

CARE FOR  
**GEORGIA'S**  
**INFANTS and TODDLERS:**  
 BOOSTING YOUNG CHILDREN AND  
 THEIR PARENTS IN THE PEACH STATE



**The period of infancy and toddlerhood** (from birth until the 3rd birthday) is a unique time of opportunity that can put a child on a path toward long-term success or failure. Everything we know about this stage of life speaks powerfully to the importance of good beginnings—good health; safe, stable, and nurturing relationships; appropriate stimulation for learning; and supportive communities. During this period of exceedingly rapid brain development, the child’s capacities for communication, self-regulation, learning, and social interaction will blossom, or—without the proper responses from their environment—they will wither.

*The critical factor here is the quality of care young children receive from the adults closest to them—their parents and other caregivers. Thus, to support our youngest children, we must also support those caring for them. The consequences of failing to do so will reverberate throughout the child’s life, and, indeed, across generations. A lack of high-quality early care puts children at risk for poor mental and physical health, behavior problems, school failure, and diminished quality of life into adulthood.*

**WHO ARE GEORGIA'S INFANTS AND TODDLERS?**

In 2050, today’s babies and toddlers will be leading the Peach State. They are nearly 400,000 budding individuals, and their healthy growth and development relies on their having the nurturing care and security of their families and communities. Georgia’s adults are the temporary stewards whose actions will determine how fruitful these seedlings will become.

**392,000<sup>i</sup>**

**Number of Georgia infants and toddlers (ages birth through 2 years)**

White, non-Hispanic: 43% <sup>i</sup>
Black, non-Hispanic: 33% <sup>i</sup>
Hispanic/Latino: 15% <sup>i</sup>
Asian, non-Hispanic: 4% <sup>i</sup>
“Other” race: 4% <sup>i</sup>
In families with incomes below the federal poverty level: 29% <sup>ii</sup>
In low-income families: 52% <sup>ii</sup>
Living with two parents: 58% <sup>ii</sup>
Living with one parent: 39% <sup>ii</sup>

<sup>i</sup> U. S. Census Bureau, Population Estimates, 2014

<sup>ii</sup> U. S. Census Bureau, American Community Survey.

Georgia's infants and toddlers all deserve the best possible start in life, but *more than half (52 percent) live in families with incomes just barely adequate to meet their basic needs*. Low-income families<sup>a</sup> are often just one mishap or crisis away from slipping into poverty, and being poor—especially in the earliest years of life—can seriously impact children's chances for optimal development.<sup>1</sup>

*More than a third of Georgia's infants and toddlers live in areas of concentrated poverty*. Beyond the harmful effects of family-level poverty on young children, research finds that living in communities where there are large proportions of residents living in poverty confers additional disadvantages. For example, there are worse outcomes in the areas of physical and mental health, such as asthma, diabetes, and depression; crime rates are higher in neighborhoods of concentrated poverty; and the quality of housing and schools is lower than in other communities.<sup>2</sup>

In addition to poverty, survey data show that *more than a third of Georgia's youngest residents have already had experience of events that can lead to trauma, or toxic stress*.<sup>3</sup> Though a degree of stress is unavoidable, when stress reaches toxic levels it interferes with the normal development of the body's neurological, endocrine, and immune systems, leading to increased susceptibility to disease. Infants and toddlers, because their brains are developing rapidly, may be especially vulnerable, and damage may be long-lasting.<sup>4</sup> High-quality child care, along with good parenting, can play a role in buffering these negative effects of trauma.

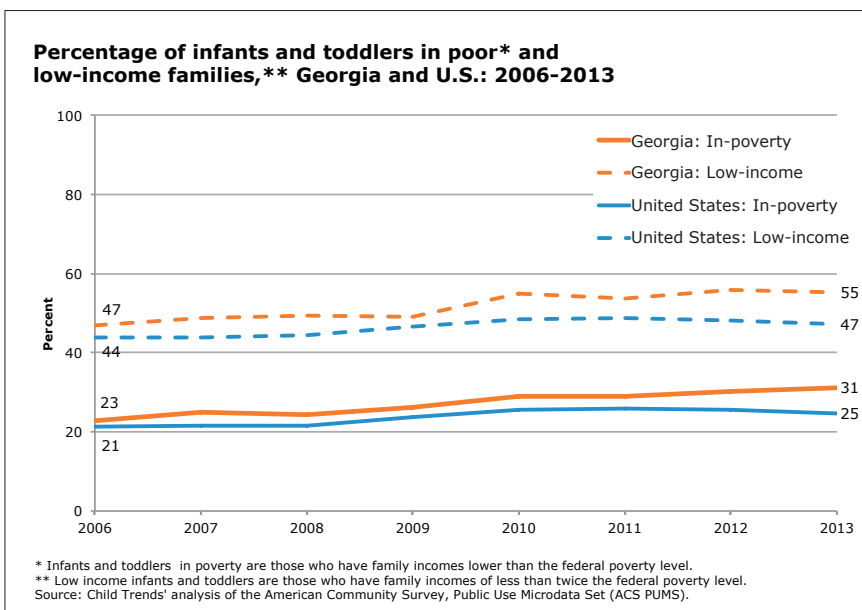
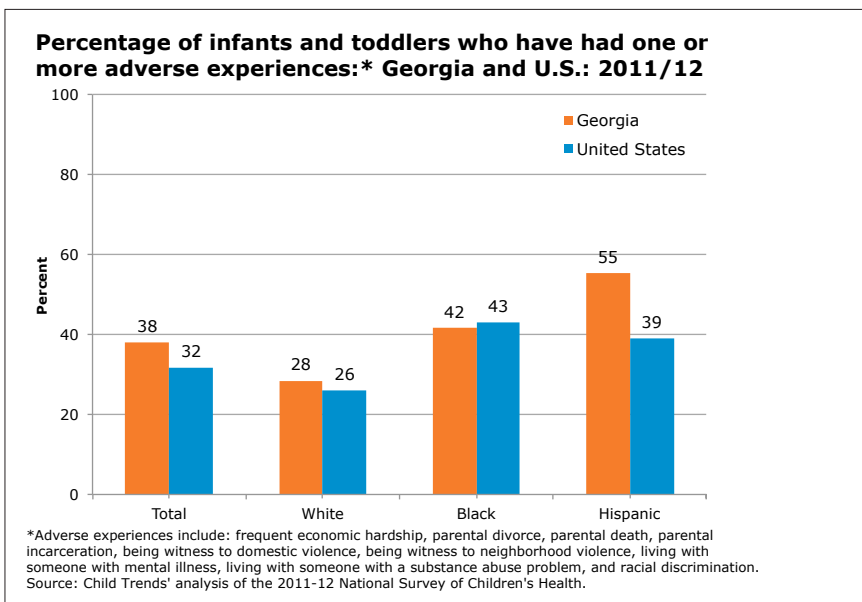
### WHERE ARE GEORGIA'S INFANTS AND TODDLERS?

*Enrolling more of Georgia's young children in child care will not address the needs of this group, unless we give attention to the quality of that experience*. Numerous studies have documented an association between high-quality child care and children's positive development.<sup>5</sup> However, recent research has suggested that a relatively high level of quality is needed in order to affect child outcomes.<sup>6</sup>

*Licensure is not enough*. Although Georgia has a good number of licensed child care providers, current licensure standards are minimal. Very few young children have access to high-quality licensed child care.<sup>7</sup>

In an important step forward, Georgia recently adopted Quality Rated, a quality rating and improvement system for participating early childhood programs. Programs receiving one, two, or three stars, respectively, meet increasingly rigorous standards. All rated programs must exceed health and safety requirements; programs rated with three stars also met a number of additional quality benchmarks, and received high scores from an independent rater. State child care reimbursements are tied to participating centers' quality rating, and special Quality Rated Subsidy Grants will be made available to two- and three-star programs. Currently, fewer than two thirds (63 percent) of enrolled children are in a quality-rated center. Nevertheless, the number of centers meeting quality standards is steadily increasing.<sup>8</sup>

<sup>a</sup> "Low-income" refers to families whose incomes are less than twice the federal poverty level, which in 2014 was \$19,055 for a family with two adults and one child. Many experts believe two times the federal level is a threshold that more accurately reflects an income that meets families' basic needs. Furthermore, the federal poverty level is not adjusted for regional differences in the cost of living.



## HOW MANY GEORGIA FAMILIES HAVE MEANINGFUL ACCESS TO CARE?

Infant and toddler care is generally more expensive than comparable care for preschoolers or older children. In Georgia, the average annual cost of full-time center-based infant care in 2013 (the latest year available) was \$7,644.<sup>9</sup> That's 34 percent of the median income for single-parent families.

Georgia, like all states, has a subsidy program to help eligible parents with child care costs. Currently, the program serves about 46,000 children per month. For a period of time in 2015, due to budget restrictions, applications for the subsidy were actually frozen, and there is no guarantee that this will not happen again.

Even for those parents who are able to participate in the subsidy program, child care costs are often out of reach. Georgia families are eligible for a state child care subsidy if their incomes are below \$28,160.<sup>10</sup> For a family of three, this is a bit less than one-and-a-half times the federal poverty level; Georgia is one of just eight states to set this eligibility threshold this low.<sup>11</sup>

Apart from considerations of eligibility, supply, and cost, families seeking care often encounter additional barriers. These may include transportation difficulties, burdensome application procedures, and perceptions that child care settings may not be accommodating of a family's cultural background.

## THE CHILD CARE SUBSIDY PROGRAM—WHILE OVERDUE FOR MULTIPLE IMPROVEMENTS—IS A MODEL WE CAN BUILD ON.

Increasingly, when it comes to addressing stubborn social problems, research highlights the importance of focusing attention simultaneously on the needs of parents *and* children. By allowing parents to work and providing stimulating, safe environments for our youngest children, high-quality early care and education programs have the potential to impact two generations.<sup>12</sup>

**First, subsidies help parents get and keep jobs.** Studies have found that single mothers who received a subsidy were more likely to be employed, and to work more hours, than those who didn't get this assistance. Parents served by the subsidy programs stay in their jobs longer, and earn more money.<sup>13</sup> Because the subsidy payments directly reduce the amount of parents' income that must go toward child care, families are more able to pay bills, reduce debt, and increase savings.

**Children benefit in multiple ways, too.** Parents who receive a subsidy are more likely to enroll their child in higher-quality care, compared with low-income parents not getting this assistance. Furthermore, when parents use a subsidy to enroll their toddler in higher-quality care, they are more likely also to use publicly funded preschool-age care – generally found to be of higher quality than many alternative arrangements.<sup>14</sup>

Numerous studies show that, when parents improve their financial circumstances, children are also better off. Parental employment, regardless of the income it generates, has also been associated with improved outcomes for children.

Looking forward, **these are some of the urgent steps to take:**

- Reimbursements to providers need to be increased. Currently, they are far below the recommended standard based on market rates.<sup>15</sup>
- More centers need to participate in the subsidy program.

**Georgia's infants and toddlers all deserve the best possible start in life, but more than half live in families with incomes just barely adequate to meet their basic needs.**



- More parents need to be able to access the subsidy.
- Affordability (even with the subsidy) for families needs to be improved; the amount of subsidy needs to be meaningful.
- Quality needs continued improvement. Investing in tiered reimbursement is one strategy, but we must also make sure we can serve all eligible families.

We know more now than ever before how important the earliest years of life are—for our children’s future, and for our state’s future. Yet public funding priorities haven’t caught up to this reality; they still reflect understandings about young children’s development, and working families, that are now several generations out of date. Access, affordability, and quality are three equally essential legs of a redesigned system. We can’t miss this opportunity to take a leap forward and invest in our youngest children, their families, and the future of our state.

ENDNOTES

<sup>1</sup> Child Trends DataBank. (2014). Children in poverty. <http://www.childtrends.org/?indicators=children-in-poverty>

<sup>2</sup> Bishaw, A. (2011). Areas with concentrated poverty: 2006-2010. American Community Survey Brief. U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/2011pubs/acsbr10-17.pdf>, Areas with concentrated poverty are defined as census tracts where 20 percent or more of the residents are poor.

<sup>3</sup> Child Trends’ analysis of data from the 2011/12 National Survey of Children’s Health.

<sup>4</sup> Data come from the 2011/12 National Survey of Children’s Health. To access the data, visit Data Resource Center for Child & Adolescent Health. <http://childhealthdata.org/>

<sup>5</sup> Child Trends DataBank. (2013). Child care. Retrieved from <http://childtrendsdatbank.org/alphalist?q=node/97>

<sup>6</sup> Burchinal, M., Vandergrift, N., Pianta, R., & Mashburn, A. (2010). Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, 25(2), 166-176. Doi:<http://dx.doi.org/10.1016/j.ecresq.2009.10.004>

<sup>7</sup> Maxwell, K. L., Early, D. M., Bryant, D., Kraus, S., Hume, K., & Crawford, G. (2009). Georgia study of early care and education: Child care center findings. Chapel Hill, NC: The University of North Carolina at Chapel Hill, FPG Child Development Institute; Maxwell, K. L., Early, D. M., Bryant, D., Kraus, S., & Hume, K., (2010). Georgia study of early care and education: Family child care findings. Chapel Hill: The University of North Carolina at Chapel Hill, FPG Child Development Institute.

<sup>8</sup> Georgia Department of Early Care and Learning. Personal communication from Hanah Goldberg, December 2, 2015. Data are as of November 30, 2015.

<sup>9</sup> Child Care Aware of America. (2015). 2015 Child care in the state of Georgia. 2015 State fact sheets. [http://usa.childcareaware.org/wp-content/uploads/2015/06/2015-State-Fact-Sheets-Georgia\\_updated.pdf](http://usa.childcareaware.org/wp-content/uploads/2015/06/2015-State-Fact-Sheets-Georgia_updated.pdf)

<sup>10</sup> Schulman, K. & Blank, H. (2015). Building blocks: State child care assistance policies 2015. National Women’s Law Center. [http://www.nwlc.org/sites/default/files/pdfs/final\\_nwlc\\_2015\\_statechildcareassistancereport\\_2.pdf](http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_2015_statechildcareassistancereport_2.pdf)

<sup>11</sup> Ibid.

<sup>12</sup> Lombardi, J., Mosle, A., Patel, N., Schumacher, R., & Stedron, J. (2014). Gateways to two generations: The potential for early childhood programs and partnerships to support children and parents together. Ascend at The Aspen Institute. [http://b3cdn.net/ascend/d3336cff8a154af047\\_07m6bttk2.pdf](http://b3cdn.net/ascend/d3336cff8a154af047_07m6bttk2.pdf)

<sup>13</sup> Matthews, H. & Walker, C. (2014). Child care assistance: Helping parents work and children succeed. CLASP. <http://www.clasp.org/resources-and-publications/publication-1/Child-Care-Assistance-Helping-Parents-Work.pdf>

<sup>14</sup> Johnson, A. D., Martin, A., & Ryan, R. (2014). Child care subsidies and child-care choices over time. *Child Development*, 85(5), 1843-1851.

<sup>15</sup> Schulman, K. & Blank, H. (2015). Turning the corner: State child care assistance policies 2015. National Women’s Law Center. [http://www.nwlc.org/sites/default/files/pdfs/nwlc\\_2015statechildcareassistancereport-final.pdf](http://www.nwlc.org/sites/default/files/pdfs/nwlc_2015statechildcareassistancereport-final.pdf) Subsidy data include the following Counties only: Camden, Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Paulding, and Rockdale.



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