

Advocates for Children of New Jersey Policy Agenda As of January 2025

MISSION

ACNJ's mission is to advance and strengthen policies and programs that promote equitable opportunities for all New Jersey children and youth. Toward this end, we identify needs from parents and community partners, data, research, and policy analysis and address them through education, engagement, and collaboration with policymakers, advocates, and the public.

VISION

ACNJ's vision is that all children have the opportunity to grow up safe, healthy, and educated so that they may become productive adults, contributing to New Jersey's communities and making the Garden State the best possible place to live. This means all children and families have equitable opportunities to access safe and nurturing living and learning environments and high-quality services and programs through economic and nutritional resources, healthcare, and schools.

OUR PRIORITIES

ACNJ prioritizes parent, youth, and community engagement, inviting those impacted by our initiatives to shape its policy work. Many of our initiatives are done in collaboration with our community and state partners, and other advocates. While ACNJ may shift our focus as needed to respond to more immediate concerns, we remain committed to the following priorities:

I. Early Care and Education

Ensure equitable access to high-quality early care and education for all New Jersey children from prenatal to age 8, addressing disparities in access based on, but not limited to, race, ethnicity, family income, or location.

Maternal and Infant Health

Children thrive when they and their families receive support from the earliest stages. To ensure every family in New Jersey receives the support needed for a healthy start, it is essential to continue addressing disparities and increasing investment in maternal health. This includes promoting equity by raising awareness of the ongoing racial disparities in maternal health outcomes—where Black women face a maternal mortality rate that is 3 to 4 times higher than their counterparts. The critical role of fathers in both birth outcomes for the mother and child must be acknowledged and supported.

Establishing dedicated resources to support families impacted by maternal and infant mortality is also critical. Additionally, adequately resourced emergency facilities, increased public investment in Black and Brown community-based organizations, and expanded insurance coverage for doula services, with fair provider reimbursement, are essential to strengthening maternal health and achieving better outcomes for parents and their babies.

Holistic programs like HealthySteps, which integrates child development supports into pediatric care, can help address physical and social-emotional needs. Preventive services and public education campaigns about paid family leave, universal home visiting for new parents, maternal depression, breastfeeding, and oral health care starting at age one will help ensure that all

children have a healthy start. The American Academy of Pediatrics (AAP) promotes early literacy as an essential component of pediatric primary care practice to help establish the foundation for healthy socio-emotional, cognitive, language, and literacy development.

Child Health

Equitable access to health coverage is not just a matter of preventive care and treatment for chronic conditions such as allergies, asthma, or tooth decay. Preventive care helps avoid expensive emergency room care, saves taxpayer dollars, and ensures every child in New Jersey receives the necessary care. New Jersey's public health insurance program, NJ FamilyCare, is available to all children from income-eligible households regardless of immigration status and has generous benefits, including dental care. The program is supported by state and federal funding and should be maintained. Low-income parents and single individuals also qualify for NJ FamilyCare, which assists young people struggling to find jobs and those exiting state systems in accessing health care.

- *Oral Health*

Oral health care is an essential component of total health care. Dental care is one of the most prevalent childhood chronic diseases and can impact a child's speech, physical, social, and emotional well-being. Untreated dental problems contribute directly to significant healthcare costs and can have many indirect costs, including time lost from school or work.

- *Childhood Lead Poisoning*

Lead poisoning is a preventable tragedy. Since a child's body is still developing, even low blood lead levels can cause developmental delays and behavioral problems and negatively impact a child's ability to learn. New Jersey has taken significant steps to ensure that young children are tested and action taken if they have elevated blood lead levels. Still, more can be done to facilitate coordinated action between medical service providers, housing repair and hazard remediation programs, and other related state and municipal services.

- *Emergency Medical Services*

No state, including New Jersey, has complete statewide emergency medical services (EMS) systems preparedness for children. As a result, children die and become needlessly disabled. In 1992, New Jersey enacted the Emergency Medical Services for Children Law, which states in part: "It is the public policy of this State that children are entitled to comprehensive emergency medical services, including pre-hospital, hospital and rehabilitative care." Current regulations are not comprehensive and do not effectuate the purposes of the law.

In the three decades since the law's passage, scientific research has demonstrated how to optimally prepare EMS systems to save children's lives and prevent them from having avoidable long-term disabilities. New Jersey should incorporate these advances into regulations, together with a continuous system quality improvement process, and require that all relevant agencies and hospitals comply.

Child Care and Preschool

Building a better future begins with investing in NJ's child care infrastructure. Like roads and bridges, this infrastructure is essential to the State's societal and economic well-being and requires intentional investment.

- *Support for the Workforce*

Key policy measures, such as fair compensation for the workforce and improved facilities, are critical for ensuring children have access to safe, developmentally appropriate environments. It is essential that we create workforce pipelines and incentives to attract and retain qualified early care professionals to address current and future needs. The early childhood workforce can be further supported by creating pathways for non-certified educators to gain the necessary credentials for public preschool. Birth-to-five educators' compensation must be comparable to that of K–12 teachers to allow child care programs to operate effectively without financially burdening families.

- *Facilities*

Licensed and registered home-based child care providers should have access to public funding for facility improvements, energy efficiency upgrades, and other enhancements to address the unique needs of providers and the population they serve. Integrating child care opportunities into housing policy measures will help increase families' access to quality child care. These steps will create a more equitable, resilient system that supports working families, providers, and the State's long-term economic health.

- *Fostering Collaboration Between School Districts and Community Child Care Providers*

Preserving community-based child care providers is essential to ensure access to infant and toddler care and education for working families statewide. As New Jersey expands universal preschool, fostering collaboration between school districts and community child care providers as part of a "mixed-delivery system" to provide preschool strengthens our early care and education infrastructure, creating a more resilient and accessible system. Several changes can help make this happen:

1. First and foremost, public preschool square footage requirements for community-based child care providers must be aligned with state licensing guidelines to increase community-based provider participation in public preschool.
2. New Jersey must establish clear mixed-delivery policies with standards that strengthen the community child care provider and district partnership.
3. Community child care providers should be designated as a protected vendor class in school contracts to enable multi-year agreements.
4. The NJ Department of Education's Division of Early Childhood Education should create a designated position to support community-based child care providers partnering with their local school district.
5. The State should create a task force to evaluate the impact of public preschool expansion on private child care centers and Head Start, the expansion process, and district-community-based provider partnerships for improvement.

II. Family and Community Supports

ACNJ continues to elevate initiatives that address childhood adversity, such as poverty, through robust family support measures. These provisions are essential for fostering successful development and well-being for all children, as they promote stability for families and strengthen our communities' overall health. Robust family support systems, programs, and services for mothers, fathers, and those in caregiving roles strengthen families and help prevent family involvement with child protective services. Communities also need flexibility because counties and cities have different strengths and deficits and may require different solutions to address food insecurity, transportation, and housing issues.

Supplemental Nutrition Assistance Program (SNAP) and Supplemental Nutrition Program for Women, Infants, and Children (WIC)

ACNJ commends New Jersey for its commitment to ensuring families can access essential nutritional support through programs like SNAP, formerly food stamps, including a monthly minimum benefit. New Jersey's WIC program offers benefits to pregnant, postpartum, and breastfeeding women, as well as infants and children up to age 5 who are at nutritional risk.

While New Jersey surpasses many states in investment in family support initiatives, there are areas for improvement. Refining processes to integrate services more seamlessly, expanding eligibility criteria, and implementing more flexibility in product delivery will ensure these investments effectively reach and support all eligible participants. For example, expanding brand options under WIC and implementing online services that facilitate the delivery of WIC products to community providers, such as Head Start programs, to offer additional pickup and delivery options for families, particularly those in isolated areas, should help.

School Meals and the Child and Adult Care Food Program (CACFP)

Despite significant efforts to boost student participation in the School Breakfast Program, including the NJ Food for Thought Campaign, a 2019 law mandating breakfast during the school day in high-needs schools, and expanded eligibility through state investment – only 58% post-COVID, only 58% of the students enrolled in the school meals program are eating breakfast post-COVID. This highlights ongoing challenges with access and participation.

The stigma around receiving free or reduced-price meals may discourage participation, particularly in schools without universal free meals. Administrative hurdles and language barriers may also prevent eligible families from enrolling. Concerns about the quality and appeal of the meals lead to waste and low participation. To combat food insecurity among school-aged children, ACNJ recommends that the State consider all factors that impede access and participation.

Infants and toddlers in the child care system also face unmet nutritional needs. Discrepancies in eligibility criteria between the School Meal Program for K-12 students and the Child and Adult Care Food Program (CACFP) leave parents and child care providers struggling to cover the gaps, adding financial burden.

While the income eligibility for the School Meal Program was raised to 224% of the federal poverty level—allowing a family of four earning up to \$69,888 to qualify—this increase does not extend to those benefiting from the CACFP, where the eligibility threshold remains lower, at

\$55,550 for a family of four. This creates a \$14,338 gap between the two programs, limiting access for children in preschool and child care despite their similar needs. ACNJ advocates for a more inclusive approach to addressing food insecurity that supports all children in learning environments, including infants and toddlers.

Enhance the Child Tax Credit to Strengthen the Economic Security of Families

Implementing a child tax credit in New Jersey represents a significant step toward creating a more equitable and supportive environment for children. This measure provides crucial financial support, alleviating the costs of raising a family, reducing child poverty, and contributing to better outcomes by ensuring children have access to essential resources and opportunities. New Jersey's child tax credit provides up to \$1,000 in refundable income for residents earning up to \$80,000 annually with dependent children ages 5 and younger, based on their income level. Families earning \$30,000 or less can receive a full credit of \$500 per child. For incomes above \$30,000, the credit amount gradually decreases on a sliding scale, with the maximum credit capped at \$1,000. ACNJ supports the child tax credit as it directly addresses financial needs, promotes family stability, and enhances overall child well-being and recommends expanding the child tax credit to include children ages 6-11 and increasing the amount of the credit.

III. Positive Youth Development

ACNJ's Positive Youth Development Initiative focuses on the intersection of safety, wellness, and education. It expands and promotes initiatives and best practices that support youth while eliminating policy, narrative, or procedural barriers that hinder their progress and that of their caregivers, empowering others to do the same.

Many youth face challenges that harm their cognitive development and overall functioning, such as adverse childhood experiences and inadequate caregiver support. These factors impact mental health and psyche, affecting school and community engagement and leading to issues like absenteeism, over-discipline, and involvement in the juvenile justice system. To combat these outcomes, New Jersey must foster positive mental health associations and bolster support for the workers and resources that engage and empower youth and families.

Youth face challenges that affect their academic performance, attendance, and school engagement. Still, schools often lack the resources to address these issues, leading to poor outcomes like low math and literacy rates and chronic absenteeism. To improve student outcomes and support staff, we need provisions that enhance school climate, increase community support, and establish pathways to increase interest in the teaching profession and youth participation in their education.

Violence has become normalized for many youth in schools and communities. Traditional responses from officials often worsen the issue, leading to school disengagement and desensitization. To address violence as it relates to youth and their response to its occurrence, New Jersey must shift the narrative around Community-Based Violence Intervention and Prevention (CBVIP), viewing it as a public health priority, not just a safety issue. The State must implement culturally responsive, health-focused safety programs led by community professionals and intentionally invest in CBVIP initiatives.