Center for American Progress

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Costly and Unavailable

America Lacks Sufficient Child Care Supply for Infants and Toddlers

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Introduction and summary

Cheryl Odom runs a home-based family child care program in Columbus, Ohio, that had to close for more than two months as part of the effort to contain the spread of the coronavirus.[1] As of July 7, the program was operating for just three days of the week and serving four children at a time, rather than the usual six. A recent spike in COVID-19 cases in the county delayed Odom's plan to resume providing care five days a week. Her program has been able to survive until now in part because of the federally funded Early Head Start-Child Care Partnership (EHS-CCP) program as well as a Small Business Administration (SBA) loan. As an EHS-CCP grantee, Odom's program—and the families it serves—has continued to receive support. EHS-CCPs across the country continue to provide programs with public funding based on how many children they have the capacity to serve, rather than how many children are attending, allowing programs to continue paying bills while closed or serving fewer children than normal. However, Early Head Start programs are woefully underresourced, reaching only 3 percent of eligible children.[2] Odom, along with just one-fourth of child care providers—about half of the providers who applied—also received a Paycheck Protection Program loan through the SBA.[3]

While Odom was able to access these two supports to prevent her business from permanent closure amid the coronavirus crisis, many providers have not been as lucky. In a survey at the onset of the COVID-19 pandemic in the United States, 63 percent of providers said that without additional funding, they would have to close permanently if temporary closures lasted longer than a month.[4] This could lead to nearly half of the child care supply in the country—roughly 4.5 million slots—closing permanently.[5]

The United States was facing a child care crisis before the pandemic began, but the ongoing health and economic impacts of the coronavirus have brought the child care industry to the brink of collapse. This situation is especially dire for infant and toddler child care, which is costly to provide and expensive for families.

While the prevalence of child care deserts—areas in which licensed child care supply is far short of the population of children—is becoming more widely understood, analyzing child care supply by grouping together all children younger than 5 does not tell the whole story.[6] The United States' licensed child care shortage is driven in large part by the lack of options for families of infants and toddlers.

Expanding on previous child care supply analysis, the Center for American Progress collected data on infant and toddler child care supply from 19 states and the District of Columbia. In total, the sample represents close to 40 percent of the U.S. population. This study finds that in these states:

- There are more than four children under age 3 per licensed child care slot, or enough licensed child care to serve just 23 percent of infants and toddlers.
- Licensed child care is more than three times as scarce for children ages 0 to 2 than it is for those ages 3 to 5.[7]
- Using CAP's working definition for child care deserts—places where there are three or more children for each licensed child care slot—more than 80 percent of the counties in this study would be classified as an infant and toddler child care desert.

The current child care market fails families, children, and businesses. Parents are often unable to find a child care program with an open spot for their infant or toddler. If there are available options, they typically are not affordable. Infant child care costs families an average of $11,000 per year and is more than the price of public college in 33 states.[8] Most families who cannot afford that are out of luck: Just 1 in 6 families who are eligible for child care subsidies receive them.[9] And the subsidies that do exist for infant and toddler child care are usually inadequate, covering just a fraction of the cost of providing care and limiting providers' ability to invest in their programs.

Despite the high cost of care, child care programs are typically just scraping by—and only able to do so because early educators are paid so little. The average early educator makes less than $12 an hour, with educators of infants and toddlers making even less.[10] Similarly, home-based child care providers often work far beyond 40 hours a week for relatively little take-home pay and limited benefits.[11]

The lack of licensed child care has adverse effects on babies, parents, and the economy. Without reliable and affordable child care options, parents often must choose between spending a huge portion of their budget on child care, using less convenient or lower-quality care arrangements, cutting back their work hours, or patching together some combination of these options. Many mothers are forced to leave the workforce altogether because of child care struggles, which can cost them hundreds of thousands of dollars over the course of their careers.[12] This causes many businesses to struggle with employee absences, lost productivity, and difficulty finding and retaining employees. The U.S. economy loses an estimated $57 billion annually because of child care problems.[13] And without access to care, young children miss out on the developmental, socio-emotional, and academic benefits of quality early learning.[14]

To be sure, some families prefer informal home-based child care options for young children that exist outside the licensed child care system. However, higher-income families are much more likely to use licensed programs, suggesting that families with lower incomes are constrained by cost.[15] The United States needs much more licensed child care capacity in centers and homes so that families have a real choice to select the program that best meets their needs.

Licensed child care programs are generally only required to meet health and safety standards, but licensing can be a first step toward going beyond those standards to meet high-quality benchmarks. Although not all licensed care is high quality, disparities in which families have geographic proximity to licensed child care indicate that access to high-quality child care is often contingent on family income. While high-quality child care has significant benefits that can help close opportunity gaps, the inequities of the child care system too often reinforce those gaps instead. Low- and middle-income families are more likely to live in child care deserts and have to spend a larger proportion of their income on child care, despite having less access to licensed programs.[16]

The high cost and limited availability of child care also disproportionately affects people of color. Black Americans are nearly twice as likely as non-Hispanic white families to make job sacrifices because of child care challenges.[17] And Hispanic families with infants or toddlers are less than half as likely as non-Hispanic white families to use licensed child care.[18] The child care workforce, which is roughly 93 percent female and disproportionately women of color, is among the lowest-paying professions for degree-holders, in line with the country's long-standing devaluation of care work—which is primarily done by women and women of color.[19] Despite child care workers' essential role, more than half of them rely on some form of public assistance benefits.[20]

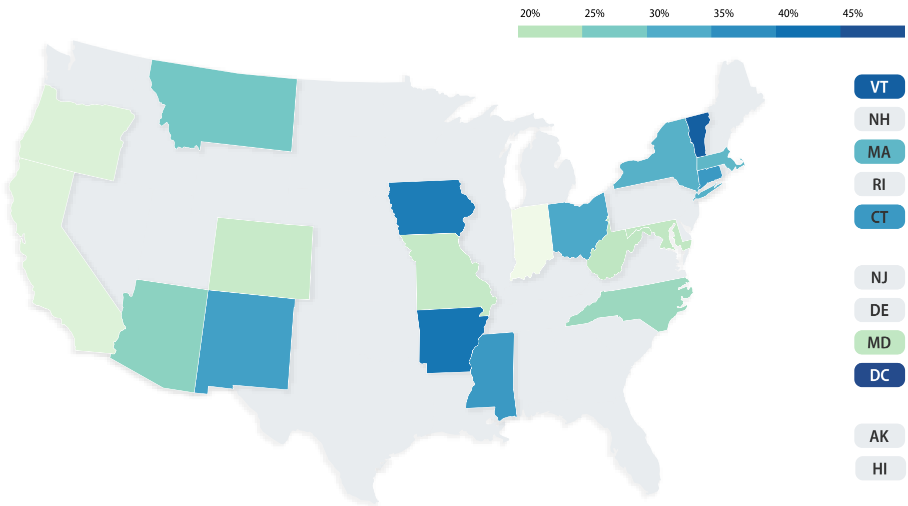
Infant and toddler child care supply findings

Building on CAP's 2018 study of infant and toddler child care supply,[21] the authors contacted each state's department responsible for child care licensing in an attempt to collect nationwide data on infant and toddler child care supply. All of the states for which data were available and complete are included in the analysis. Figure 1 shows the percentage of infants and toddlers in each state included in this report that could be served by licensed child care. The states for which there are no data either do not collect capacity or enrollment data for young children by specific age group, did not respond to requests to make those data available, or provided data that were missing information necessary to include them in the analysis—such as the number of licensed home-based providers.

FIGURE 1

Licensed child care is in short supply for infants and toddlers across the country

Percentage of infants and toddlers who could be served by licensed child care in states where data are available



Note: No data were available for states that are not in color. Data were collected from December 2019 to March 2020, with the exceptions of Oregon and family child care homes in California, which were collected in 2018. California's capacity is underrepresented in the data, as they do not include small family child care homes from the state. For most states, "infants and toddlers" are defined as children younger than 3. However, Massachusetts uses 33 months old; Ohio uses 30 months; and California, Missouri, Montana, New Mexico, New York, and West Virginia include capacity for children less than 2 years old. Maryland includes licensed capacity in centers for children up to 36 months old and in licensed homes for children up to 24 months old. Mississippi uses enrollment and Vermont uses "desired capacity" as their measure of supply, rather than licensed capacity data. See Methodology for more details.

Source: Authors' calculations based on state administrative datasets and U.S. Census Bureau, "Table B09002: Own Children Under 18 Years by Family Type and Age," available at https://data.census.gov/cedsci/table?q=B09002&tid=ACSDT1Y2018.B09002&vintage=2018 (last accessed June 2020).

Data limitations

The data in this report were collected between December 2019 and early March 2020 and do not reflect the impact of COVID-19 on U.S. child care supply.[22] The format and quality of the data provided by the states included in this analysis vary. Some element of the differences in child care supply levels across states is likely affected by differences in data collection and reporting. This is especially true for states that use different age ranges to define "infants and toddlers," states for which capacity in home-based providers is estimated rather than provided by states, and states in which enrollment rather than capacity is used as the measure of supply. It is also true for California, which is missing data for the smallest classification of home-based providers. (see Methodology for more details)

Across states, the population of infants and toddlers is far greater than the number of licensed child care slots. There are 27 counties with no licensed child care options for infants and toddlers and only 26 counties that could serve more than two-thirds of infants and toddlers. On average, there are more than four children per slot. In comparison, there are roughly 1 1/2 preschool-age children per slot.

Figure 2 displays child care supply and demographic data for each county in the states included in the analysis, as well as statewide totals. For the District of Columbia, data are available by ward.

INTERACTIVE

Find your county using the dropdowns below:

ARIZONA | APACHE

Child care supply in Apache County, Arizona

Infant and toddler population	1,671
Percentage of infants and toddlers who could be served by licensed child care capacity	4.5%
Percent white	18.3%
Percent Black	0.7%

See the digital version of this report to explore the child care supply in your county.

Proximity to child care is important, especially for parents in lower-wage jobs who often have less flexibility and control over their schedules and who may have to rely on public transportation to get to child care and work. Yet living near a child care program does not guarantee that a family can afford the program or that the program can match a family's work schedule, accommodate a child or parent's disability, provide culturally responsive and linguistically appropriate care, or otherwise meet their needs. One study estimates that just 8 percent of programs serve children for any amount of time outside of traditional work hours.[23] CAP analysis has also found that parents of disabled children are more likely to experience at least some difficulty finding care: 34 percent of these parents report difficulties, compared with only 25 percent of parents of nondisabled children. Parents of disabled children are also more likely than parents of nondisabled children to be unable to find care—34 percent versus 28 percent, respectively.[24] Providing adequate child care supply does not mean simply having a slot in a child care program for each child who needs one. Child care must match the unique needs of children and families.

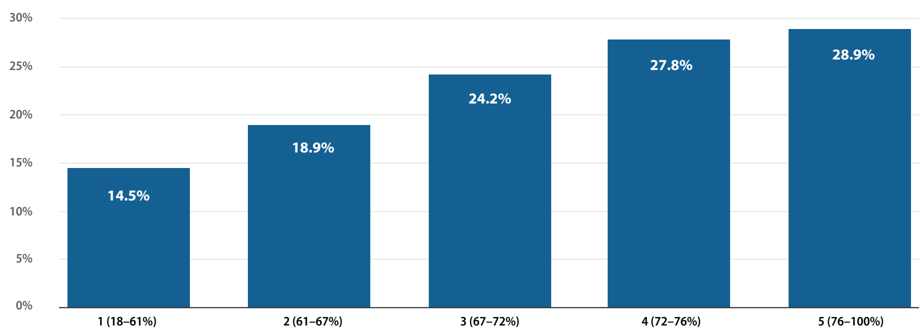
Infant and toddler child care supply and maternal employment

There is a statistically significant positive relationship between the capacity of licensed child care to serve the United States' young child population and the estimated maternal labor force participation rate for women with a child under age 6. This relationship holds when controlling for state—whether in a metro or non-metro county—and the percentage of residents with a college degree. As shown in Figure 3, counties in the top quintile of maternal labor force participation—those with more than 76 percent of mothers in the workforce—have twice as much infant and toddler child care supply as counties in the bottom quintile, or those with less than 61 percent of mothers in the workforce.

FIGURE 3

Lack of access to child care keeps women out of the workforce

Percentage of licensed infant and toddler child care supply by maternal labor force participation (MLFP) quintile of mothers with children under 6



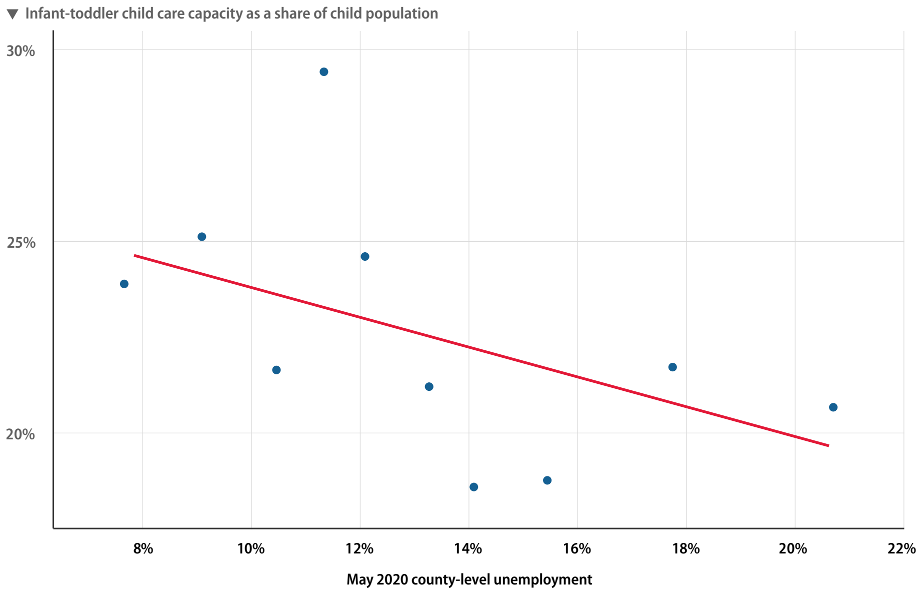
Source: Authors' calculations based on state administrative datasets and U.S. Census Bureau, "Table B23003: Presence of Own Children Under 18 Years of Age by Own Children Under 18 Years by Employment Status for Females From 20 to 64 Years," available at https://data.census.gov/cedsci/all?q=B23003&hidePreview=false&tid=ACSDT1Y2018.B23003 (last accessed July 2020).

When child care is unavailable, employment declines for mothers. While 77 percent of mothers who do not find child care are employed, that figure jumps to 89 percent for mothers who do find child care.[25] Parents of infants and toddlers are more likely than mothers of older children to report problems accessing child care or a "lack of available slots" being the main child care problem that they encounter.[26] Furthermore, 2 million Americans make job sacrifices every year due to problems with child care, and those who do are disproportionately people of color.[27]

FIGURE 4

In May 2020, counties with more infant-toddler child care supply had lower unemployment rates

Binned scatterplot of 1,155 counties, with each dot representing the mean value within that bin



Source: Authors' calculations based on state administrative datasets and U.S. Bureau of Labor Statistics "Local Area Unemployment Statistics," available at https://www.bls.gov/lau/#data (last accessed July 2020).

Additionally, there is a statistically significant correlation between counties with less infant and toddler child care supply and counties with higher unemployment in the midst of the coronavirus crisis, as of May 2020. Among the 1,155 counties in this study, the counties with the lowest May unemployment rates—a bottom quintile of about 7 percent unemployed—had 22.5 percent more child care capacity for infants and toddlers than the counties with the highest unemployment rates—a top quintile of about 17 percent unemployed.[28] (see Figure 4) This trend suggests that some areas of the country will be doubly penalized by the pandemic, struggling simultaneously with high unemployment and few child care options for young children. While this is not a directly causal relationship, as many factors contribute to unemployment and many job seekers do not have young children, a lack of reliable child care options is one factor that makes it more difficult for parents to work. As states aim to reduce high unemployment rates, policymakers should consider the child care needs of parents, who will struggle to work if there is not enough child care. This problem is likely to be dramatically worsened as businesses begin to reopen and require employees to work, especially absent federal funds to support child care providers in staying afloat.

While access to infant and toddler child care may vary by race and income, county-level statistics obscure differences that may exist within counties. There are not significant relationships between race and level of infant and toddler child care supply across this sample. Counties with higher proportions of American Indian and Alaska Native (AIAN) residents, on average, have less infant and toddler child care supply, but there are few counties in this sample with a large enough population of AIAN residents to draw definitive conclusions from those results. Unlike in CAP's previous geographical child care supply analyses, there do not appear to be significant differences in child care supply between rural and urban counties across this sample.

Early learning occurs across settings

While this study examines licensed child care, many parents of infants and toddlers prefer informal care settings.[29] Regardless of where they are, babies are learning and their brains are developing. Whether a child is in a child care center, a licensed home-based child care program, or in the care of a family member or friend, their development and safety is promoted by engaged caretakers.[30] It is important to ensure that families have access to a child care arrangement that meets their needs. Informal care arrangements are often preferred because they can provide culturally competent care, ensure a trusted caregiver, and are typically cheaper.

However, licensed programs provide certain advantages, including a guarantee of meeting certain safety standards. Research indicates higher-quality, more comprehensive child care programs confer the greatest educational and economic benefits to children.[31] Furthermore, many families do not live near family members or friends who are able to care for their children. Therefore, it is important that families have the option to access licensed child care programs. While a lack of data and unclear policy implementation measures make it more difficult to research and provide actionable recommendations to improve informal child care, children and caregivers should be supported—regardless of the setting in which child care takes place.

Why child care for infants and toddlers is so scarce

The problem of infant and toddler child care shortages is not attributable simply to a lack of facilities. Caring for children is more expensive when they are younger, and neither families nor existing subsidies can cover the increased cost. These market dynamics make it difficult for providers to afford enrolling infants and toddlers, especially without the support of revenue from preschoolers and with the challenge of recruiting and retaining early educators given paltry wages.

The child care market disincentivizes providing infant and toddler child care

Babies require constant supervision and more intensive physical care than older children. Therefore, more teachers are needed for fewer children, making child care for infants and toddlers particularly costly to provide. Whereas one teacher can supervise up to 10 4-year-olds at once, they can only care for three or four infants simultaneously. Given that two-thirds of the cost of providing child care comes from compensating providers, needing two to three times the staff for the same number of children dramatically increases the cost of providing care.[32] However, the revenues available to providers to cover this increased cost are insufficient. Parents of infants and toddlers are typically early in their careers and unable to afford the higher tuition necessary to cover the true cost of infant and toddler care.

Public funding in the form of child care subsidies through the Child Care and Development Block Grant (CCDBG) is also insufficient. Not only do only 1 in 6 eligible families—by federal income standards—actually receive child care subsidies, but the reimbursement rate is also inadequate to cover the higher cost.[33] While child care for an infant, on average, costs 61 percent more than it does for a preschooler, child care subsidy rates are only 27 percent higher for infants than they are for preschoolers.[34] In almost half of states, the gap between the subsidy rate and the cost of licensed infant care exceeds $400 per month.

A 2019 study by CAP and Raising New York highlighted the root of this problem. In one region of counties in upstate New York, the annual cost of providing child care for an infant is roughly $17,600, compared with a cost of about $9,700 to provide care for a 4-year-old.[35] However, the payment rate for infants is just $1,300 more than the payment rate for 4-year-olds.[36]

The funding discrepancy worsens as states take badly needed steps to improve compensation and benefits for educators who work with infants and toddlers. In a scenario in which these child care providers are paid at levels equivalent to their kindergarten counterparts, the current subsidy rate would be about $16,500 below the cost of providing child care for an infant and almost $5,000 below the cost of providing child care for a 4-year-old. While the investment in early childhood educators pays off for children, it requires additional funding. When the higher cost of caring for young children is not met with corresponding financial support, providers are often unable to care for infants and toddlers. Policymakers must improve reimbursement rates to reflect the cost of caring for infants and toddlers in order to ensure that child care programs can care for infants and toddlers with or without preschool revenue.

Infant-toddler educators are underpaid

Infant and toddler child care is not just more expensive and in lower supply, it also pays less for early childhood educators. The median wage for a teacher in an infant and toddler child care classroom is just $11.65 per hour, more than $3 less than what their counterparts make in a preschool classroom.[37] Early education is already one of the lowest-paying professions in the country, with educators making less than half of what typical K-12 teachers make.[38] This "wage penalty" grows when comparing early childhood educators to teachers with higher levels of education.[39] The low pay and limited benefits for early educators contributes to staff shortages and high staff turnover rates, especially for infants and toddlers. A study of early educators in Nebraska found a 26 percent annual turnover rate among child care teachers, compared with a rate of 15 percent for pre-K teachers, with 58 percent of child care administrators citing salary as the main reason teachers leave compared with 21 percent of pre-K administrators.[40] This harms the quality of care for children and adds another challenge for programs that offer or wish to offer classrooms for infants and toddlers. Low wages for infant and toddler educators also contribute to racial inequity within the early childhood workforce, as women of color are more likely to work with the youngest children.[41]

A well-trained, experienced child care workforce is important to promote best outcomes for children. Around 80 percent of brain development occurs during the first years of a child's life, and the crucial neural connections babies form during this time are fostered through "serve-and-return" interactions with engaged caregivers.[42] However, the false perception that early care is simply "babysitting" remains prevalent and is reflected in wages for early childhood educators.[43] Educators should not be asked to undertake the critical work of nurturing the youngest children while being paid poverty-level wages. Any solution to the lack of infant and toddler care must include better pay for early educators.

Investments in pre-K have often come at the expense of infant and toddler child care

In recent years, many states have expanded preschool programs and the idea of universal preschool for 3- and 4-year-olds has gained significant political traction.[44] While these programs provide important benefits for children and their families, they can have unintended consequences on child care supply for younger children. Many provider business models rely on serving mixed ages of children so that the losses they might incur serving infants are offset by the revenue they receive serving preschoolers. When states enact universal preschool programs that are only offered in public schools they remove large numbers of preschoolers from community-based sites, which can have a devastating impact on the financial stability of child care providers. Even when states do fund preschool in community-based sites, this can also harm infant-toddler supply, as providers may face an incentive to serve preschoolers—for whom funding is stable and often able to cover a larger share of the actual cost—rather than serving infants and toddlers and relying on existing, inadequate revenue sources.

Two recent studies have shed light on the ways in which preschool expansion can affect infant-toddler child care supply. Jessica Brown of the University of South Carolina estimated that when New York City enacted universal pre-K "for every seven 4-year-olds who shifted from [child] care centers to public pre-K, there was a reduction of one day care center seat for children under the age of 2."[45] Notably, the loss of child care capacity for young children was concentrated almost entirely in low-income areas. While another study looking at universal pre-K across New York state did not find similar results in urban areas, it did find that preschool expansion reduced capacity for young children in nonurban areas, particularly in rural areas.[46]

Other states and cities should consider these lessons when designing and implementing universal preschool programs. Many programs that serve infants and toddlers rely on the higher profit margins from preschoolers to stay in business. When the preschoolers go elsewhere, these programs may be forced to close. Low-income and rural communities are often hit hardest by these closures. Families in poverty are less likely to be able to pay more to make up for the lost revenue of preschoolers—or they may rely on subsidies, which rarely reflect the cost of providing care for infants and toddlers. Low-income families are also less likely to have access to resources that promote child development outside of a licensed child care facility.[47] Rural areas have less child care supply to begin with, and there are fewer substitute options when a program is converted to pre-K-only or when other programs close because their business models become unsustainable without 3- and 4-year-olds.[48]

Children and families need quality early education and care options from birth until when children enter school. Preschool provides important benefits and remains underfunded,[49] and policymakers should continue to expand access to affordable preschool programs. However, in doing so, they should maintain a mixed-delivery model that ensures that infant and toddler child care supply does not face the adverse side effects of preschool expansion policies.

Undermining health and safety protections is not the answer

When considering how to improve supply for licensed child care, it is important to avoid changes that could jeopardize children's safety. Reducing licensing requirements is sometimes suggested as a way to increase child care supply.[50] However, analysis from CAP and the National Association for the Education of Young Children (NAEYC) found that there is no correlation between a state's level of licensed child care supply and the strictness of a state's minimum licensing requirements for ratios, group sizes, number of children at which licensing is required, and staffing requirements.[51] Additionally, while the number of home-based providers has, concerningly, fallen substantially over the past decade, the decline began years before new licensing requirements were added to the CCDBG, and continued at a similar rate afterward.[52] Some states and localities may find ways to responsibly reduce regulation, including by eliminating zoning regulations that constrain home-based providers. However, regulations such as staff ratios are important for program quality and child safety and are not responsible for care shortages.

Policy recommendations

Before the COVID-19 pandemic, far too many families were unable to find child care for their infants and toddlers. The families who were able to enroll their children in a licensed program often had to pay upward of 20 percent of their earnings to do so, and even that price was subsidized by the low wages of child care workers.[53] Now, the closures required by the coronavirus crisis have put at risk a significant portion of the already slim child care supply for infants and toddlers.

Policymakers must respond to help increase the supply of licensed child care for infants and toddlers and promote better outcomes for young children and their families. The need to do so has never been so urgent.

Improve data collection specific to infant and toddler child care

The first step in fixing the problem of inadequate infant and toddler child care supply is finding a way to quantify it. The majority of states do not collect data that break down licensed child care capacity or enrollment by a single age or age group within the 0 to 5 range. Given the differences in supply and the different funding needs of preschool and infant-toddler child care, it is important for data that separate these age groups to be available at the national, state, and local levels.

At a minimum, states should collect and report program capacity by age as part of the licensing process, and ideally, they would also collect enrollment data by age to understand both the potential supply of child care for each age group and the actual supply available in the market. Where data collection is incomplete or ongoing, states can follow the example of Colorado and use parent surveys and existing data to estimate supply by age.[54]

Provide immediate child care stabilization funds to address the impact of the COVID-19 pandemic

Families and child care providers need a policy response that is proportionate to the damage the coronavirus crisis has caused to child care in the United States. To prevent widespread child care closures and help parents return to work, Congress should act swiftly to pass legislation to stabilize the child care industry. The Child Care Is Essential Act, introduced by Sen. Patty Murray (D-WA) and Rep. Rosa DeLauro (D-CT), would help revitalize the industry by creating a $50 billion Child Care Stabilization Fund. This funding would allow states to help providers continue to pay their staff, provide tuition and copayment relief for working families, and promote health and safety through compliance with public health guidance, all while prioritizing providers that serve underserved populations across child care settings.[55]

Reform child care subsidy policies to better serve infants and toddlers

Beyond the immediate needs brought on by the COVID-19 pandemic, states should make changes to their child care subsidy systems so that they better support the needs of infants and toddlers. The economics of providing infant and toddler child care act as a significant barrier to increasing supply. States should use the flexibility offered by the CCDBG to set subsidy reimbursement rates based on the actual cost of providing care, rather than the market rate. This would ensure that providers serving subsidy-eligible families can run infant and toddler classrooms that are financially sustainable. In addition, given the significant burden that paying for infant and toddler child care has on working families' budgets, states should increase public investments to expand subsidy eligibility to reach more families and reduce copays.

Within the subsidy system, states can also take steps to incentivize providers to accept subsidies, including by contracting for slots to guarantee stable revenue for providers, increasing investments in underserved populations, and providing flexibility to providers that are meeting the diverse needs of families—such as families who need care during nontraditional hours or families with children with disabilities.[56]

Implement a comprehensive national solution to improve America's child care system

Investments targeted at building supply for infant and toddler child care programs are necessary but inadequate on their own. Ultimately, a comprehensive approach with significant federal investment is needed to create an early childhood education system that works for everyone. The Child Care for Working Families Act is one such solution that would simultaneously improve supply, affordability, quality, and workforce wages. If passed, the bill would limit the amount that the median family would pay for child care to less than $10 a day, improve pay for more than three-quarters of early educators, and make needed investments in child care quality and availability.[57]

Pass comprehensive paid family and medical leave policies

The United States is one of the only countries in the world with no guarantee of paid leave for new parents, forcing many families to make an impossible choice between dropping out of the workforce to care for their new child or finding and paying for infant child care in order to return to work.[58] While paid leave alone does not remove the need for infant child care, it can help reduce demand for care for the youngest children by giving families up to 12 weeks away from work to bond and care for a new child.[59] In addition to parental leave, it is essential that workers have access to comprehensive paid family and medical leave to ensure that they have time away from work to recover from a serious illness or care for a sick loved one, such as a young child with a congenital heart defect.[60]

Guaranteeing comprehensive paid family and medical leave is crucial for promoting the care and well-being of young children. Paid leave provides important health and economic benefits, including increased earnings and labor force participation as well as fewer infant deaths.[61] In response to the need for paid leave at the start of the COVID-19 pandemic, Congress passed measures to temporarily provide up to two weeks of emergency paid sick leave and up to 10 weeks of emergency paid child care leave through the end of 2020. However, these critical benefits leave out between 68 million and 106 million workers, and they must be expanded and made permanent.[62] Congress should pass the Providing Americans Insured Days of Leave Act of 2020 to improve initial emergency paid leave measures and ensure that comprehensive paid family and medical leave is permanently available for all who need it now and in the future.[63]

Provide additional economic support for families

The coronavirus crisis has exacerbated the challenges faced by millions of low- and middle-income families. Millions of families are facing food insecurity, loss of income, and increased stress, with Black and Hispanic families being most affected.[64] Policies such as an expanded, fully refundable child tax credit and increased Supplemental Nutrition Assistance Program (SNAP) benefits are crucial to ensure that all families can afford child care and meet their basic needs. While providing financial assistance to low-income families is especially necessary in a pandemic, it was needed before the coronavirus crisis and will be afterward.[65] Cash transfers and increased benefits for families cannot solve the systemic problems in the U.S. child care market, but they would help parents afford the child care arrangements of their choice, provide other beneficial early learning resources for their children, and mitigate poverty's negative effects on childhood development. Flexible cash assistance is especially important for families with young children at a time when many cannot access their typical child care arrangements because of coronavirus mitigation efforts. Parents should also be entitled to more flexible work-from-home policies and be given more power over their schedules.

Conclusion

The data presented in this report demonstrate that even before the COVID-19 pandemic, families struggled to find high-quality, affordable child care for their infants and toddlers. Inequitable access has stalled economic growth, reinforced inequality, and prevented too many children from maximizing their learning potential. Now, those problems have been magnified. The effects of the pandemic have destabilized a significant portion of child care supply in the United States, causing many programs to close and others to reduce their capacity and strain their budgets. Once again, families of infants and toddlers are likely to face a disproportionate share of the burden caused by inadequate public investment in child care.

Parents should not have to choose between losing their jobs and having reliable child care options. Early educators shouldn't have to choose between nurturing the next generation and being able to pay their bills. And states should not have to choose between funding infant and toddler child care subsidies, preschool programs, and other essential services. Immediate and significant public investment and policy change is needed to ensure that child care is available for all who need it. Such an investment would allow providers like Cheryl Odom to continue to serve their communities—and the families who rely on them to continue working while their children learn in an enriching environment.

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Methodology and data limitations

The methodology in this analysis is largely based on the methods employed in CAP's 2018 report "Understanding Infant and Toddler Child Care Deserts."[66] This section includes previously published notes on the methodology from that report and is updated to reflect the fact that the 2020 analysis includes 19 states and Washington, D.C.; new methods were required for securing and cleaning data from additional states.

In each state, any child care provider that regularly cares for more than four or five nonrelative children is required to have a license. Different states have different requirements for licensing, with some states only asking that child care providers register their locations and hours of operation with the state so that they can be inspected for safety regulations. Because certain safety regulations may apply differently to different age groups of children, most states ask providers about the age groups that they accept into their care. A smaller group of states differentiate how many children may be enrolled within each age group, depending on staffing levels, physical space limitations, or other factors. This is commonly referred to as "licensed capacity" and forms the basis of this analysis.

The authors reviewed child care licensing data from every state and the District of Columbia, finding 19 states—plus Washington, D.C.—for which the data included the licensed capacity for just infants and toddlers. This study generally defines infants and toddlers as children under 36 months of age. In a few cases, inconsistency in the data required the authors to use a different age cutoff. Massachusetts' licensing data include capacity for children less than 34 months old; Ohio's licensing data include capacity for children less than 31 months old; and California, Missouri, Montana, New Mexico, New York, and West Virginia include capacity for children less than 25 months old. Maryland, meanwhile, includes licensed capacity in centers for children up to 36 months old and in licensed homes for children up to 24 months old.

The authors aggregated this measure of infant and toddler capacity for each provider by county. They then compared the overall capacity of the infant and toddler child care market in each county with the most recent U.S. Census Bureau estimates of the population under the age of 3 in these counties. In the states with different infant and toddler licensing ages—California, Massachusetts, Missouri, Montana, New Mexico, New York, Ohio, and West Virginia—the estimated infant and toddler population was adjusted to match the age range used for child care licensing. For example, because Montana defines infants and toddlers as children under 25 months of age, the population estimate for Montana counties was reduced by one-third to estimate the number of children in that age range. For Maryland, half of the population of children ages 25 to 36 months old was counted. These adjustments allowed the supply-demand analysis to remain consistent across states.

Measuring capacity for only infants and toddlers in programs that serve a variety of ages can also be imprecise. In the state of Indiana, centers self-reported capacity by age range, creating some instances in which the range included infants and toddlers as well as children older than 3. Similarly, some centers in Arizona and New York did not clarify capacity by age group. In these cases, capacity was calculated using the percentage of CCDBG funding that state uses by age range.[67] For example, a program in Indiana that reports a capacity of 100 0- to 13-year-olds would be calculated to have capacity for five children under 1, 10 1-year-olds, and so forth. These capacity calculations are likely to differ somewhat from actual capacity by age group.

For Arizona, California, Connecticut, Iowa, Massachusetts, and Missouri, capacity by age was not included in the data for home-based child care providers. For these states, it was estimated that half of child care capacity in homes was for infants and toddlers, based on survey results from the National Survey of Early Care and Education.[68] In California, recent data were not available for small family child care homes. Therefore, the numbers in this report underrepresent the total amount of child care supply for infants and toddlers in the state. Data from large family child care homes in California are included but come from 2018, and actual supply levels in the state may have changed since then.

It is important to note that licensed capacity is an imperfect measure of the available supply of child care. It is often determined by formulas involving the physical area of a center and the staff size. As a result, some centers are licensed for capacities far surpassing what they intend to open for enrollment. In the case of

Vermont, the authors were able to use "desired capacity," which is defined as the number of slots a provider reported offering for a given age group.[69] In Mississippi, the authors use actual enrollment data. While these measures are likely more reflective of the number of potentially available child care slots at each facility, they could result in these states appearing to have lower capacity than states that use licensed capacity. Comparisons across states are therefore less reliable when they use different measures of licensed child care capacity.

This analysis examines child care supply at the county level due to a lack of data about child care supply by age on a more precise geographical level. However, counties are an imperfect mode of examining child care supply. For example, a family living on one end of a county may live much closer to child care programs in neighboring counties than to programs on the other side of their county of residence. A county's physical size, population, and political power to shape policy relevant to child care supply also vary considerably by state. Visit www.childcaredeserts.org for a methodology that more precisely examines the relationship between place of residence and access to child care.

The analysis of Oregon reuses data from 2018. The 2020 Oregon child care supply data shared with the authors did not include capacity or enrollment by age. However, the total capacity did not differ significantly from the state's total capacity in 2018, so it is likely that infant and toddler capacity also has not changed dramatically in the state between 2018 and the period when data were collected for the other states included in this report.

Finally, the county-level estimates of supply and demand for infant and toddler child care were combined with U.S. Census Bureau rural designations, Bureau of Labor Statistics unemployment data, and American Community Survey five-year estimates—from 2014 to 2018—of each county's median family income, racial composition, and maternal labor force participation.[70]

TABLE 1

State child care licensing data sources

State	Source
Arizona	Arizona Department of Health Services
Arkansas	Arkansas Department of Human Services
California	California Child Care Resource and Referral Network
Colorado	Colorado Department of Human Services' Division of Early Care and Learning
Connecticut	Connecticut Office of Early Childhood
District of Columbia	District of Columbia Office of the State Superintendent of Education
Indiana	Indiana Family and Social Services Administration
Iowa	Iowa Department of Human Services' Adult, Children, and Family Services
Maryland	Maryland State Department of Education
Massachusetts	Massachusetts Department of Early Education and Care
Mississippi	Mississippi State Department of Health
Missouri	Missouri Department of Health and Senior Services
Montana	Montana Early Childhood Services Bureau
New Mexico	New Mexico Children, Youth, and Families Department
New York	New York Office of Children and Family Services; New York City Department of Health and Mental Hygiene; New York City Department of Education
North Carolina	North Carolina Department of Health and Human Services' Division of Child Development and Early Education
Ohio	Ohio Department of Job and Family Services
Oregon	Oregon Department of Education's Early Learning Division; Oregon State University
Vermont	Vermont Department for Children and Families
West Virginia	West Virginia Department of Health and Human Resources' Division of Early Care and Education

Source: Data used are from states' department websites or were acquired through communication with department employees.

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