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Where Are The Babies?

Center-Based Infant-Toddler Child Care in Short Supply





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Introduction

For new parents, one of the most stressful decisions is determining, "Who will care for my baby when I return to work?" And while ensuring a nurturing and stimulating environment is vital, many are quickly confronted with the challenge of simply finding available space in a child care center.

The availability of licensed child care for infants and toddlers in New Jersey is in short supply. Statewide, more than 207,000 children under age 3 live in families where both parents work, meaning they will be in need of some form of child care. But New Jersey's licensed centers only have the capacity to serve roughly 55,600 infants and toddlers, leaving more than 150,000 very young children without the option of centerbased care. This creates an obstacle for parents who are unable to rely on relatives, friends or neighbors to help meet their child care needs.

Having access to a robust supply of high-quality licensed child care near their home or workplace is an essential support for working parents. Licensed child care programs not only offer parents a safe and reliable child care option while they work, but they can also be a valuable source of early education during the critically important first three years, laying the foundation for healthy development and success in school and life.

New Jersey is still in the early stages of implementing a public rating system for child care quality and improvement known as Grow NJ Kids (GNJK). But the state hopes GNJK will eventually serve as a universal database for parents considering child care options at center and home-based settings. Currently, only a small percentage of centers caring for babies are participating in GNJK and the ratings are not yet publicly available.

To better understand the availability of center-based child care for infants and toddlers, ACNJ conducted a survey to examine the supply of available slots compared to the number of young children likely to need care because all parents work. To get a front-line view, a focus group was held for directors of centers to discuss the challenges and the supports needed to provide high-quality child care to infants and toddlers.

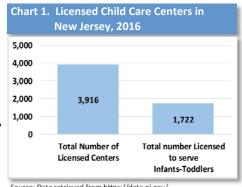
The Supply

Of the 3,916 licensed child care centers in New Jersey, 1,722 or 44 percent were licensed to serve infants and toddlers.² Of these centers, only 1,612 were actually serving this population at the time of the study.

Child care centers determine the number of infants and toddlers they can serve based on a variety of factors including li-

censed capacity, availability of adequate space and profit margin.

On average, the centers participating in the study reported devoting 34 percent of their total licensed capacity



Source: Data retrieved from https://data.nj.gov/ childcare explorer (October 2016)

for very young children, allotting approximately 14 slots for infants and 20 for toddlers. The majority of centers, 84 percent, start serving children at an average of 8 weeks of age, and in some cases, even younger.

ACNJ's survey of centers licensed to care for children under age 3 found an estimated 55,625 slots available for infants and toddlers.³ When supply and demand data is combined, the results reveal a deep shortage of licensed infant-toddler child care in the Garden State.

Table 1.	Availability of Licensed Infant-Toddler Child Care
	in New Jersey

in New Jersey	
Number of Children Under Age 3	314,191
Number of Children Under Age 3 With All Parents in Workforce	207,366
Number of Centers with Infant-Toddler Child Care	1,612
Number of Slots Available for Infants and Toddlers	55,565
Percent of Slots Available for Infants and Toddlers Likely to Need Child Care	27%

Source: Number of Licensed Centers and Number of Centers Licensed to provide infant toddler child care: Data retrieved from https://data.ni.gov/childcare_explorer (October 2016).

Children Under Age 3 - Population Reference Bureau, analysis of Centers for Disease Control (CDC), National Center for Health Statistics (NCHS), "Vintage 2015 Bridged-Race Postcensal Population Estimates," data files prepared under a collaborative arrangement between CDC/NCHS and the U.S. Census Bureau. Data files accessed online at https://www.cdc.gov/nchs/nvss/bridged_race/ data_documentation.htm#vintage2015 (July 27, 2016).

Number of children with All Parents in Workforce- Population Reference Bureau, analysis of data from U.S. Census Bureau. 2015 American Community Survey. Public Use Microdataa.

 $\label{lem:continuous} A vailable slots for infant and toddlers- \ Compiled from information reported by centers to Advocates for Children of New Jersey by centers.$

Availability Varies Across the State

As population and employment trends fluctuate by municipality, so does the demand for child care. Bergen, Morris and Somerset counties reported the greatest number of available slots to serve infants and toddlers in licensed centers. Passaic in northern New Jersey and southern counties — Ocean, Atlantic and Cape May, in particular, had the least available space.

Infant-Toddler "Deserts"

Areas with limited or no access to child care centers, termed "child care deserts," are especially prevalent in rural and low-income communities. To examine the landscape of infant — toddler child care deserts in New Jersey, an online, interactive map was created to show where licensed child care centers serve this age group, from a statewide, and local level. Participation in Grow NJ Kids is also indicated on the map. This online map can be accessed at www.acnj.org/issues/early-learning/infant-toddler/

Infant-Toddler Child Care in NJ's Low-Income Communities

The availability of center-based infant-toddler care in municipalities offering state-funded preschool for 3 -and 4-year olds was also examined. These towns are home to the majority New Jersev's low-income families. Approximately 90,945⁴ children under age 3 reside in these communities, of which approximately 60,021 are in need of child care. There is a limited supply of infant-toddler child care in most of these districts. In fact, Pemberton Township, Fairfield Township and Long Branch do not have any centers in their city limits licensed to provide center-based care to infants and toddlers. (See Table 3.)

Table 2. Availability of Infant-Toddler Child Care by County

County	Number of Children Under Age 3	Number of Children with All Parents in Workforce	Number of Centers with Infant-Toddler Child Care	Number of Available Infant-Toddler Slots	Percent of Slots Available for Infants-Toddlers Likely To Need Child Care
Atlantic	9,662	6,376	42	1,176	18.4%
Bergen	28,672	18,923	175	6,534	34.5%
Burlington	13,734	9,064	69	2,575	28.4%
Camden	18,971	12,520	104	3,836	30.6%
Cape May	2,653	1,750	15	301	17.2%
Cumberland	5,904	3,896	25	1,072	27.5%
Essex	31,672	20,903	183	5,947	28.4%
Gloucester	9,124	6,021	52	1,521	25.2%
Hudson	28,943	19,102	169	5,320	27.8%
Hunterdon	2,728	1,800	18	518	28.7%
Mercer	12,825	8,464	68	2,423	28.6%
Middlesex	29,232	19,293	121	4,509	23.3%
Monmouth	18,831	12,428	98	3,689	29.6%
Morris	14,744	9,731	101	3,951	40.6%
Ocean	24,488	16,162	70	2,262	13.9%
Passaic	21,407	14,128	96	2,617	18.5%
Salem	2,137	1,410	14	309	21.9%
Somerset	10,468	6,908	77	3,117	45.1%
Sussex	3,874	2,556	27	647	25.3%
Union	21,275	14,041	70	2,912	20.7%
Warren	2,847	1,879	18	389	20.7%
Sources:					

Population data: Population Reference Bureau, analysis of Centers for Disease Control (CDC), National Center for Health Statistics (NCHS), "Vintage 2015 Bridged-Race Postcensal Population Estimates," data files prepared under a collaborative arrangement between CDC/NCHS and the U.S. Census Bureau. Data files accessed online at https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2015 (July 27, 2016).

Employment data - Population Reference Bureau, analysis of data from U.S. Census Bureau, 2015 American Community Survey, Public Use Microdata Sample.

The Number of Centers That Provide Infant Toddler Care (as opposed to number licensed to provide)- compiled from centers self-reporting and information found on centers websites.

Available Slots - Compiled from information reported to Advocates for Children of New Jersey by centers.

Percent of Slots Available- Calculated by dividing the number of available slots by number likely to need child care because all parents work.

Table 3. Access to Infant Child Care Centers in New Jersey

County	District	Number of Centers with Infant-Toddler Space	Estimated Number of Slots	Children Under Age 3	Estimated Number of Infants -Toddlers In Need of Care	Percent of Slots Available for Infant-Toddlers Likely to Need Care
•						•
	PLEASANTVILLE	3	52	930	614	9%
	GARFIELD	3	77	1,200	792	10%
	BURLINGTON	4	102	381	252	41%
	PEMBERTON	0	-	1,017	671	0%
	CAMDEN CITY	26	951	4,539	2,995	32%
	GLOUCESTER	1	18	387	255	7%
	WOODBINE BORO	1	13	69	46	28%
	BRIDGETON	7	309	1,389	917	34%
	FAIRFIELD	0	-	204	135	0%
	MILLVILLE	5	204	1,203	794	26%
	VINELAND	11	497	2,472	1,632	31%
	EAST ORANGE	20	688	2,931	1,934	36%
	IRVINGTON	22	641	2,652	1,750	37%
ESSEX N	NEWARK	47	1,457	12,462	8,225	18%
ESSEX (CITY OF ORANGE	7	167	1,434	946	18%
HUDSON	HARRISON TOWN	4	60	711	469	13%
HUDSON	HOBOKEN	24	911	3195	2,109	43%
HUDSON J	JERSEY CITY	69	2,164	13,071	8,627	25%
HUDSON (UNION CITY	20	731	2,928	1,932	38%
HUDSON \	WEST NEW YORK	18	552	2,433	1,606	34%
MERCER 7	TRENTON	8	241	4,299	2,837	9%
MIDDLESEX	NEW BRUNSWICK	6	211	2,559	1,689	13%
MIDDLESEX F	PERTH AMBOY	2	41	2,709	1,788	2%
MONMOUTH A	ASBURY PARK	3	72	756	499	14%
MONMOUTH R	KEANSBURG BORO	1	22	327	216	10%
MONMOUTH L	LONG BRANCH	0	-	1458	962	0%
MONMOUTH N	NEPTUNE TWP	6	340	879	580	59%
MONMOUTH F	RED BANK BORO	4	87	561	370	24%
OCEAN L	LITTLE EGG HARBOR	1	30	555	366	8%
PASSAIC F	PASSAIC CITY	9	205	3,840	2,534	8%
PASSAIC F	PATERSON CITY	22	605	7,746	5,112	12%
SALEM S	SALEM CITY	2	70	312	206	34%
UNION	ELIZABETH CITY	5	172	6,123	4,041	4%
UNION	PLAINFIELD CITY	14	455	2,655	1,752	26%
WARREN F	PHILLIPSBURG	2	39	558	368	11%

Sources:

Children Under Age 3- Retrieved from New Jersey Department of Health, New Jersey State Health Assessment Data, https://www26.state.ni.us/doh-shad/query/selection/birth/BirthSelection.htmlMarch 2017.

Number of Children with all Parents in Workforce - Population Reference Bureau, analysis of data from U.S. Census Bureau, 2015 American Community Survey, Public Use Microdata Sample.

Number of Centers that Provide Infant Toddler Care (as opposed to number licensed to provide)- Compiled from centers self-reporting and information found on centers websites.

 $Available \ Slots \ for \ Infant \ and \ Toddlers-\ Compiled \ from \ information \ reported \ by \ centers \ to \ Advocates \ for \ Children \ of \ New \ Jersey \ by \ centers.$

Percent of Slots Available- Calculated by dividing the number of available slots by number likely to need child care because both parents work.

So, Where Are The Babies?

Working parents, who do not have licensed center-based care for their infant or toddler, often rely on a patchwork support system including relatives, friends, neighbors and nannies to help meet their child care needs. Care provided in these settings is not regulated by the state.

Another option is family child care, used by approximately 10,000 parents every year. This form of child care is desirable for many families, particularly those with babies or very young children, because of the low number of children served, a home-like setting and rates that are often more affordable than centerbased care. Family child care is generally more flexible in their schedule, offering part-time, drop-in and evening care, with some also providing overnight, weekend and holiday care.

It is likely that many more people are caring for children in their homes because state registration is voluntary, not mandatory. Providers accepting state child care subsidies, however, must register.

Registered family child care providers are subject to inspection and can care for up to five children in their home, with no more than two children being under the age of 12 months.

New Jersey also has a limited number of Family, Friend or Neighbor providers. This provider is an individual who has been evaluated and approved by the NJ Division of Family Development (DFD) or its designee and serves no more than two unrelated children receiving child care assistance.

What is the Quality of Infant-Toddler Child Care?

The quality of infant-toddler center-based child care in New Jersey remains largely unknown as the state has just recently begun to rate centers participating in Grow NJ Kids, New Jersey's quality rating and improvement system. According to the state's website, as of March 2017, less than a third of the centers providing infant-toddler child care – 389 – are participating in GNJK⁵. Information about centers enrolled in Grow NJ Kids is not yet available.

To provide some measure of quality, ACNJ collected data on the number of centers that are accredited by the National Associa-

tion for The Education of Young Children (NAEYC), a nationally recognized indicator of high-quality early learning programs. Among the 1,612 licensed centers providing infant-toddler child care, just 154 centers – less than 10 percent, are NAEYC accredited. ⁶

Table 4. Family Child Care in New Jersey, 2016

County	Family Child Care Providers	Space Available
Atlantic	73	365
Bergen	62	310
Burlington	98	490
Camden	121	605
Cape May	16	80
Cumberland	53	265
Essex	264	1,320
Gloucester	41	205
Hudson	234	1,170
Hunterdon	21	105
Mercer	54	270
Middlesex	150	750
Monmouth	93	465
Morris	60	300
Ocean	54	270
Passaic	280	1,400
Salem	37	185
Somerset	20	100
Sussex	17	85
Union	121	605
Warren	38	190
New Jersey	1,907	9,535

Sources

Family Child Care Providers- As reported by New Jersey Department of Children and Families as of December 31, 2016.

Space Available - Maximum number of slots allowed at a time per home according to registration regulation.

Who is Caring for Our Babies?

Child care professionals caring for infants and toddlers have a critically profound influence on a child's development and future educational success. Research clearly demonstrates that consistent, responsive and well-trained professionals with specialized knowledge and skills are key to high-quality child care.

Yet, despite recognizing the value of a quality early care and education setting, the training and education requirements for the infant-toddler workforce remains low.

A review of the educational qualifications for 2,476 infant-toddler caregivers working in 339 New Jersey centers found that a high school diploma was the most common level of educational attainment. Eighteen percent had an associate's degree, 16 percent had a bachelor's, and 2 percent had a graduate degree.

Table 5. Educational Qualifications for Infant-Toddler Caregivers

Degree	Number
Less Than High School/CDA or IT Credential	66
High School Diploma	1,522
AA	444
ВА	386
Masters	58
Total # of Staff	2,476

Source: Advocates for Children of New Jersey survey of child care centers licensed to provide infant and toddler child care conducted in 2016.

Some staff also received specialized training/certifications to work with infants and toddlers: 516 (20 percent) had an Infant Toddler Child Development Associate (CDA); 126 (5 percent) had a CDA, although not specific to infants and toddlers; six had an Infant-Toddler Credential (0.2 percent); and eight (0.2 percent) received the New Jersey Infant Mental Health Endorsement.

The relatively low educational attainment and lack of specialized training among infant-toddler caregivers reflect New Jersey licensing regulations, which do not require a degree or even a CDA for working with this age group.

Why Is Infant-Toddler Care So Scarce?

The supply of infant-toddler child care in New Jersey is limited for a variety of reasons:

1. Child care for infants and toddlers is costly to provide.

Lower staff-child ratios and additional facility accommodations – all necessary to ensure a safe and healthy environment for babies, make caring for very young children more expensive. Since salaries are the largest portion of a center's budget, the lower ratios mean higher costs.

Directors of centers serving infants and toddlers also struggle to find and retain staff since these caregivers are generally the lowest paid, resulting in higher staff turnover. In ACNJ's focus group, one director echoed the difficulty in "finding and keeping qualified staff to work in the infant-toddler room." She said,

"A lot is asked of infant-toddler caregivers with little compensation. Infant-toddler qualifications do not require a degree and that is the salary we are able to offer."

Focus group participant

"Those with a college education say they want to 'teach' and request to be placed in preschool classrooms. Once they get more training, they are looking to move up so they can earn higher wages."

Due to the added costs associated with infant-toddler care, centers may opt to limit the number of very young children served or eliminate the slots altogether, preferring to serve only preschoolers, where the staff-child ratios are higher and centers can generate more income.

"The reimbursement rate is too low - even though we accept state subsidies - the amount we receive doesn't even come close to our monthly tuition. We have to limit the amount of students we take in who need state subsidy."

Director of an Infant-toddler program



2. The subsidy reimbursement rate is insufficient.

Families earning up to double the federal poverty level, \$46,100 for a family of four, can qualify for a subsidy to pay for child care to help parents work. But centers that receive the subsidy face an even greater challenge making ends meet, particularly when providing high-quality child care for infants and toddlers.

Without an increase in the state child care reimbursement rate since 2008, centers receive just \$32.12 per day per child or \$3.21 per hour for the typical 10-hour day, far below the actual cost to provide care for this age group. The rate is especially low for babies 18 months and younger because licensing standards require one staff person for every four infants. The lower staff-child ratios cost more to provide care, yet the rate does not change.

Low reimbursement rates force providers to decide whether to exclude this age group from their center entirely, lose revenue or charge parents the difference between the actual cost to provide infant care (the rate at which they would charge their private-pay families) and what the subsidy covers. It is a cost that most low-income families simply cannot afford.

3. Child care for infants and toddlers is expensive for parents.

In New Jersey, parents of infants pay on average \$11,534 for full-time care in a licensed child care center, making it cost prohibitive for many families. ⁹

Two parent families earning the median household income
of \$85,185 spend between 11 percent and 19 percent of
their income on infant care in a child care center, depending on the county in which they live. The state average is 14
percent.

- Female head-of-households earning the median household income of \$27,589 spend between 21 percent and 65 percent of their income on licensed infant child care, with a state average of 42 percent.
- A typical two parent household with a baby and a preschooler spends on average 24 percent of their income on child care.

The high cost of infant child care ultimately reduces the demand for this type of care, especially in low-income communities, resulting in fewer available slots.

What Can Be Done to Increase the Availability of High-Quality Infant-Toddler Child Care?

To address the shortage of infant-toddler care, Advocates for Children of New Jersey recommends:

Make Modifications to the Child Care Subsidy System.

- Increase the child care subsidy reimbursement rate to reflect the true cost of delivering high-quality child care for infants.
- Adjust the reimbursement rate to align with the increased costs associated with caring for infants 18 months or younger (i.e., the lower staff-child ratio requirement).
- Create a multi-tiered reimbursement system that will motivate providers to move up the quality ladder and serve

"We charge parents the difference between our listed tuition and the state subsidy rate. Regrettably this often means that we hear from parents that they want to be in our center because of the quality of our program but they cannot afford to register. We work with families where we can, but ultimately this means that parents are forced to sign up for care that is less than the standard they would prefer for their child."

Director of an Infant-toddler program

(Continued on page 8)

Methodology: Estimating the Supply of Infant-Toddler Child Care in NJ

Between October 2016 and January 2017, Advocates for Children of New Jersey conducted a survey to better understand the availability of licensed center-based child care for infants and toddlers in New Jersey as well as to gather vital information about the infant-toddler caregiver workforce. A listing was obtained from the New Jersey Department of Children and Families, Office of Licensing of all active state licensed child care centers serving children between the ages of birth to 30 months. As of October 2016, there were 3,916 licensed child care centers throughout the state, and of those, 1,722 centers were licensed to provide care to infants and toddlers. These centers comprised this study's total sample.

Programs with an email address were sent a link to a survey that asked questions regarding their capacity to serve infants and toddlers, as well as the qualifications of the staff working with this age group. Centers that did not have an email address or did not respond to the survey were contacted by phone to gather the information.

Among the 1,722 centers licensed to provide infant-toddler child care: 474 responded to the online survey, 788 were reached by phone and another 202 centers were determined to be providing care to infants and toddlers based on information retrieved from their website. A total of 258 centers could not be reached and were assumed to provide such care and included in the analysis. Of the 1,722 centers, 1,354 were confirmed to be currently providing care to infants and toddlers and 258 that were assumed to provide care resulting in a total sample size of 1,612. Not included in the sample were five centers that were determined to be closed, 84 centers that responded that they do not provide child care to infants and toddlers and 21 centers that did not begin providing care until the child was 24 months.

Survey respondents were asked to report on several measures of capacity including: licensed capacity (the maximum number of slots allowed per NJ licensing standards), desired capacity (the number of slots a provider is willing to serve), as well as the number served on a typical day. Ultimately, the data used in the final analysis was based on provider-reported desired capacity, as it was determined to be the most accurate reflection of capacity. For centers that were unreachable by phone or email, capacity was estimated based on the average percentage of infants and toddlers served compared to total licensed capacity for the sample, which was determined to be 34 percent. Although licensing identifies infants as children 0-18 months and toddlers 19-30 months, centers varied greatly as to how they group chil-



dren. Therefore, the data reported in this study reflects the desired capacity for all children served in their infant-toddler classrooms, which include children ranging in age from birth through 35 months.

Demand for child care was estimated based on the number of New Jersey children ages 35 months and younger with all parents in the labor force as reported by the Population Reference Bureau analysis of the U.S. Census Bureau 2015 American Community Survey. It is important to note that although parent employment data varies across the state, only a statewide employment estimate for this age population was available through the US Census Bureau. This estimate was used to calculate the number of children with parents in the workforce at the county and municipality level.

Exploring the availability of high-quality child care was another component of the survey, however, at the time of the study, very few programs had received a rating from the state's quality rating and improvement system, Grow NJ Kids. To provide some measure of quality, data was collected on number of centers accredited through the National Association for the Education of Young Children (NAEYC) and center participation in Grow NJ Kids, New Jersey's quality rating and improvement system, as reported on the Grow NJ Kids website (www.grownjkids.org) as of March 2017. Data was also collected on the qualifications of the infant-toddler workforce as reported by the director of the center. Workforce information examined included highest degree attained and specialized training/certification in the area of infants and toddlers.

- subsidized children (i.e., paying higher rates for reaching higher levels of quality).
- Encourage providers to serve infants and toddlers by offering incentives that will compensate for the higher costs related to providing high-quality care to this population.

Increase the availability of high-quality child care in the infant-toddler "child care deserts."

- Authorize funds to pilot expansion of high-quality infanttoddler child care slots in high-poverty areas with a lack of infant-toddler child care.
- Secure a state investment in Early Head Start to increase the availability of high-quality infant-toddler child care using the Early Head Start Child Care Partnership model.
- Explore initiatives to support the development of highquality family child care in areas with infant-toddler deserts.

Set higher qualification standards for the infant-toddler workforce.

- Revise New Jersey licensing requirements to ensure that all who work with very young children have mastered core skills and knowledge, specifically related to infants and toddlers.
- Require every infant-toddler classroom to be headed by a Group Teacher that has either a NJ Infant-Toddler Credential or an Infant-Toddler Child Development Associate (CDA). These credentials could help the lead caregiver facilitate implementation of the specific training topics required for those who care for infants and toddlers.
- Require all staff providing direct caregiving services to infants and toddlers to have a minimum of an Infant-Toddler
 Child Development Associate (CDA), preferably credit
 bearing, or an NJ Infant-Toddler Credential.
- Strengthen systems of support to encourage and reward infant-toddler caregivers to continue their education. Supports should include scholarship funds to assist with the costs of tuition or credentialing and tax credits for completing advanced training.

Endnotes

¹ Population Reference Bureau, analysis of data from U.S. Census Bureau, 2015 American Community Survey, Public Use Microdata Sample.

² Data retrieved from https://data.nj.gov/childcare explorer (October 2016).

³ Among the available slots, approximately 2,700 are located in centers serving specialized populations such as employer sponsored child care centers, Early Head Start, and programs for children with special needs. Since these centers contribute to the supply of child care, they were included in the analysis of the supply.

⁴ Data retrieved from New Jersey Department of Health, New Jersey State Health Assessment Data, https://www26.state.nj.us/doh-shad/query/selection/birth/BirthSelection.html (March 2017).

⁵ Data retrieved from http://www.grownjkids.com/ (March 2017).

⁶ Data retrieved from http://naeyc.org/accreditation (March 2017).

⁷Schmit S., & Matthews. H. (2013) *Better for Babies: A Study of State Infant and Toddler Child Care Policies.* Washington, DC.: Center for Law and Social Policy.

⁸Zero to Three (2012). Building a Strong Infant Toddler Workforce..

⁹Child Care Aware of New Jersey (formerly known as The New Jersey Association of Child Care Resource and Referral Agencies) (2013). The High Price of Child Care in New Jersey 2013, A Study of the Cost of Child Care in New Jersey.