment (46 children) and capacity (53 children) for preschoolers.¹ Variability in the distribution of centers that serve infants/toddlers has implications for the child care families can access. It can be challenging for centers to offer enrollment to children under age 3, particularly due to challenges with staffing shortages and higher costs associated with serving this age group.⁴ Importantly, NJ's mixed-delivery system of centers receiving state pre-k and/or subsidy funding helps stabilize and increase the supply of infant/toddler care. Though these programs are administered and operate separately, they build provider capacity in complementary ways that promote access.



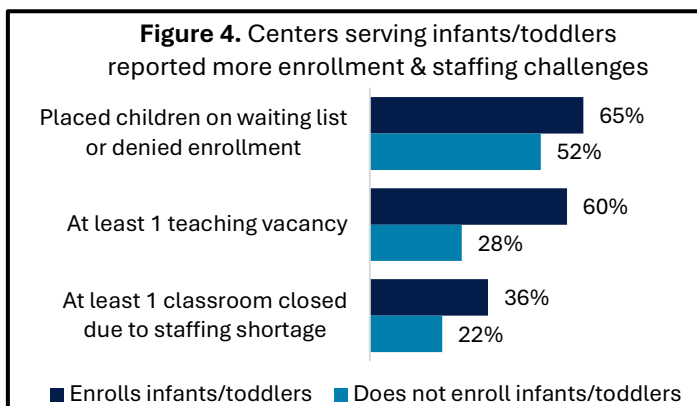
Additionally, our data show some signal of challenges related to the availability of care for infants and toddlers⁴ (Figure 4):

8. The share of centers that reported having to turn away families or placing them on a waiting list, was greater among providers that served infants and toddlers.
9. A larger share of centers that served infants/toddlers reported having at least one teaching vacancy, relative to those that did not serve this age group.
10. A larger share of centers that served young children reported at least one classroom was closed due to staffing shortages, relative to providers that did not serve this age group.

Why this matters: Though centers that serve infants and toddlers may have authorized capacity to serve a specific number of children, this may not reflect the actual number they are able to serve.⁵ Indeed, our data show that across our sample of centers reporting enrollment at 75% or less of their capacity—a large share (40%) still reported having to place children on a waiting list or deny enrollment.¹ These instances where centers may be under-enrolled seem to be driven in part due to staffing challenges, highlighting a need for efforts that stabilize the workforce and incentivize entry into the early childhood field to maximize centers' ability to offer enrollment to children.

Where do we go from here? To expand NJ's supply of infant and toddler care the state has an important opportunity, and **there are several next steps to consider:**

First, this research highlights the utility and continued need to collect data and monitor centers that serve infants and toddlers, and examine the various types of settings and services available to families. **Second**, NJ might learn from promising examples of efforts in other states aimed at building provider capacity to serve young children. For instance, the District of Columbia has implemented several policies, such as providing additional investments toward child care facilities, and offering centers incentives to expand the number of infant/toddler slots.⁶ **Third**, many states have implemented a subsidy cost reimbursement model to determine subsidy reimbursement rates (vs. a market rate study) that more closely align with the actual cost of providing high-quality care.^{7,8} And **fourth**, efforts to recruit and retain a highly-qualified workforce of teachers can also help stabilize and expand the supply of infant and toddler care. For instance, several states such as Colorado, Illinois, and Minnesota have implemented salary scales that establish a framework to ensure consistent levels of compensation which have helped mitigate teacher turnover and improve retention.^{9,10} In Virginia, the Fast Track Initiative is one example of how states could attract new teachers to the field by providing them with training, competitive pay, and tuition assistance/scholarships as a pathway for continued professional development.¹¹



¹ **Data Source:** In 2023-24, 1,300 center-based providers of children ages 0-5 years across NJ were surveyed. More information on the results of this survey can be found in this report: Stephens, C., Friedman-Krauss, A., Nores, M., Garver, Kent, A., & Garver, K. (2026). *Licensed Center-Based Child Care Providers in New Jersey: Characteristics and Enrollment*. New Brunswick, NJ: National Institute for Early Education Research. https://nieer.org/sites/default/files/2026-03/final_report_childcareprovider_characteristics.pdf

² U.S. Census Bureau, Population Division (2023). *Poverty Thresholds by Size of Family and Number of Children*. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

³ Barnett, S. Jung, K. Nores, M., Friedman-Krauss, A. & Garver K. (2025). *Early Care and Education use among Young Children in New Jersey in 2024*. Full Report. New Brunswick, NJ: National Institute for Early Education Research. https://nieer.org/sites/default/files/2025-09/nieer_nj_childcare_report_9.19.25.pdf

⁴ Stephens, C., Friedman-Krauss, A., Nores, M., & Kent, A. (2026). *Workforce in Licensed Center-Based Child Care in New Jersey: Teaching and Non-Teaching Staff*. New Brunswick, NJ: National Institute for Early Education Research. https://nieer.org/sites/default/files/2026-03/final_report_childcareprovider_staffing2.pdf

⁵ Miller-Bains, K., Yu, S., & Bassok, D. (2025). Is authorized capacity a good measure of child care providers' current capacity? new evidence from Virginia. *Early Childhood Research Quarterly*, 71, 92–103. <https://doi.org/10.1016/j.ecresq.2024.12.001>

⁶ Schilder, D., Wagner, L., Mefferd, L. & Greenberg, E. (2026). *Access to Infant and Toddler Early Care and Education*. Washington, DC: Urban Institute. <https://www.urban.org/research/publication/access-infant-and-toddler-early-care-and-education>

⁷ First Five Years Fund (2025). *Cost Estimation Models: Increasing Child Care Stability Through More Accurate Provider Payment Rates*. Washington, DC: First Five Years Fund. <https://www.ffyf.org/2025/12/09/cost-estimation-models-increasing-child-care-stability-through-more-accurate-provider-payment-rates/>

⁸ Davis, C. & Workman, S. (2026). CCDF Rate Setting in the FY25-27 State Plans: An Updated Review of Lead Agencies Approaches to Completing the CCDF Narrow Cost Analysis. Prenatal to Five Fiscal Strategies. https://p5f-cdn-dev.s3.us-east-1.amazonaws.com/Updated_Review_of_NCA_State_Plans_March_2026_42d0345735.pdf

⁹ Bloom, A. & Muñoz, S. (2025). *Salary Scales: An Important Tool for Advancing ECE Compensation*. Center for the Study of Child Care Employment at the University of California, Berkeley. <https://cscce.berkeley.edu/blog/salary-scales-an-important-tool-for-advancing-compensation/>

¹⁰ Lee, H., Muñoz, S., & McLean, C. (2026). *Progress Through Persistence and Partnership: Minnesota's Collaborative Effort to Advance Early Educator Compensation*. Center for the Study of Child Care Employment, University of California, Berkeley. https://cscce.berkeley.edu/wp-content/uploads/2026/02/MN_CaseStudy_Final_Tagged_1.pdf

¹¹ Virginia Early Childhood Foundation (2023). *Virginia Early Childhood Educators Are On The Fast Track*. <https://vecf.org/wp-content/uploads/2024/01/Fast-Track-Report-Final-rev-1.11.24.pdf>

Recommended Citation: Stephens, C., Nores, M., Friedman-Krauss, A. Barnett, S. (2026). *Data Snapshot: New Jersey Infant and Toddler Care in Licensed Center-Based Providers*. New Brunswick, NJ: National Institute for Early Education Research.