New Jersey Needs Assessment
Preschool Development Grant Birth through 5 (PDG B-5)

New Jersey Department of Labor and Workforce Development
in Collaboration with Johns Hopkins University

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Executive Summary

High quality early experiences are critical to assuring that all children enter kindergarten ready to achieve their full potential and are on a trajectory for lifelong learning, health, development, and well-being. The state of New Jersey recognizes the importance of investing in children birth to age five and has made considerable strides in providing high quality services to young children and their families. New Jersey is strongly committed to implementing a fully integrated early childhood system of care that embraces a two-generational approach and advances equity.

The state's vision for the Preschool Development Grant (PDG) is to promote a comprehensive, coordinated early childhood system of care by addressing the physical, social-emotional, behavioral and cognitive aspects of child wellbeing and school readiness from prenatal through age five. This vision builds on a family centered approach that recognizes varied needs, priorities, and strengths. It also builds on the strategic plan for NJ's Race to the Top Early Learning Challenge Grant with a mission "to create an aligned system of early education and care with measurable impact for all NJ high needs children to age eight and pregnant women."[1] New Jersey's vision recognizes the need for a competent early childhood care and education (ECCE) workforce, equitable access to affordable services for all children and families, adequate and sustainable financing, varied high-quality service delivery options, and a system for ongoing accountability including evaluation and continuous quality improvement.[2]

This needs assessment was conducted under the auspices of the Interdepartmental Planning Group (IPG). The IPG is comprised of representatives of six core partners—Department of Education (DOE), Department of Human Services (DHS), Department of Health (DOH), Department of Labor and Workforce Development (DOL), Department of Children and Families (DCF) and the New Jersey Economic Development Authority (NJEDA).

The purpose of updating New Jersey's 2019 PDG Needs Assessment is to "identify areas in [New Jersey] that need to be strengthened to maximize the availability of high-quality ECCE options for low-income and disadvantaged families." The needs assessment also identifies other systems that support young children and their families and systems changes needed to enhance connections between these and the ECCE system. As such, the needs assessment analyzes the landscape of New Jersey's B-5 early childhood mixed delivery system to inform strategic planning. It identifies systems changes needed to maximize the availability of high quality early childhood services. In defining early childhood, New Jersey includes all aspects of maternal and child health: preconception, interconception, pregnancy, postpartum, and parenting (including fathers). New Jersey's early childhood system also includes family supports, especially in services and programs such as home visiting, Early Head Start, and Connecting NJ, New Jersey's statewide system that provides a single point of entry for families to access a wide array of services from prenatal to age five. For updating the needs assessment, we reviewed more than 15 state and local needs assessments and reports, gathered qualitative information through listening sessions, and sought input from key partners

[1] Race to the Top – Early Learning Challenge Final Report. 2019.
[2] National Academies of Sciences, Engineering, and Medicine. (2018). Transforming the Financing of Early Care and Education. Washington, DC: The National Academies Press. https://doi.org/10.17226/24984.

including the New Jersey Child Care Advisory Group, Interdepartmental Planning Group, Infant and Child Health Committee and family leaders in New Jersey.

Who are the Children of New Jersey?

An estimated 630,997 children under the age of six live in New Jersey. Of these children:

- 91,229 (14.5%) **live in poverty**: Children growing up in poverty have less access to resources such as safe and affordable housing, access to education, public safety, available and affordable healthy foods, local health services, and environments free of toxins. They also experience worse health outcomes than their peers growing up in higher income households.[3]
- 241,238 (39.8%) have **one or more foreign-born parent**: A high percentage of foreign-born parents has implications for workforce development, family engagement, and culturally appropriate service delivery.[4]
- 175,830 (9.0%) live in **food insecure households** (all ages children): Children living in food insecure households are at higher risk of poor health outcomes.[5]
- 291,081 (47.2%) children 0-5 are enrolled in **Medicaid and the Children's Health Insurance Program (CHIP)**[6]
- 15,118 (4.0%) children 0-3 years have an **Individualized Family Service Plan (IFSP)**[7]
- 13,214 children aged 3-5 years participated in **special education** through Part B of the Individuals with Disabilities Education Act (IDEA). Of all children participating in special education, 5.5% are aged 3-5 years.[8]

The state is racially, ethnically, and culturally diverse. In New Jersey, the percentages of children under six living in poverty vary by race/ethnicity; the percentages are highest for children who are American Indian and Alaska Native (30.7%), other race (29.1%), and Black or African American (26.3%). The percentages for white, not Hispanic and Asian children under age six who are living in poverty are 7.9% and 4.5%, respectively.[9] Reducing disparities and promoting health equity are priorities across state agencies and in ongoing initiatives such as Healthy New Jersey 2023, Nurture NJ, and Healthy Women Healthy Families.

Defining Vulnerability in New Jersey

Children in New Jersey who are vulnerable or underserved include those with poverty/economic stressors, special educational needs, special medical/health needs, and those who otherwise have special circumstances.

- **Families living with poverty/economic stressors** include pregnant women, parents, and children in low-income families, including (but not limited to) those eligible for State-funded preschool, EHS/HS, the Child Care Assistance Program, home visiting, Title I

[3] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17020.
[4] US Census Bureau; 2021. American Community Survey, ACS 1-Year Estimates Detailed Tables, Table C05009.
[5] NJ SHAD. Health Indicator Report of Food Insecurity. https://www-doh.state.nj.us/doh-shad/indicator/view/FoodInsecurity.CoChild.html
[6] Correspondence with Division of Family Development, New Jersey Department of Human Services, 2023.
[7] Correspondence with the New Jersey Department of Health, 2022.
[8] Correspondence with the New Jersey Department of Education, 2023.
[9] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Tables B17020A-I.

services, GA, TANF, NJ FamilyCare (includes Medicaid, Medicaid expansion populations, and Children's Health Insurance Program-CHIP), SNAP, or WIC.

- **Families with special education needs** include children/families participating in IDEA Part C Early Intervention & Part B (619) Preschool Special Education.
- **Families with special medical or health needs** include medically compromised children or parents with special medical, behavioral (alcohol/substance abuse), mental health, and/or disability needs.
- **Families with child welfare and safety needs** include children/families referred to child protective services (CPS)—DCF Child Protection & Permanency (CP&P) or families impacted by domestic violence (DV)/interpersonal violence (IPV).
- **Families with special circumstances** include children in military families, children with an incarcerated parent, children/families with transportation barriers, families where English is a second language or with other communication barriers, children in migrant families, socially isolated children/families with limited family/community supports, children of teen parents, and homeless children, children experiencing trauma due to personal illness, family illness, or loss of parents and relatives.

New Jersey's Mixed Delivery System for Early Childhood Care and Education (ECCE) Services

New Jersey has a mixed-delivery system for ECCE services which include home visiting, child care, preschool including Head Start, kindergarten and Grow NJ Kids.

- **Home Visiting:** New Jersey offers voluntary early home visiting at no cost to families. New Jersey implements six of the 26 models designated as evidence-based by the US Department of Health and Human Services (DHHS). Each county offers at least three evidence-based home visiting models.
- **Child Care:** The state offers licensed and registered child care. Centers serving six or more children under the age of 13 are required by state law to be licensed. Family care providers may serve up to five children.
- **Preschool:** The State of New Jersey funded 53,293 preschool slots in the 2021-2022 school year for 3 and 4-year olds. These slots included 11,286 through Federally funded Head Start and 12,441 in special education.[10]
- **Kindergarten:** Across the state, about 79.4% of 5-year olds are enrolled in kindergarten with about 95.4% enrolled in full-day programs. A majority of school districts (497/599) offer full day programs, while 21 offer half-day services.[11]
- **Grow NJ Kids (GNJK):** GNJK is New Jersey's Quality Rating Improvement System (QRIS) to assess and improve the quality of early child care and education programs. A total of 1,158 center-based programs and family child care providers were actively enrolled in Grow NJ Kids in 2022. Of these, 147 center-based programs and 18 family child programs completed the rating process with a three out of five stars. In total, 250 child care centers and 35 family child care homes had a program rating of at least three stars (includes three, four, and five star-rated programs) in 2022.[12]

[10] National Institute for Early Education Research. The State of Preschool Yearbook 2022. Rutgers Graduate School of Education. 2023. https://nieer.org/the-state-of-preschool-yearbook-2022.
[11] NJ DOE 2021-2022 Enrollment District Reported Data. Downloaded May 2023. Enrollment data includes charters for state totals and when calculating state enrollment percent.
[12] Correspondence with New Jersey Division of Family Development, Department of Human Services, 2023.

The table below presents the broader set of two-generational services offered by each of the five agencies of the New Jersey Interdepartmental Planning Group (IPG).

Table 1: Summary of NJ Interdepartmental Planning Group 2-Gen Services (B-5)[13]

Education (DOE)	Human Services (DHS)	Children and Families (DCF)	Health (DOH)	Labor (DOL)
State-Funded Pre-K	Grow NJ Kids—QRIS, TTA	Child Care Licensing	Title V MCH Block Grant	PDG Planning Grant
Preschool Education Expansion Aid (PEA)	CCDF Child Care Development Block Grant (CCDBG)	FCC Registration	Healthy Women Healthy Families	WorkFirst NJ (TANF, GA, SNAP)
Early Head Start/Head Start Collaboration Office	Child Care Assistance Program (CCAP)	NJ Home Visiting/CNJ/ ECCS/Help Me Grow	Black Infant Mortality	Smart Steps
Teacher Credential & Licensing	Wraparound Care	SF Protective Factors	Maternal Mortality	Career Advancement Voucher Program (CAVP)
Preschool Special Education (IDEA Part B, Section 619)	NJ First Steps—Infant/ Toddler Program	Parent-Linking Program	Perinatal Risk Assessment (PRA)	WFNJ-OJT
School Support Services—teen parents	Family Child Care (FCC) Providers	School-Based Services	CHWs/CNJ Hubs	Youth Transition to Work (YTTW)
Federal Title I services for low-income families	Child Care Resource & Referral Agencies (CCR&R)	Project TEACH for Teen Parents	Access to PN Care	Youth Corps
Other Federal Education Programs & Services	NJCCIS—Child Care Workforce Registry	Family Success Centers	Home Visiting	Literacy—Title II
Region Achievement Centers (RAC)	WorkFirst NJ (TANF, GA, SNAP)	Division on Women—DV/IPV services	FQHCs/Primary Care	Federal Bonding
NJ Council for Young Children (NJCYC)	Emergency Services	Children's Trust Fund Federal	WIC Services	YouthBuild
NJ Enterprise Analysis for Early Learning (NJ-EASEL) integrated data system	Child Support	Community-Based Child Abuse Prevention (CBCAP)	Breastfeeding	Temporary Disability Insurance (TDI)
	Addiction & Mental Health	Child Behavioral Health Services	SNAP Education	Family Leave Insurance (FLI)
	Neonatal Abstinence	Child Developmental Disabilities	Child Health/ Immunizations	Unemployment Insurance (UI)
	Disability Services	Child Protection & Permanency	Healthy Homes	Earned Sick Leave Enforcement
	NJ FamilyCare (Medicaid, CHIP)	Family First Prevention Act	Child Lead Poisoning	One-Stop Career Centers (OSCC)
			Adolescent Health / Pregnancy Prevention	CHW apprenticeship w/ Rutgers
			Shaping NJ	
			Early Intervention (IDEA Part C)	
			Special Child Health	
			Peds Mental Health Access Program	

[13] In addition to the state agencies listed in the above table, the Economic Development Authority (EDA), an independent state agency, administers the Child Care Facilities Improvement Program.

Quality and availability of services are not enough to assure that families receive needed and desired services. New Jersey invests in systems infrastructure at the state and local levels to support the development and quality of services. Connecting NJ, the state's central intake system, overseen by both DOH and DCF, demonstrates New Jersey's commitment to systems integration. In each county, Connecting NJ hubs provide a single point of entry for families to access a wide array of community services from prenatal to age five. Another strong example of New Jersey's commitment to systems integration is Grow New Jersey Kids (GNJK). GNJK is a collaborative effort of DCF, DOE, DOH, and DHS. It supports workforce development and training across multiple early care and education programs led by DHS and DOE. The NJ Workforce Registry allows early care and education professionals to track their education and professional development activities. Lastly, the state participates in various efforts focused on systems integration such as the Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program, Help Me Grow, and Transforming Pediatrics for Early Childhood (TPEC) program.

Key Findings and Recommendations

This needs assessment update is a result of reviewing existing state-level strategic plans (2019 PDG, ECCS P-3 SAGA, Title V, Pritzker, Nurture NJ, MIECHV); collecting data from state agencies and organizations; and incorporating input from parent leaders and advisory groups. We updated 18 indicators from the 2019 needs assessment and added six indicators related to the child care services industry workforce (four indicators) and child welfare (two indicators).

New Jersey has made remarkable progress to develop a shared vision for its early childhood system. Evidence of progress includes enhanced commitments and investments in affordable high-quality child care and preschool, legislation and now implementation of universal home visiting, heightened efforts to promote maternal and infant equity, and coordinated efforts across sectors to understand and address the needs of the early care and education workforce.

New Jersey maintains a strong commitment to systems integration as a means to promote the delivery and enhancement of high-quality, efficient and effective services to families with young children. This commitment is supported by interagency state-level entities, such as the Early Learning Commission, the Interdepartmental Planning Group, and the New Jersey Council for Young Children.

New Jersey remains committed to supporting collaboration between and across programs and services to maximize parental choice. To achieve these goals, New Jersey has five priorities:

- Identify and offer programs and supports for Children in Special Circumstances related to the COVID-19 pandemic
- Sustain efforts for affordable child care and preschool
- Continue investment in Connecting NJ infrastructure to support coordination
- Sustain investment in NJ-EASEL
- Support the early childhood care and education workforce

To monitor progress, New Jersey will continue to collect and analyze data for the following indicators:

- Workforce development
- Availability and affordability of child care
- Connecting NJ Screens

Despite important achievements, gaps remain in New Jersey's early childhood system since the completion of the 2019 PDG B-5 Needs Assessment. These gaps include the availability of mental health services for young children and their families, and child care demand, affordability, locations and slots.

Finally, New Jersey is working on an update to the strategic plan, which will incorporate findings from the needs assessment and input from key partners in order to sustain collaboration and coordination among existing early childhood services within New Jersey's mixed delivery system. It will build upon the 2019 strategic plan and focus on improving and sustaining services to support all children and their families, particularly those identified as low-income or vulnerable.

1. Introduction

This needs assessment update has been conducted as part of New Jersey's Preschool Development Grant Birth through Five (PDG B-5) sponsored by the Administration for Children and Families (ACF), Office of Child Care. This update has been conducted by the Department of Labor and Workforce Development and Johns Hopkins University under the auspices of the NJ Interdepartmental Planning Group (IPG). The IPG is comprised of representatives of six core partners—Department of Education, Department of Human Services, Department of Health, Department of Labor and Workforce Development, Department of Children and Families, and the New Jersey Economic Development Authority (NJEDA).

This needs assessment update draws from more than 15 state and local needs assessments and other reports completed since the completion of the 2019 PDG B-5 Needs Assessment. As a group, prior assessments had a broad scope that spanned the accessibility, availability and quality of services across the State. The reports had a particular focus on vulnerable and underserved young children and their families.

Parent and provider voices informed multiple prior needs assessments. For example, family leaders and health providers provided critical input during the drafting and revision process for the Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three (ECCS P-3) Systems Assets and Gap Analysis (SAGA) and ECCS P-3 evaluation.

For this PDG needs assessment, additional input was sought from key partners for several reasons—to identify the most relevant and useful data, to interpret available data from cross-sector perspectives, and to refine this report of findings. Meetings were held with the New Jersey Child Care Advisory Group (8/8/23), the IPG (9/19/23), the Infant and Child Health Committee (3/20/24), and Advocates for Children in New Jersey Family Leaders (4/30/24). In addition to receiving input from key partners, staff from multiple New Jersey agencies provided feedback on draft materials.

The needs assessment is organized in alignment with guidance provided by ACF in May 2023. The needs assessment highlights the number of children being served and awaiting services, parental choice and knowledge and engagement, leveraging funding for high-quality ECCE services, investments and supports for the early childhood workforce, needs for ECCE programs, school readiness, coordination and alignment for programs and services for children birth through 8 years, and ECCE facilities. It also emphasizes the critical importance of systems integration and interagency collaboration in order to meet the needs of children and families.

Findings from this needs assessment build on the 2019 needs assessment, with a heightened focus on the child care services industry workforce and changes amid the COVID-19 pandemic. The updated findings will further inform strategic planning regarding collaboration, coordination, and quality improvement activities among existing programs in the State, local educational agencies (LEAs), and early childhood providers. The strategic plan will identify facilitators and barriers for collaboration and coordination among existing programs and providers in the state in order to better serve children and families; the strategic plan also will provide recommendations for early care and education programs.

2. Summary of the State of New Jersey and its Young Children

This section gives an overview of the demographic and health characteristics of the State's population and the rankings of its counties with regard to these. Of the 630,997 children under age 6, about one in seven live in poverty and about three in seven have a foreign born parent. The state is racially, ethnically and culturally diverse, and reducing disparities is a priority across state agencies. Although several key perinatal and early childhood health outcomes in New Jersey are more favorable than those for the US as a whole, disparities by race and place persist for low birth weight, preterm birth, infant mortality, and child deaths.

a. Demographic Characteristics

More than 9.2 million people live in the 21 counties in New Jersey. The most populated counties are Bergen and Middlesex, while Salem and Cape May are among the least populated. New Jersey is the most densely populated state in the United States with considerable variability across counties. Hudson is the most densely populated while Salem is the least densely populated county (See Appendix C-1).

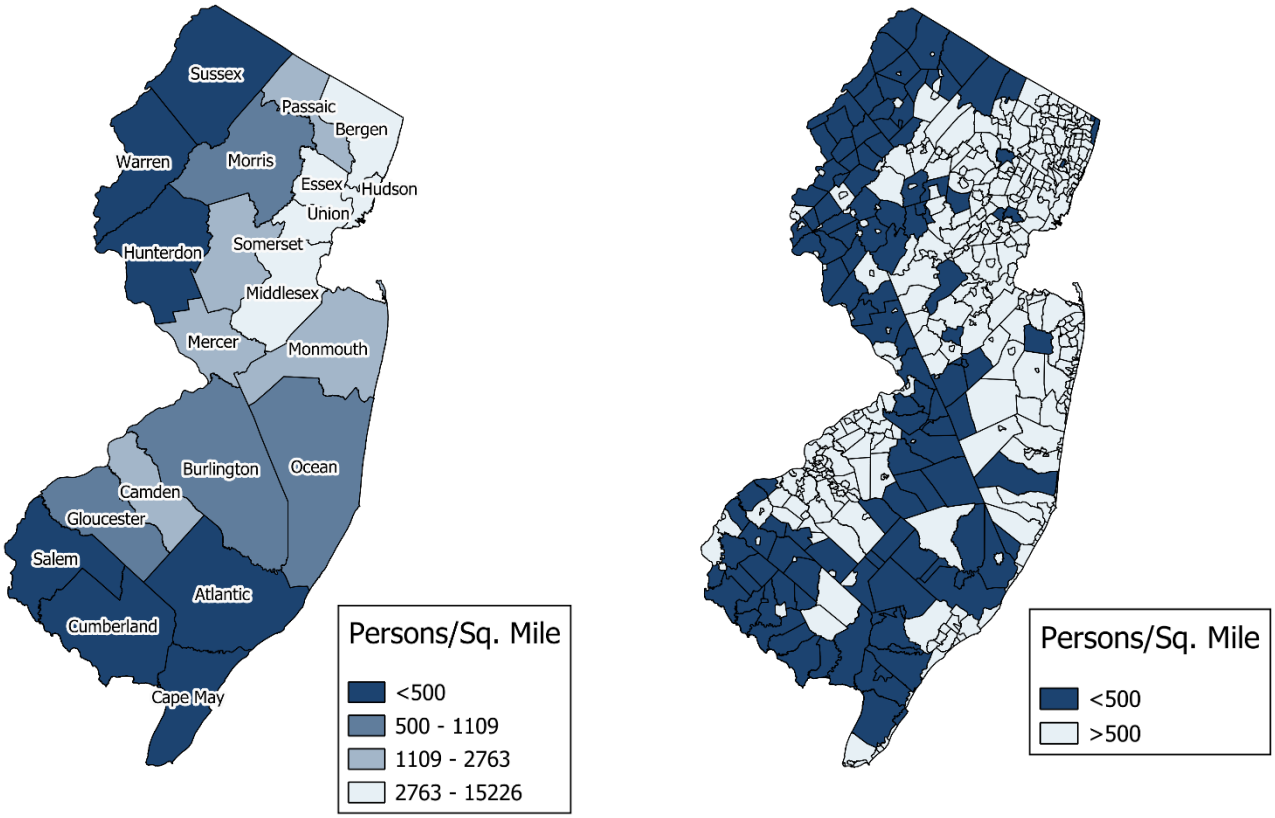
Although no communities in New Jersey meet the formal federal definition of a Rural Area, the state recognizes extreme pockets of need in rural parts of the state. The New Jersey State Office of Rural Health identifies rural counties and communities as those having a population density of fewer than 500 people per square mile.[14] Seven counties and 125 municipalities are rural using this definition (Figure 1).

New Jersey is a racially, ethnically and culturally diverse state. Approximately two-thirds (62.7%) of New Jerseyans are white, 13.3% black, 9.8% Asian, 0.3% American Indian/Alaska Native, 6.7% multiracial, and 7.3% other. About one in five (20.8%) are Hispanic. Nearly one third (31.7%) of New Jerseyans speak a language other than English at home and 12.1% report speaking English less than "very well." Across all ages, 23.0% of New Jerseyans are foreign born.[15]

[14] Institute for Families, School of Social Work, Rutgers University. New Jersey Rural Health Needs Assessment Executive Summary, https://www.nj.gov/health/fhs/primarycare/documents/Rural%20Health-New%20Jersey%20Rural%20Health%20Needs%20Assessment-website.pdf

[15] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table CP05, S0501, C16001.

Figure 1: New Jersey Population Density by County[16] and Municipality, 2022



Reducing disparities—which are rooted in social, economic and environmental disadvantage—is an overarching goal of many New Jersey initiatives. For example, the statewide Nurture NJ initiative, launched by the First Lady Tammy Murphy in 2019, recognizes that economic and social differences lead to disparities in maternal and infant outcomes. The initiative aims to: 1) Ensure all women are healthy and have access to care before pregnancy; 2) Build a safe, high-quality, equitable system of care and services for all women during prenatal, labor and delivery, and postpartum care; and 3) Ensure supportive community environments and contexts during every other period of a woman's life so that the conditions and opportunities for health are always available.[17]

New Jersey's ongoing preschool expansion efforts are another example of statewide efforts to reduce disparities by expanding access to full-day preschool in high-need communities through a mixed-delivery system of school-based, private provider and Head Start programs. Recognizing both un-served and under-served 4-year olds, the initiative initially expanded access for children in families earning < 200% of federal poverty level and required participating programs to offer comprehensive services and include children with disabilities. Supports for participating programs included assignment to an early childhood liaison, training, and professional development through Grow NJ Kids, the state's Quality Rating Improvement

[16] New Jersey Department of Labor and Workforce Development, Population Density by County and Municipality, New Jersey, 2020 and Estimates 2022. https://www.nj.gov/labor/labormarketinformation/demographics/population-household-estimates/

[17] Hogan VK, Lee E, Asare LA, et al. *The Nurture NJ Strategic Plan*. The State of New Jersey. 2021. https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf

System. The 2023-2024 preschool expansion plan prioritizes local education agencies in districts with 20% or higher free and reduced-price lunch (FRPL) percentages.[18]

Reducing disparities also is the central focus of Healthy New Jersey 2030 and the Healthy Women Healthy Families initiative in the Department of Health. It is a priority goal of New Jersey's Title V Maternal and Child Health Block Grant Program. The State Priority Needs for the Maternal and Child Health Block Grant include increasing equity in healthy births, reducing black maternal and infant mortality, and improving access to quality care for children and youth with special health care needs.

Efforts to promote equity inform local as well as statewide efforts. The Healthy Women Healthy Families (HWHF) program was launched in 2018 as an effort to improve maternal and infant health outcomes and promote access to quality health care for women of reproductive age. HWHF was renewed in 2023 to focus on reducing health disparities and improving health outcomes for Black and Hispanic infants and mothers in New Jersey. The program provides case management services to four regions across New Jersey and provides targeted postpartum doula care and group breastfeeding programs to eight municipalities across the state: Atlantic City, Camden City, Elizabeth City, New Brunswick City, Newark City, Paterson, Plainfield City, and Trenton City.

Of the 630,997 children under six years of age in NJ, 14.5% live in poverty.[19,20] Children growing up in poverty have less access to resources such as safe and affordable housing, access to education, available and affordable healthy foods, transportation, local health services, and environments free of toxins.[21] They also experience worse health outcomes than their peers growing up in higher income households. While the overall percentage of New Jersey children in poverty (14.5%) is less than that for children under six across the US (18.4%), the percentages exceed the national average in six NJ counties (Atlantic, Cumberland, Essex, Ocean, Passaic, and Salem). The lowest percentages of children under six living in poverty are in Hunterdon, Morris and Sussex counties (See Appendix C-2).[19]

Figure 2 highlights variability across and within counties in the percentage of children under 6 living in poverty. Even among the counties with the highest percentages of children in poverty, there are pockets of concentrated need as well as areas with less extreme poverty. For example, the percentage of children living in poverty in Atlantic County includes municipalities categorized into all 4 poverty groups.

In New Jersey, the percentages of children under 6 living in poverty vary notably by race/ethnicity; the percentages are highest for children who are American Indian or Alaskan Native (30.7%) and categorized as other race (29.1%). The percentages for white, not Hispanic and Asian children under age six who are living in poverty are 7.9% and 4.5%, respectively.[22]

Estimates of children under six living in poverty do not fully estimate households constrained by limited income. The 2023 ALICE report reviews economic status by households

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[18] State of New Jersey Department of Education. Release of 2023-2024 Preschool Expansion Notice of Funding Opportunity. https://www.nj.gov/education/broadcasts/2023/july/3/Releaseof2023-2024PreschoolExpansionNoticeofFundingOpportunity.pdf

[19] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17020.

[20] This translates to a family of three earning less than $21,960 in 2021; Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, 2021 Poverty Guidelines, https://aspe.hhs.gov/2021-poverty-guidelines

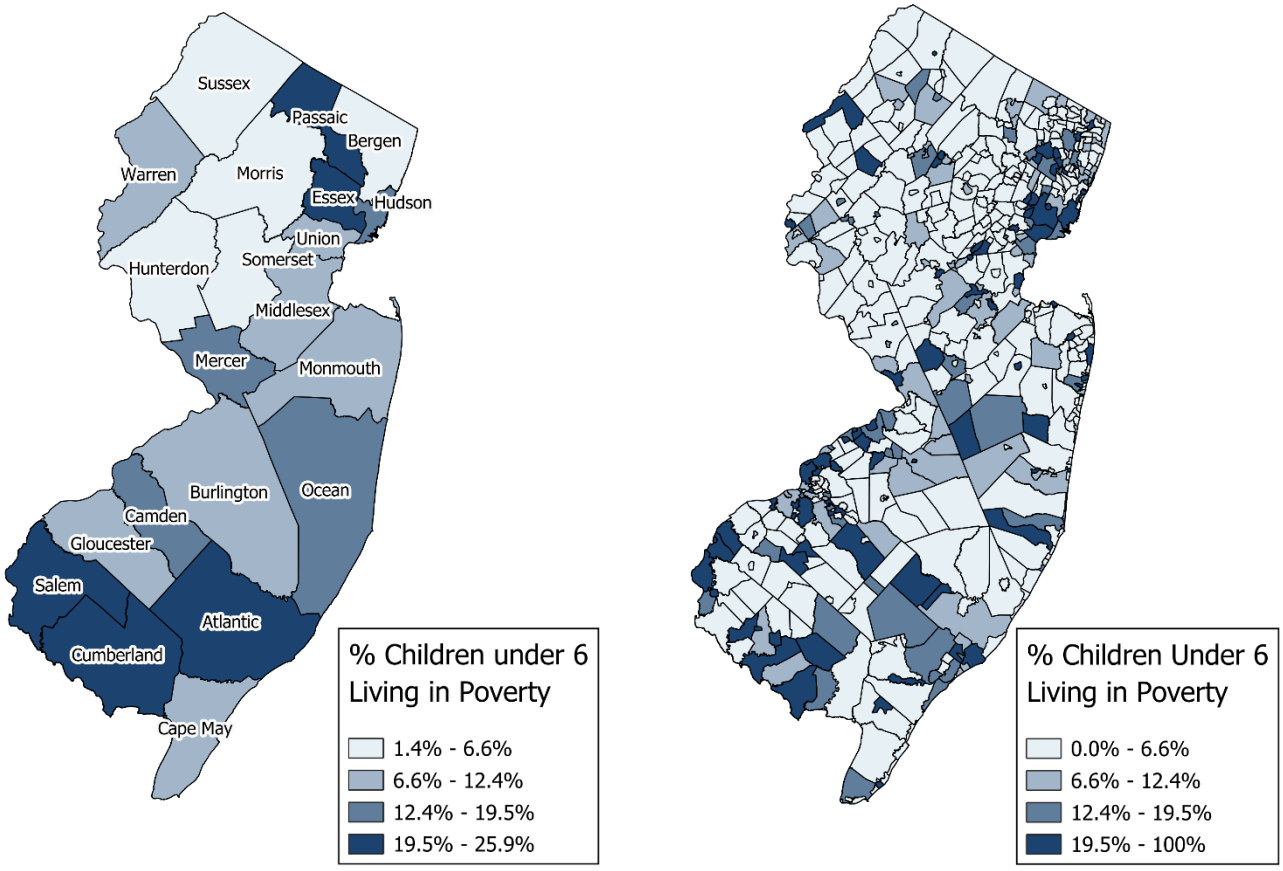
[21] United for ALICE. *ALICE in the Crosscurrents: COVID and Financial Hardship in New Jersey.* 2023. https://www.unitedforalice.org/New-Jersey

[22] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Tables B17020A-I.

by focusing on households with income exceeding the FPL and employed. The report includes households with children of all ages.[23] An estimated 37% of all households in New Jersey could not afford basic needs such as housing, child care, food, transportation, health care, and technology. Of these households, 11 percent had earnings < FPL and 26% were ALICE households with earnings > FPL and employed. Variation in the percentage of ALICE households ranged from 26% in Hunterdon, Somerset, and Sussex, to 56% in Cumberland Counties.[23]

Among New Jersey children under six years of age, 39.8% have one or more foreign-born parent, much higher than the national average (24.5%). The percentages vary considerably by county, ranging from 12.7% in Ocean to 61.4% in Hudson.[24] In addition to Hudson County, in five other counties more than half the children have one or more foreign born parents (50.1% in Somerset, 50.9% in Union, 52.4% in Essex, and 55.3% in Passaic and 61.0% in Middlesex) (See Appendix C-3). These high percentages have implications for workforce development, family engagement, and culturally appropriate service delivery in addition to variability in service needs and values based, in part, on country of origin and prior experiences.

Figure 2: New Jersey Children Under 6 Living in Poverty by County (Left) and Municipality (Right), 2017-2021[25]



b. Health Characteristics: Birth Outcomes, Infant Mortality and Child Mortality

[23] United for ALICE. *ALICE in the Crosscurrents: COVID and Financial Hardship in New Jersey.* 2023. https://www.unitedforalice.org/New-Jersey

[24] US Census Bureau; 2021. American Community Survey, ACS 1-Year Estimates Detailed Tables, Table C05009.

[25] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17020.

Health indicators for young children in New Jersey appear more favorable than those for children across the US with regard to low birth weight, preterm birth, infant mortality, and child death rates (Table 2).

Racial disparities in birth outcomes in New Jersey parallel those for the country as a whole (Table 2). Black, non-Hispanic infants have the least favorable outcomes. While 9.2% of NJ infants are born preterm relative to 10.5% of US infants, the percentages for Black, non-Hispanic (13.1%) and Hispanic infants (10.0%) are substantially higher than for white, non-Hispanic infants (7.8%). Breastfeeding disparities also persist despite recognized benefits for nutrition, immunity and SIDS prevention. Smaller percentages of Black, non-Hispanic infants (83.9%) relative to white, non-Hispanic (88.2%), Hispanic (90.8%) and Asian, non-Hispanic infants (93.8%) initiate breastfeeding. Disparities are even more pronounced for infant and child deaths. Infant mortality rates are nearly four times higher for infants born to Black, non-Hispanic women compared to infants born to white, non-Hispanic women. Similarly, child death rates for Black children are more than twice as high than white children. As previously noted, the Healthy Women Healthy Families Initiative aims to provide community-based programs with resources to increase the percentage of healthy births and reduce Black and Hispanic infant mortality.

Table 2: New Jersey Birth and Death Outcomes by Race[26,27,28,29]

Outcome	United States	New Jersey	Race/Ethnicity (New Jersey)			
			Asian Non-Hispanic	**Black** Non-Hispanic	**White** Non-Hispanic	**Hispanic**
Low Birth Weight (live born infants < 2500 g), 2021	8.5%	7.7%	9.1%	12.8%	5.9%	7.8%
Preterm Birth (born < 32 weeks), 2021	10.5%	9.2%	8.3%	13.1%	7.8%	10.0%
Infant Mortality (deaths < 1 year per 1000 live births), 2016-2020	5.4	4.2	2.6	9.2	2.5	4.0
Child Deaths, Ages 1-4 Years (per 100,000 children), 2016-2020	25.0	15.2	**	30.3	12.9	15.2
Ever Breastfed, 2020	--	89.1%	93.8%	83.9%	88.2%	90.8%

New Jersey also experiences variability in birth outcomes by place of birth as demonstrated in review of outcomes by county for low birth weight, preterm birth, and infant mortality (See Appendix C-4). Low birth weight rates range from a low of 5.8% in Sussex to a high of 9.6% in Cumberland. The percentages of infants born preterm range from 7.3% in Ocean to 12.0% in Cumberland and the infant mortality rate varies from 2.9 deaths per 1,000 live births in Hudson to 7.3 deaths per 1,000 live births in Salem. Since the 2019 PDG needs assessment, New Jersey has experienced a decline in low birth weight (8.0% in 2017 to 7.7% in

[26] NJ Birth Data Query. NJ State Health Assessment Data, New Jersey Department of Health. https://www-doh.state.nj.us/doh-shad/query/selection/birth/BirthSelection.html
[27] Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1. Hyattsville, MD: National Center for Health Statistics. 2023. https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf
[28] Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2020. NCHS Data Brief, no 427. Hyattsville, MD: National Center for Health Statistics. 2021. https://dx.doi.org/10.15620/cdc:112079.
[29] National Vital Statistics System – Mortality data (2021) via CDC WONDER

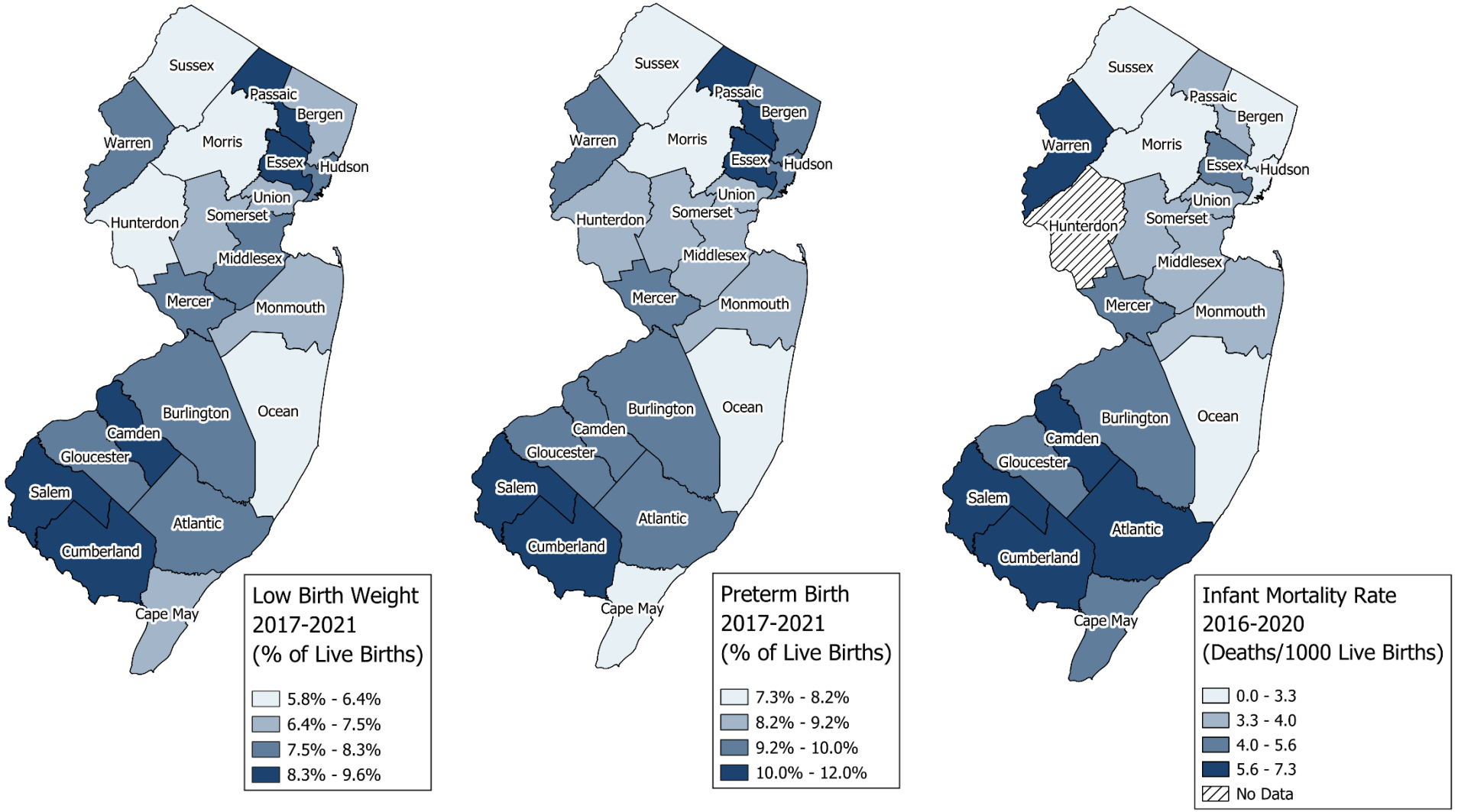
2021) and decrease in the child death rate (18.8 per 100,000 children in 2016 to 15.2 per 100,000 children in 2020); however, disparities persist.

Figure 3 maps three of these health indicators by county over the past five years for which data are available. Ocean County consistently experiences health outcomes in the most favorable category (e.g., smallest % low birth weight). In contrast, Cumberland and Salem counties score in the least favorable categories for two or more outcomes.

Variability across counties also is noted in births to mothers who have less than a high school education (range: 2.0% in Sussex to 19.3% in Cumberland), are foreign born (range: 11.8% in Sussex to 63.5% in Hudson), and who are insured by Medicaid (range: 7.5% in Hunterdon to 58.5% in Cumberland). The percentage of births to mothers < 20 years of age ranges from a low of 0.8% in Sussex to a high of 6.0% in Cumberland (See Appendix C-5).

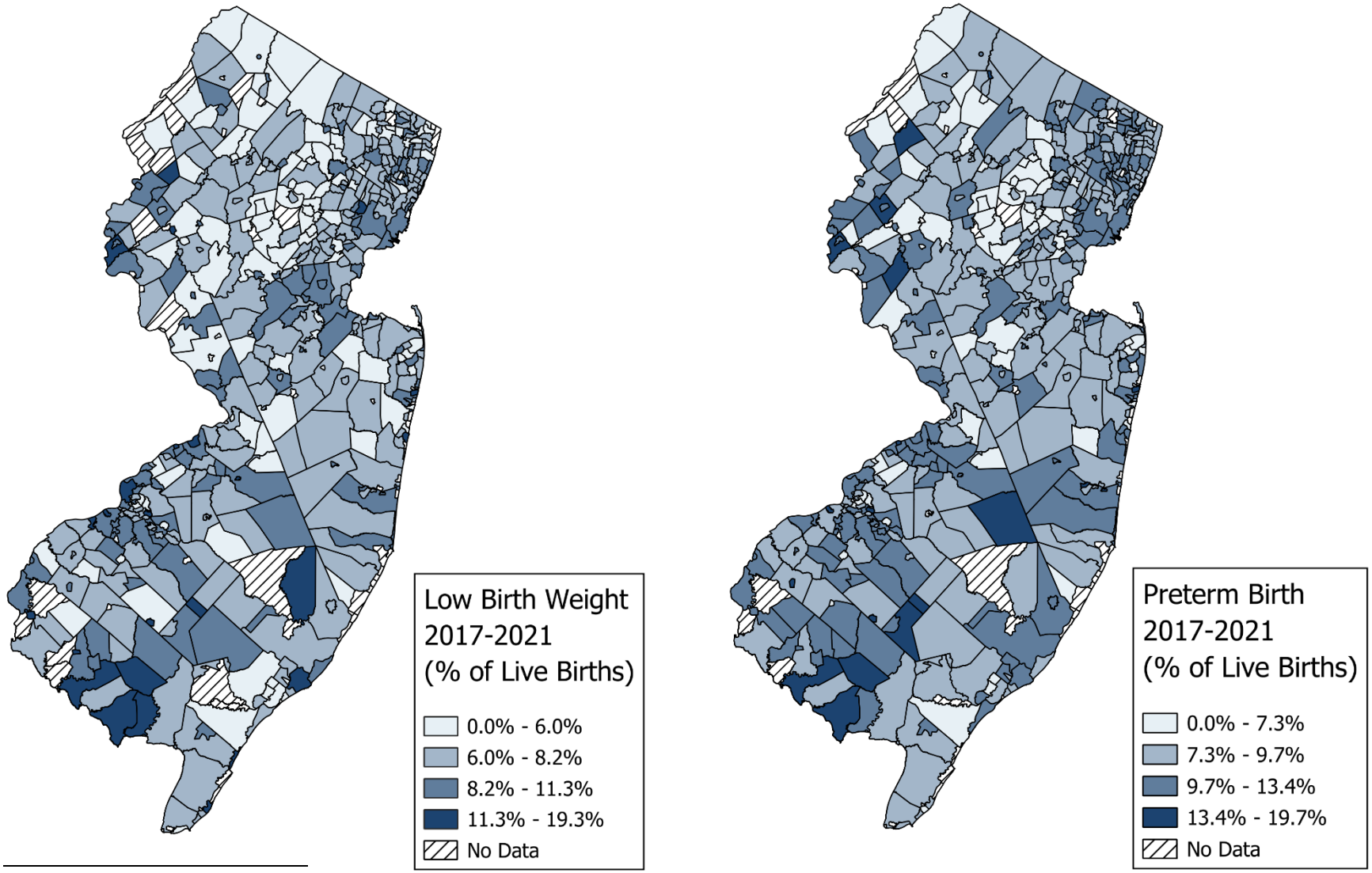
For aligning service delivery with needs, municipality level data are critical. Figure 4 highlights variability in low birth weight and preterm birth by municipality and demonstrates how, within counties, there is variability by municipality for both outcomes. Selected initiatives in the state focus on municipalities with the least favorable outcomes. For example, the DOH Healthy Women Healthy Families initiative, noted above, addresses high Black and Hispanic infant and maternal mortality (Figure 5, Appendices C-6) in eight municipalities. These areas with highest Black and Hispanic infant mortality also experience other unfavorable birth characteristics (See Appendices C-7 and C-8).

Figure 3: Health Characteristics by County[30]



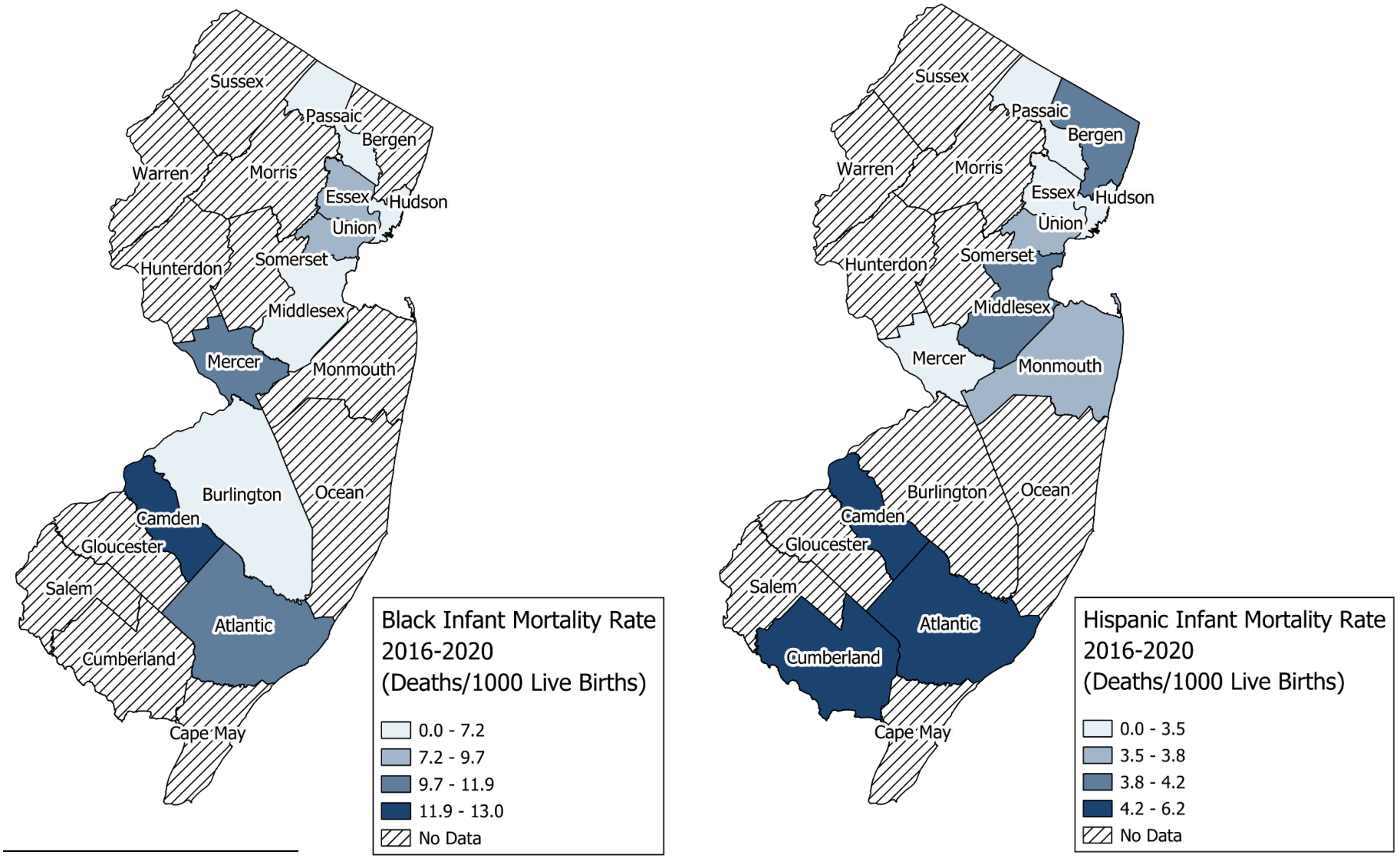
[30] New Jersey Department of Health, New Jersey State Health Assessment Data, https://www-doh.state.nj.us/doh-shad/topic/Births.html."No Data" map key represents entries for which the number of deaths is too small to calculate a reliable rate.

Figure 4: Health Characteristics by Municipality, 2017-2021[31]



[31] NJ Birth Data Query. NJ State Health Assessment Data, New Jersey Department of Health. https://www-doh.state.nj.us/doh-shad/query/selection/birth/BirthSelection.html.
"No Data" map key represents entries for which the number of deaths is too small to calculate a reliable rate.

Figure 5: Black (Left) and Hispanic (Right) Infant Mortality Rate by County, 2016-2020[32]



[32] NJ Infant and Fetal Death Data Query. NJ State Health Assessment Data, New Jersey Department of Health. https://www-doh.state.nj.us/doh-shad/query/selection/infantfetal/InfFetSelection.html "No Data" map key represents entries for which the number of deaths is too small to calculate a reliable rate.

3. Definition of Key Terms

Table 3 below provides definitions of key terms for NJ's needs assessment process, along with a full description of NJ's vulnerable, high risk populations of infants, children, parents, and families. Note: No communities in NJ meet the formal federal definition of a Rural Area, nevertheless, needs assessment updates continue to show extreme pockets of need in rural parts of the state.

Table 3: Key Terms

Early Childhood Care and Education—Birth to Age Five (ECCE)	NJ includes all aspect of maternal and child health—pregnancy, postpartum, interconception, preconception, parenting (including fathers) and family supports—in its ECCE definition, including HV, EHS, Connecting NJ, CHWs, doulas and other related community services
High Quality Early Childhood Care and Education (ECE)	- Provision of care in a safe and nurturing environment that optimizes early learning and leads to school readiness, regardless of the setting. - Caregiver/parents understand infant/toddler/child growth & development; promote physical, social-emotional (S-E) & cognitive development of young children. - Mixed delivery partners include licensed child care centers (private, nonprofit, faith-based), EHS/HS, LEAs, school districts, approved private schools for the disabled, registered FCC & HV; and integration with IDEA Part C & Part B (619) - NJ partners offer resources to support quality for parents opting out of a formal EC setting, and other caregivers—Family/Friend/Neighbor (FFN)
Availability	EC programs and related supportive services have the infrastructure in place (staffing, management, fiscal, facility) to immediately screen, refer & enroll infants, young children, parents and/or families in need of services.
Vulnerable, Underserved, High Needs Populations *Families with young children Prenatal through Age 5 who experience any one, or more, of these factors*	**Poverty/Economic Stressors**: pregnant women, parents & children in low income families, including (but not limited to) those eligible for State-funded Preschool, EHS/HS, the Child Care Assistance Program, HV, Title I services, GA, TANF, NJ FamilyCare (Medicaid and Child Health Insurance Program-CHIP), SNAP, WIC **Special Educational Needs**: children/families participating in IDEA Part C Early Intervention & Part B (619) Preschool Special Education **Special Medical/Health Needs**: medically compromised children, parents w/ special medical, behavioral (alcohol/substance abuse), mental health, &/or disability needs **Child Welfare & Safety Needs:** children/families referred to child protective services (CPS)—DCF Child Protection & Permanency (CP&P); families impacted by domestic violence (DV)/interpersonal violence (IPV) **Special Circumstances**: children in military families, children with an incarcerated parent, children/families with transportation barriers, families where English is a second language or with other communication barriers, children in migrant families, socially isolated children/families w/ limited family/community supports, children of teen parents, homeless children, children experiencing trauma due to personal illness, family illness, or loss of parents and relatives.
Children in Rural Areas	NJ has no geographic areas that meet the federal definition of a rural area. However, the southern and northwestern sections of NJ (e.g., farmland, pine barrens) have high needs families with challenges and barriers to access for infant/child care, health, behavioral health and other supportive services.

4. Identifying the Focal Populations for the Grant

As described in Section 3, NJ children who are vulnerable or underserved include those with poverty/economic stressors, special educational needs, special medical/health needs, and those who otherwise have special circumstances. Each group is characterized below.

a. *Poverty/Economic Stressors*

The prevalence and distribution of New Jersey children from birth through five who experience poverty/economic stressors vary across and within counties. At the county level, we identify vulnerable children on the basis living below poverty (see Figure 2, Appendix C-2). Since the 2019 PDG needs assessment, New Jersey has experienced a decline in the percent of children living in poverty (17.1% to 14.5%) and the percent of children experiencing food insecurity (13.5% to 9.0%).[33,34]

We also can identify vulnerable children on the basis of enrollment in public programs for which eligibility is determined, in part, on the basis of family income. Head Start and Early Head Start offer early learning, health and family support services for children in families at or below the federal poverty level. In 2023, 25 Head Start Programs had 10,858 slots for children ages 3-5 years, and 29 Early Head Start programs had slots for an additional 370 pregnant women and 3,959 young children, birth up to three years.[35] The vast majority of participants meet eligibility requirements on the basis of income, but some qualify on the basis of being in foster care, homeless, or receiving TANF or SSI. (See Section 5a for Early Head Start and 5b for Head Start.)

Additional programs for which eligibility is determined, in part, on the basis of family income include Temporary Assistance to Needy Families (TANF) as well as the Supplemental Nutrition Assistance Program (SNAP) and the Supplemental Nutrition Program for Women Infants and Children (WIC). Income eligibility for SNAP and WIC (up to 185% FPL) is far more generous than that for TANF (up to 29% FPL).[36] Variations in enrollment by county reflect eligibility requirements for each program, population size, and client accessibility to and interest in participating in each program (See Appendix C-9).

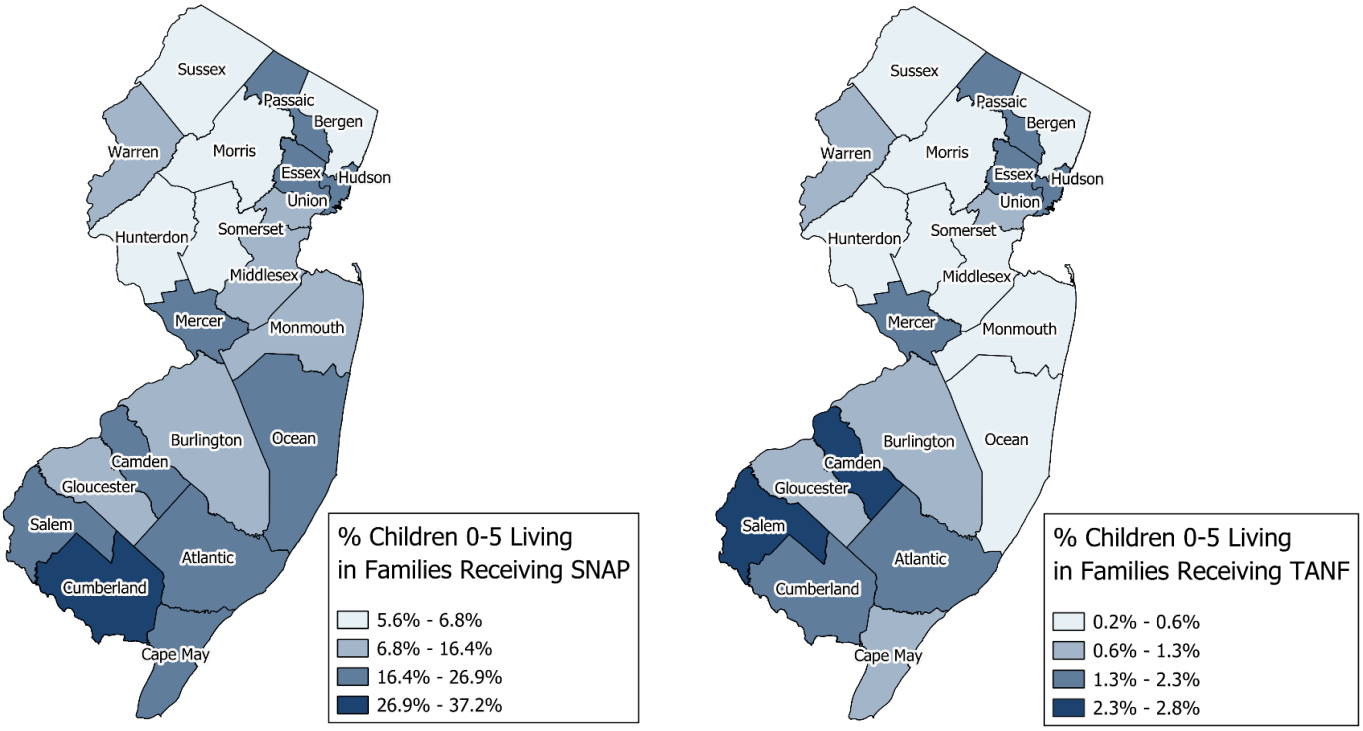
More than 13,000 women, infants, and children are enrolled in WIC in Essex, Hudson, Ocean, and Passaic Counties.[37] Essex, Ocean, and Passaic Counties also have more than one in five children living in households receiving SNAP (see Appendix C-9). Variability in economic need at the municipality level is shown by reviewing participation in SNAP and TANF (Figure 6). While the highest need municipalities, shown in dark blue often appear comparable in the maps for SNAP and TANF, many fewer children live in households receiving TANF given more restrictive income eligibility.

Other indicators of economic stress include qualifying for free- or reduced-price school meals and living in food insecure households. The largest percentages of children living in food insecure households reside in Atlantic, Cumberland, Essex, and Passaic counties (Figure 6;

[33] US Census Bureau; 2017. American Community Survey, ACS 5-Year Estimates Detailed Tables, B17020.
[34] Health Indicator Report of Food Insecurity. NJ State Health Assessment Data, New Jersey Department of Health. https://www-doh.state.nj.us/doh-shad/indicator/view/FoodInsecurity.TrendAll.html
[35] Office of Head Start. New Jersey Program Information Report. Enrollment Statistics Report – 2023 – State Level. Accessed August 2024.
[36] Center on Budget and Policy Priorities, Policy Brief: Increases in TANF Cash Benefit Levels are Critical to Help Families Meet Rising Costs, 2023. https://www.cbpp.org/sites/default/files/atoms/files/2-2-17tanf-policybrief.pdf.
[37] Data are not available specific to children in order to calculate percent enrolled by county.

Appendix C-10). These four counties also experience high unemployment rates, as of May 31, 2022 (Atlantic 4.1%, Cumberland 4.5%, Essex 3.8%, Passaic 3.8). Cape May County has the highest unemployment rate (6.6%) in New Jersey.[38]

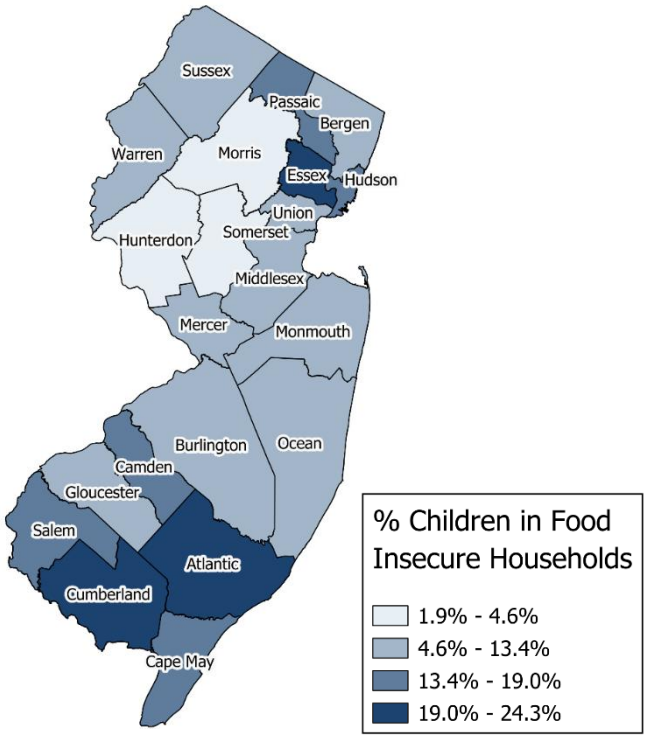
Figure 6: Children Ages 0-5, Enrolled in SNAP (Left) and TANF (Right), by County, 2023[39]



[38] 2022 County Labor Force Estimates, 2022 benchmark (not seasonally adjusted). May 31, 2022. https://www.nj.gov/labor/lpa/employ/uirate/lfest_index.html

[39] Correspondence with NJ DHS. Received 4/27/2023.

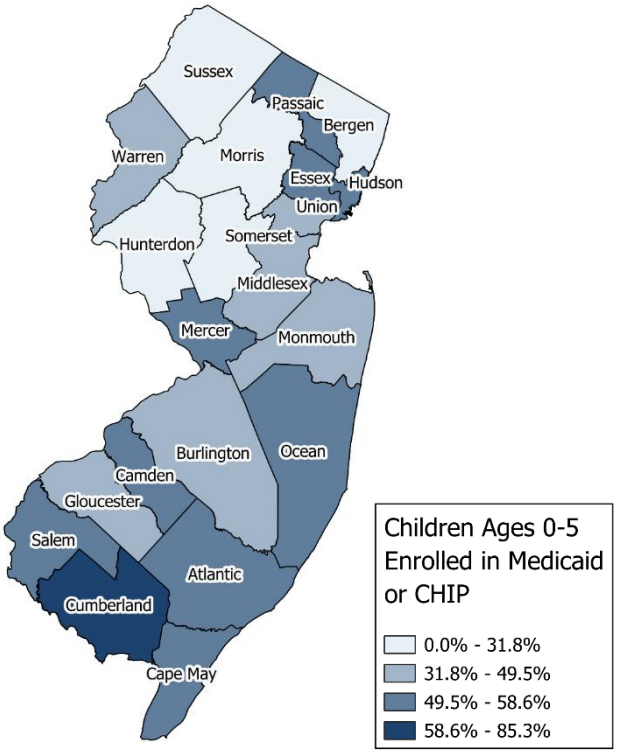
Figure 7: Food Insecure Children by County, All Ages of Children, 2020[40]



Economic insecurity also can be assessed by enrollment in public insurance. In 2021, 29.2% of New Jersey births were to mothers insured by Medicaid (Appendix C-5). Medicaid covers doula services, breastfeeding equipment, midwifery services, postpartum coverage up to one year, family planning services, and supplemental prenatal and contraceptive services for women ineligible for Medicaid due to immigration status As of May 2023, statewide, 291,081 children 0-5 were enrolled in Medicaid or the Children's Health Insurance Program (CHIP). Relative to the 2019 PDG needs assessment, 47.2% of children 0-5 were enrolled in May 2023 compared to 48.5% of children 0-5 enrolled in Medicaid or CHIP in 2019. Overall, the percentage of children enrolled in Medicaid or CHIP ranges from 21.3% in Morris to 85.3% in Cumberland (Figure 8; Appendix C-11).

[40]Health Indicator Report of Food Insecurity, NJ SHAD, https://www-doh.state.nj.us/doh-shad/indicator/view/FoodInsecurity.CoChild.html

Figure 8: Children Ages 0-5 Enrolled in Medicaid or CHIP, May 2023[41]

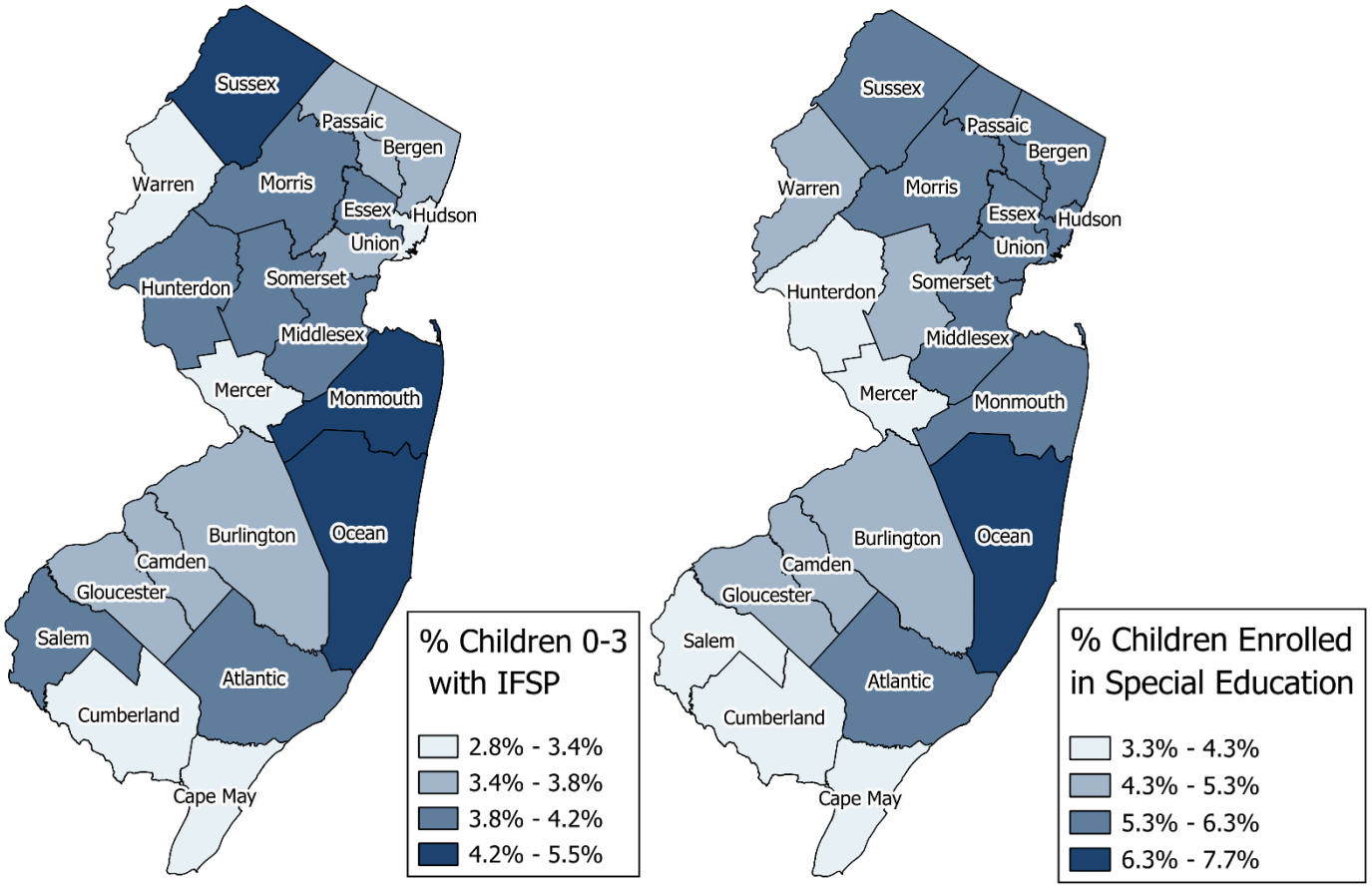


b. Special Educational Needs

As part of the Individuals with Disabilities Education Act (IDEA), New Jersey provides both early intervention services for children from birth up to age three (Part C) as well as special education services for children three through five years (Part B, Section 619). Early intervention services intend to improved outcomes that are key to educational success; services identify and meet children's needs across five areas of development (physical, cognitive, communication, social or emotional, and adaptive).[42] For children three through five, New Jersey's efforts align with national efforts to provide integrated educational placements given links between inclusion and enhanced academic, social and emotional performance and positive effects on classmates without disabilities.[43,44] New Jersey's vision is for all general education classrooms to include and appropriately support children with disabilities. To achieve this vision, New Jersey has created a Multi-Tiered System of Support that includes preschool and is meant to increase inclusion through the implementation of Positive Behavior Supports (Pyramid Model in Early Childhood) and academic interventions.[45]

[41] Correspondence with Division of Family Development (DFD), New Jersey Department of Human Services (DHS), 6/19/23.
[42] U.S. Department of Education, 40th Annual Report to Congress on the Implementation of the *Individuals with Disabilities Education Act, 2018.* https://www2.ed.gov/about/reports/annual/osep/2018/parts-b-c/40th-arc-for-idea.pdf
[43] National Council on Disability, IDEA Series. https://ncd.gov/sites/default/files/NCD_Segregation-SWD_508.pdf
[44] U.S. Department of Health and Human Services, U.S. Department of Education, Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs. https://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf
[45] NJ Department of Education, New Jersey Tiered System of Supports. https://www.nj.gov/education/njtss/

Figure 9: Children 0-3 Years with Individualized Family Service Plan (IFSP) by County, 2021 (Left)[46] and Children 3-5 Years Enrolled in Special Education, 2021 (Right)[47]



The percentage of children zero up to three years participating in special education with individualized family service plans (IFSP) through Part C of IDEA ranges from 2.8% in Cumberland to a high of 5.5% in Ocean County. The numbers in each county increase as children get older with a total of 725 infants < 12 months, 4,158 infants greater than 12 and less than 24 months, and 10,235 toddlers greater than 24 and less than 36 months (see figure 9; Appendix C-12).[48] While the age differences are expected as children are more likely to be screened and referred for services as they get older, there also are differences by race/ethnicity. Among children with an IFSP, 40.2% are white not Hispanic, 37% Hispanic, 11.8% Black, 7.8% Asian, and 3.7% multiracial.[48] Overall, nearly 93.3% of children receive all services on the IFSP in a timely manner with two counties at less than 85%: Atlantic and Salem.[46]

As of 10/15/21, across the state, 13,214 children ages three through five participated in special education through Part B IDEA.[49] Of these, 45.3% receive the majority of services in a

[46] New Jersey Department of Health, Division of Family Health Services, New Jersey Early Intervention System County Performance and Determination report, SFY 2021. https://www.nj.gov/health/fhs/eis/documents/County_Performance_Report_2022.pdf.
[47] Correspondence from New Jersey Department of Education, 6/5/23
[48] New Jersey Department of Health, Table 1 Trend report, 2021.
[49] Data obtained from New Jersey Department of Education, 6/5/23.

regular early childhood program, 12.4% receive the majority of services in some other location, and 39.8% attend a special education program entirely.[50]

Geographic variability also is noted in the percentages of children enrolled in Part B; in 2021, enrollment varied from 3.3% in Cumberland to a high of 7.7% in Ocean (See Figure 9). Overall percentages for children receiving services in Part B are higher than for those receiving Part C, in part, due to the increased likelihood of older children being enrolled in preschool programs and referred by their teachers. Younger children 0-3 are likely to be referred only if in child care settings and referred by the provider. Parents may not be familiar with early intervention services nor recognize behaviors or symptoms meriting referral.

c. Special Medical/Health Needs

Statewide, an estimated 8.4% of NJ children, ages 0-5 years, have special health care needs, compared to 10.5% for all children 0-5 years in the US.[51] Data are not available at county levels to identify children with special health care needs from the National Survey of Children's Health. However, county-level data are available specific to birth defects and autism.

The New Jersey Birth Defects Registry mandates reporting by health care facilities, providers, and medical examiners, the birth defects for children five years and younger. Across all categories, the rate of birth defects is 185.6/10,000 children with cardiovascular being the most common. Counties with the highest reported levels of birth defects include Essex, Mercer, Morris, and Sussex, where rates exceed 230/10,000 (Figure 10; Appendix C-13).

New Jersey is a participating state in the Autism and Developmental Disabilities Monitoring (ADDM) Network. ADDM is a surveillance system that provides 2020 estimates of the prevalence of ASD among eight year old children across 11 ADDM sites. An estimated one in 35 eight year old children are diagnosed with autism in NJ relative to the ADDM average of one in 36 eight year old children. The ADDM network also examined prevalence among children four years of age in eight ADDM sites and found NJ to have an estimated one in 40 four year old children diagnosed with autism.[52]

Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) yields statewide estimates of the special needs of mothers who recently gave birth. Among PRAMS participants in 2021, in the three months prior to becoming pregnant, 56.2% had alcoholic drinks, 7.0% smoked, 7.9% had depression, and 19.1% experienced anxiety. In the last 12 months preceding pregnancy, 1.3% experienced intimate partner violence. During the last three months of pregnancy, 2.2% smoked and 10.3% drank; 1.2% reported IPV during pregnancy. Postpartum, a smaller percentage of women reported smoking (3.9%), and 10.6% experienced post-partum depression.[53]

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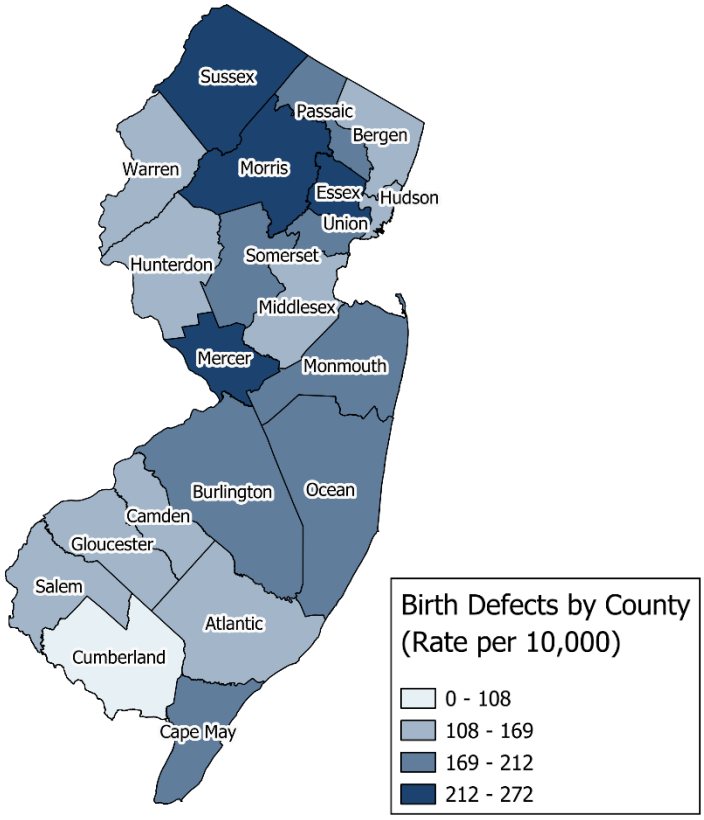
[50] New Jersey Department of Education, Office of Special Education Programs, 2021 Placement Data for Children Ages 3-5. https://www.nj.gov/education/specialed/monitor/ideapublicdata/docs/2022%20data/3_5%20Placement.pdf

[51] Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 5/27/24from www.childhealthdata.org

[52] Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. Community Report on Autism 2023: Autism and Developmental Disabilities Monitoring Network. https://www.cdc.gov/ncbddd/autism/pdf/ADDM-Community-Report-SY2020-h.pdf

[53] New Jersey PRAMS. https://www-doh.state.nj.us/doh-shad/query/selection/prams/PRAMSSelection.html

Figure 10: Birth Defects/Congenital Anomalies by County, 2017-2021[54]



Connecting NJ data also inform about the special needs of mothers. Connecting NJ reports economic, social and health risks using screens conducted by community health workers (community health screen or CHS) and medical providers (perinatal risk assessment or PRA). These screens are conducted both prenatally and postnatally making direct comparisons to PRAMS challenging. All PRAs are entered into CNJ Link, the data system for Connecting NJ. For the 49,546 PRAs completed in FY22, 34% of pregnant women screened had at least one of the DCF prioritized risks for referral to home visiting. Among pregnant women screened, 5% reported tobacco use, 8% alcohol use, and 5% marijuana use. Other risk factors measured by the PRA include domestic violence, perinatal depression, and inadequate social support. Less than 1% of pregnant women reported domestic violence, 2% reported perinatal depression, and 2% reported inadequate social support.

d. Child Welfare and Safety Needs

The Division of Child Protection and Permanency (CP&P) sits within the Department of Children and Families (DCF) and serves as the state's child welfare and protection agency. Its mission is to assist all New Jersey residents to be safe, healthy, and connected. CP&P is responsible for investigating allegations of child abuse and neglect, and if necessary, arranging for the child's protection and the family's treatment.[55] In 2022, 32,488 New Jersey children under age 6 were reported to the Division of Child Protection and Permanency (CP&P) for abuse and neglect, and 1,278 (3.9%) of these children had substantiated and established

[54] New Jersey Birth Defects Registry. https://www.nj.gov/health/fhs/bdr/
[55] Child Protection and Permanency. State of New Jersey Department of Children and Families. https://www.nj.gov/dcf/about/divisions/dcpp/

findings of abuse and neglect (Appendix C-14).[56] In 2022, 4,280 children under age 6 were referred for Child Welfare Services (Appendix C-15). CPS reports and CWS referrals come from different sources including state agencies, anonymous reports, community members, health care providers, law enforcement, and school staff. In 2022, a majority of CPS reports (61.8%) made for children under age 6 came from three sources: law enforcement (34.4%), health care providers (17.0%), and anonymous reporters (10.5%).[56] CWS referrals differ slightly, with health care providers referring the most children under age 6 (25.9%), followed by other agencies outside of DCP&P (16.4%), and law enforcement (11.2%).[57]

Protecting children from maltreatment, preventing ACES, promoting protective factors and preserving families are key priorities for DCF. CP&P contracts with community-based agencies through the state to provide services for children and families. Services include counseling, parenting skills classes, substance abuse treatment, in-home services, foster care, and residential placement.[58] As of December 31, 2022, approximately 10,500 children under age 6 were served by CP&P—with approximately 88% of these being served in in-home placements and 12% in out-of-home placements (Appendix C-16). Out-of-home placements (i.e., kinship care, non-kin resource homes, and congregate care settings) for children under age 6 have continuously decreased since 2015. Out-of-home placements have decreased by 59% (2,583 in 2015 to 1,055 in 2022) for children ages 1 to 5 and by 58% (549 in 2015 to 231 in 2022) for children under age 1.[59] Decreased out-of-home placements are partly a result of New Jersey's investment in Family Preservation Services and relatively little use of congregate care settings in favor of family and kinship care.[60] Family Preservation Services (FPS) is an intensive, in-home crisis intervention and family education program available for families with children at imminent risk for abuse, neglect, or out-of-home placement; families preparing to be reunified with their children; and resource parents in need of assistance to stabilize children in their families' care.[61] In FY 2021, 51% of the children receiving FPS were under the age of 6 and 83% of children (all ages) that received the full FPS program were residing in their target home one year after discharge.[61]

e. *Other Special Circumstances*

Children also may be vulnerable on the basis of special circumstances such as living in military families[62] or living in households in which English is a second language or family members experience other communication barriers. In addition, children may be at high risk due to having an incarcerated parent or experiencing transportation barriers or social isolation with limited family/community supports. Additionally, the COVID-19 pandemic has resulted in children experiencing trauma due to personal illness, family illness, and loss of parents or

[56] New Jersey Child Welfare Data Hub. Child Abuse/Neglect. Retrieved on 7/31/23 from https://njchilddata.rutgers.edu/portal/child-abuse-neglect
[57] New Jersey Child Welfare Data Hub. CWS Referrals by Child. Retrieved on 9/27/23 from https://njchilddata.rutgers.edu/portal/cws-referrals-by-child
[58] Child Protection and Permanency. State of New Jersey Department of Children and Families. https://www.nj.gov/dcf/about/divisions/dcpp/
[59] New Jersey Child Welfare Data Hub. All Children Served by CP&P (In-home/Out of home)-Point in Time. Retrieved 9/27/23 from https://njchilddata.rutgers.edu/portal/all-children-served-by-cpp
[60] New Jersey Department of Children and Families. State of New Jersey 2020-2024 Child and Family Services Plan. https://www.nj.gov/dcf/childdata/njfederal/New%20Jersey%202020-2024%20CFSP.pdf
[61] New Jersey Department of Children and Families. Family Preservation Services Program Report. Fiscal Year 2021. https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/FPS-FY21-Program-Report.pdf
[62] www.miltarybases.com identifies 1 air force, 3 army, 2 coast guard, and 2 navy bases in New Jersey.

relatives. Limited data are available at the county level or specific to children ages 0-5 for these characteristics.

Another indicator of variability is the number of child support cases and average payment per case. These too vary by county, with the greatest number of cases (15,049) in Essex County and the largest average payment per case ($67,528) also in Essex County (Appendix C-17).

5. Children Being Served and Awaiting Service

The state agencies which comprise the IPG play key roles in the delivery of 2-Gen services.[63] This section focuses on early childhood care and education, though services extend beyond to include health, welfare, and other services (See Table 4).

Table 4: Summary of NJ Interdepartmental Planning Group 2-Gen Services (B-5)

Education (DOE)	Human Services (DHS)	Children and Families (DCF)	Health (DOH)	Labor (DOL)
State-Funded Pre-K	Grow NJ Kids—QRIS, TTA	Child Care Licensing	Title V MCH Block Grant	PDG Planning Grant
Preschool Education Expansion Aid (PEA)	CCDF Child Care Development Block Grant (CCDBG)	FCC Registration	Healthy Women Healthy Families	WorkFirst NJ (TANF, GA, SNAP)
Early Head Start/Head Start Collaboration Office	Child Care Assistance Program (CCAP)	NJ Home Visiting/CNJ/ ECCS/Help Me Grow	Black Infant Mortality	Smart Steps
Teacher Credential & Licensing	Wraparound Care	SF Protective Factors	Maternal Mortality	Career Advancement Voucher Program (CAVP)
Preschool Special Education (IDEA Part B, Section 619)	NJ First Steps—Infant/ Toddler Program	Parent-Linking Program	Perinatal Risk Assessment (PRA)	WFNJ-OJT
School Support Services—teen parents	Family Child Care (FCC) Providers	School-Based Services	CHWs/CNJ Hubs	Youth Transition to Work (YTTW)
Federal Title I services for low-income families	Child Care Resource & Referral Agencies (CCR&R)	Project TEACH for Teen Parents	Access to PN Care	Youth Corps
Other Federal Education Programs & Services	NJCCIS—Child Care Workforce Registry	Family Success Centers	Home Visiting	Literacy—Title II
Region Achievement Centers (RAC)	WorkFirst NJ (TANF, GA, SNAP)	Division on Women—DV/IPV services	FQHCs/Primary Care	Federal Bonding
NJ Council for Young Children (NJCYC)	Emergency Services	Children's Trust Fund Federal	WIC Services	YouthBuild
NJ Enterprise Analysis for Early Learning (NJ-EASEL) integrated data system	Child Support	Community-Based Child Abuse Prevention (CBCAP)	Breastfeeding	Temporary Disability Insurance (TDI)
	Addiction & Mental Health	Child Behavioral Health Services	SNAP Education	Family Leave Insurance (FLI)
	Neonatal Abstinence	Child Developmental Disabilities	Child Health/ Immunizations	Unemployment Insurance (UI)
	Disability Services	Child Protection & Permanency	Healthy Homes	Earned Sick Leave Enforcement
	NJ FamilyCare (Medicaid, CHIP)	Family First Prevention Act	Child Lead Poisoning	One-Stop Career Centers (OSCC)
			Adolescent Health/ Pregnancy Prevention	CHW apprenticeship w/ Rutgers
			Shaping NJ	
			Early Intervention (IDEA Part C)	
			Special Child Health	
			Peds Mental Health Access Program	

[63] In addition to the state agencies listed in the above table, the Economic Development Authority (EDA), an independent state agency, has the Child Care Facilities Improvement Program.

The remainder of this section has six parts, each part focused on a particular aspect of NJ's system of early childhood care and education: home visiting; child care, Early Head Start and Head Start; preschool; kindergarten; and systems infrastructure to support high quality services. Data are available at the county level with regard to availability of home visiting, child care, preschool, and kindergarten services.

a. Home Visiting

New Jersey offers voluntary early home visiting at no cost to families. New Jersey implements six of the 26 models designated as evidence based by the US Department of Health and Human Services (DHHS). The most predominant models are Healthy Families, Nurse Family Partnership, and Parents as Teachers. As shown in Table 5, each county offers each of these three models.

Local programs implementing these three models receive funding from multiple sources, mainly state funding and funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, with funding administered by DCF. The models differ on eligibility requirements though generally serve low income, at-risk pregnant women and families. All three models are comprehensive and long-term. Together, these programs provide a total of 4,763 slots. Local programs served 4,200 unique children in FY2022.

DCF also funds an additional 50 slots in Bergen County for Home Instruction to Parents of Preschool Youngsters (HIPPY).

Early Head Start-Home Visiting (EHS-HV) is federally funded and provides an additional 668 slots serving young children Data are not available for the number of unique children served in EHS-HV in a given year.

In July 2021, New Jersey passed legislation for Universal Home Visiting. Beginning in January 2024, the state began implementation of Family Connects in five counties. Implementation builds on successes and lessons learned from a pilot implementation in Mercer County. This additional home visiting model is offered to all families at no cost and at the time of birth (if not already enrolled in Nurse Family Partnership) and supported with state funds. Also, New Jersey has an approved Medicaid waiver to support an additional 500 home visiting slots beginning in March 2024; the waiver will support home visiting services to families enrolling in Healthy Families, Nurse Family Partnership, or Parents as Teachers.

Table 5: Home Visiting Slots[64] and Number of Unique Children Served by Home Visiting in FY22, [65] by County and Model

County	Total # Home Visiting Slots - HFA	# Unique Children Served - HFA	Total # Home Visiting Slots - NFP	# Unique Children Served - NFP	Total # Home Visiting Slots - PAT	# Unique Children Served - PAT
Atlantic	95	93	50	154	70	47
Bergen	78	95	50	218	20	17
Burlington	75	66	50	131	60	62
Camden	125	112	150	See Burlington	80	81
Cape May	112	129	50	See Atlantic	60	68
Cumberland	100	114	100	See Atlantic	88	79
Essex	259	255	155	176	60	45
Gloucester	80	48	50	See Atlantic	50	50
Hudson	95	110	65	132	60	52
Hunterdon	26	62	10	75	10	13
Mercer	103	49	75	87	60	72
Middlesex	130	186	146	187	60	63
Monmouth	145	150	112	161	60	70
Morris	60	51	50	See Essex	40	22
Ocean	60	41	50	See Monmouth	40	37
Passaic	182	137	150	See Bergen	60	44
Salem	80	50	25	See Atlantic	60	37
Somerset	17	See Middlesex	17	See Middlesex	N/A	N/A
Sussex	69	78	50	See Hunterdon	40	32
Union	126	52	65	See Hudson	60	66
Warren	35	See Hunterdon	40	See Hunterdon	50	44
New Jersey	**2053**	**1878**	**1622**	**1321**	**1088**	**1001**

b. Child Care and Head Start

New Jersey offers licensed and registered child care providers within its mixed delivery early childcare and education (ECCE) system. Centers serving six or more children under the age of 13 are required by New Jersey State law to be licensed.[66] Family Child Care (FCC) homes (also known as family day care homes) provide care for five or fewer children under the age of 13 in the provider's private residence. FCC providers may choose to become voluntarily registered through the Child Care Resource and Referral Centers under contract with the Department of Human Services.[66] New Jersey has 4,050 licensed child care centers and 1,264 registered family child care providers (Table 6). The licensing process identifies ages for which

[64] Home Visiting Program Quarterly Reports, July 1, 2021 – June 30, 2022.
[65] Data are from Home Visiting model Management Information System (MIS)s: HFA from FamSys, PAT from PatSys and NFP from ETO/Flo.
[66] New Jersey Department of Children and Families, Office of Licensing. https://www.nj.gov/dcf/about/divisions/ol/.

providers are approved to offer services but does not track children's ages for slots actually provided.

Table 6: Licensed Child Care Centers and Registered Family Care Providers in New Jersey, April 2023[67]

County	Number of Centers	Capacity of Centers	Number of Registered Family Care Providers
Atlantic	103	8,395	40
Bergen	438	43,595	53
Burlington	140	14,175	52
Camden	223	22,907	132
Cape May	27	1,745	7
Cumberland	72	7,196	33
Essex	472	44,357	188
Gloucester	127	11,140	17
Hudson	403	34,932	95
Hunterdon	61	5,265	5
Mercer	192	18,969	25
Middlesex	336	34,241	115
Monmouth	255	25,567	49
Morris	244	23,700	33
Ocean	156	15,321	26
Passaic	245	26,697	263
Salem	19	1,311	17
Somerset	153	18,765	10
Sussex	58	3,758	8
Union	281	26,777	69
Warren	45	3,154	27
New Jersey	**4,050**	**391,967**	**1,264**

In comparing current licensing data from those reported in the 2019 PDG needs assessment, we observe a decrease in the number of centers (4,050 vs 4,166) with increased capacity (391,967 vs. 386,582) and a decrease in the number of registered family care providers (1,264 vs.1,482). The maintenance of child care providers amid the pandemic, albeit with fluctuations, reflects strong commitment and investments on the part of the state as described in Section 7a.

As discussed in Section 4a, Head Start and Early Head Start offer early learning, health and family support services for children in families at or below the federal poverty level. In 2023, 25 Head Start Programs had 10,858 slots for children ages 3-5 years, and 29 Early Head Start programs had slots for an additional 370 pregnant women and 3,959 young children, birth up to three years.[68] Relative to data included in the 2019 PDG Needs Assessment, the number of Head Start slots for children ages 3-5 years decreased (from 12,069 slots in 2018) while the numbers of Early Head Start slots increased for pregnant women (from 313 slots) and young children, birth up to three years (from 2,960 slots).

[67] Correspondence with Office of Licensing, New Jersey Department of Children and Families (DCF), 6/9/2023.
[68] Office of Head Start. New Jersey Program Information Report. Enrollment Statistics Report – 2023 – State Level. Accessed August 2024.

c. Preschool

The State of New Jersey funds three preschool programs with a total of 53,293 slots available in 2021-2022 for 3 and 4-year olds. These slots included 11,286 through Federally funded Head Start and 12,441 in special education.[69] Preschool is provided in three categories of programs:

- Preschool Expansion Program (formerly the Abbott Preschool Program)—includes original 31 Abbott districts and an additional 149 districts approved to expand preschool programs meeting Abbott standards (180 districts, for all 3 and 4-year olds who choose to enroll, 51,310 children),
- Early Childhood Program Aid (ECPA; includes districts in which 20-40% of children qualify for free or reduced-price lunch, available for 3 and 4-year olds, 1,667 children), and
- Early Launch to Learn Initiative (ELLI; includes overlap between districts in the ECPA program, 316 four-year olds).

Since the 2019 PDG Needs Assessment, New Jersey has seen an increase in 2,609 state funded preschool slots. The overall increase reflects increased enrollment in the Preschool Expansion Program (42,266 to 51,310) and decreased enrollment in ECPA slots (7,676 to 1,667) and ELLI slots (742 to 316).[69]

New Jersey also has one Migrant Head Start Program with 90 slots in Cumberland County (38 enrolled in Early Head Start, 52 enrolled in Head Start).[70] Prior Preschool Development Grant funding supported 12 of 99 ECPA districts (1489 children) and 1 of 24 ELLI districts (114 children) as well as three additional districts, outside of the state-funded programs (320 four-year old children). Ongoing efforts for preschool expansion in non-Abbott districts continue.

The NJ Department of Education tracks 65,350 students enrolled in state-funded preschool by county (Table 7). These data exclude children enrolled in Head Start and private preschools. While marked variability by counties persists in the percentage of children enrolled in state-funded preschool, New Jersey has experienced an increase in the percentage enrolled in state-funded preschool from 23.7% in 2017-2018 to 29.8% in 2021-2022.

Table 7. Students Enrolled in State-Funded Preschool, 2021-2022[71]

County	Half Day Preschool	Full Day Preschool	Total	% Children Enrolled in State-Funded Preschool[72] 5 yr ACS
Atlantic	135	2,294	2,429	42.2
Bergen	997	2,284	3,281	17.0
Burlington	594	1,836	2,430	24.0
Camden	594	3,253	3,847	31.0
Cape May	5	798	803	44.0

[69] National Institute for Early Education Research. The State of Preschool Yearbook 2022. Rutgers Graduate School of Education. 2023. https://nieer.org/the-state-of-preschool-yearbook-2022
[70] Office of Head Start. New Jersey Program Information Report. Enrollment Statistics Report. 2023.
[71] NJ Department of Education. 2021-2022 Enrollment District Reported Data. https://www.nj.gov/education/doedata/enr/
[72] US Census Bureau; 2021 American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09001.

Cumberland	0	2,647	2,647	61.0
Essex	237	9,468	9,705	41.7
Gloucester	447	1,093	1,540	23.3
Hudson	368	7,991	8,359	44.5
Hunterdon	170	306	476	22.0
Mercer	346	2,006	2,352	24.8
Middlesex	504	4,008	4,512	21.9
Monmouth	688	2,692	3,380	25.5
Morris	591	1,241	1,832	16.6
Ocean	292	2,237	2,529	13.9
Passaic	679	4,504	5,183	38.9
Salem	28	675	703	48.2
Somerset	324	886	1,210	16.1
Sussex	197	423	620	22.9
Union	486	5,661	6,147	41.1
Warren	218	508	726	33.7
Charters	0	639	639	--
New Jersey	7,900	57,450	65,350	29.8

d. Kindergarten

Across the state, about 79.4% of 5-year olds are enrolled in kindergarten with about 90% of these children enrolled in full-day programs (Table 8). A majority of school districts (497) offer full day programs, while 21 offer half-day services. Since 2017-2018, New Jersey experienced a decline in the percentage of children enrolled in kindergarten (84.6% to 79.4%) amid school closures, classroom disruptions and evolving family preferences (e.g., enrollment elsewhere and home schooling) during the pandemic.

Table 8: Students Enrolled in Kindergarten, 2021-2022[73]

County	Half-day Kindergarten	Full-day Kindergarten	Total	% Children Enrolled in Kindergarten[74]
Atlantic	68	2,327	2,395	77.8
Bergen	0	8,655	8,655	90.2
Burlington	397	3,848	4,245	78.2
Camden	360	4,728	5,088	75.3
Cape May	0	779	779	96.4
Cumberland	0	1,578	1,578	87.1
Essex	0	7,703	7,703	69.7
Gloucester	0	2,911	2,911	79.5
Hudson	0	5,244	5,244	68.4
Hunterdon	0	1,113	1,113	87.8
Mercer	425	3213	3,638	84.7

[73] NJ Department of Education, 2021-2022 Enrollment District Reported Data, https://www.nj.gov/education/doedata/enr/index.shtml Percentages may exceed 100 (Warren) due to assignment of children to different counties and overlapping but different periods of data collection for the two data sources (2021-2022 DOE enrollment vs. 2021 American Community Survey 5-Year Estimates).
[74] US Census Bureau; 2021. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09001.

Middlesex	1,127	6100	7,227	70.8
Monmouth	27	5477	5,504	72.2
Morris	136	4400	4,536	88.1
Ocean	0	4118	4,118	48.6
Passaic	0	4659	4,659	64.6
Salem	0	654	654	83.6
Somerset	894	2047	2,941	87.2
Sussex	0	1242	1,242	78.8
Union	472	5329	5,801	74.6
Warren	50	900	950	105.8
Charters	0	5,221	5,221	--
New Jersey	3,956	82,246	86,202	79.4

e. Children Awaiting Services

Some data are available about the numbers of children awaiting services in early care and education programs. Each program uses different approaches to identify families with unmet need. For child care, the DCF Office of Licensing does not track filled/available child care slots by age thus preventing a determination of unmet need by age. Across all 64 MIECHV funded home visiting programs in FY22Q4 (April – June 2022), 30% were at capacity ($\geq$ 85% of contracted slots filled).[75] Of course multiple factors may contribute to why programs may not be at capacity including inadequate volume of referrals of eligible families, staff turnover and vacancies, time needed for new home visiting staff to be sufficiently trained in order to serve families, the mismatch between available slots for English speaking families and demand for services by Spanish-speaking families, and challenges with family retention.

f. Programming and Supports for Children with Special Circumstances

The needs assessment identified gaps in available data for children in special circumstances including those in military families, with incarcerated parents, living in migrant families, experiencing homelessness, experiencing communication and transportation barriers, or families experiencing trauma due to family illness and/or the death of parents or relatives.

The NJ Enterprise Analysis System for Early Learning (NJ-EASEL), the state's Early Childhood Integrated Data System, may ultimately address these data gaps. NJ-EASEL's purpose is to provide critical data to inform business, fiscal and policy decision-making to improve service availability and quality. NJ-EASEL Phase 1 includes information on homelessness, subsidized child care, households with limited English proficiency and children in military families. NJ-EASEL Phase 2 will incorporate information on health-related conditions, such as behavioral health (substance abuse), physical health (low birth weight, chronic medical conditions, preterm birth, smoking during pregnancy, hearing deficits, family members with depression, inadequate medical care), and special circumstances such as teen parenthood and domestic violence. Future phases of NJ-EASEL will also collect and integrate early childhood data regarding child, family, classroom, program and workforce characteristics. These data will address key questions about early care and education programs and services and their impact.

While much progress has been made, NJ-EASEL is not fully operational. NJ-EASEL planning began in 2014 and production of Phase I began November 2018 with integration of

[75] MIECHV DCF Quarterly Report for FY22Q4 (April – June 2022).

data from DOE (NJ Student Data from NJ SMART, County/District/School Reference Data) and DHS (Child Care Subsidies Data). Currently, three additional data systems are being added for Phase 2 with data from DCF (home visiting data for HFA and PAT) and DOH (birth records).

When fully operational, NJ-EASEL will provide additional counts of vulnerable children. It also will provide longitudinal data to assess the effectiveness of early care and education services. NJ-EASEL will draw on data provided by NJ DOE, DHS, DCF, and DOH and will pull data from 14 data systems (see Appendix C-18). An updated Data Gap Analysis reviews progress to date, including additional vulnerable conditions which will be addressed based on the home visiting and birth record data being integrated into NJ-EASEL (see Appendix C-19). At the current time, no data are available to inform this needs assessment.

6. Easing Access to Services by Maximizing Family and Parental Choice and Knowledge of and Engagement with Existing Programs

New Jersey has several ongoing initiatives to inform parents about what constitutes high quality child care, most notably Grow New Jersey Kids (GNJK), the state's Quality Improvement Rating System (see Section 9c) and the network of Child Care Resource and Referral (CCR&R) agencies located in each county. In addition to offering training and technical assistance for child care providers, CCR&Rs provide families with information on the availability of child care services through the Child Care Assistance Program, different types of child care providers, and other social services programs. CCR&Rs also play important roles in registering family child care providers and elevating consumer voices to children care providers and policymakers.

New Jersey also has statewide efforts to promote the engagement of parents & family members in the development and education of their children. Connecting NJ, which began as a pilot and now operates statewide, offers several services to maximize parental choice. As part of Connecting NJ, Early Childhood Specialists in each hub provide families with developmental guidance, give information on infant-toddler mental health, and coach families on strategies for promoting attachment and pre-school readiness. Early Childhood Specialists also participate in Plans of Safe Care meetings to support families and reduce out of home placements. As of May 2022, Connecting NJ also offers the option for individuals to make self-referrals for services, further maximizing parental choice. Since May 2022, there have been 1,003 self-referrals submitted through CNJ's website. Currently, the Family Engagement Network, affiliated with FHI, is working to design a Perinatal Risk Assessment patient portal to allow parents to view their risks and services for which they are eligible, increase awareness of referrals that have been made, and allow for easier self-referrals.

New Jersey also has prioritized parental knowledge and engagement regarding developmental screening and support, including establishing an Ages and Stages Questionnaire (ASQ) Family Access Portal. The Family Access Portal began as a place-based pilot in 5 communities through New Jersey's ECCS Impact grant and expanded to all 21 counties in 2019. The expansion of the portal reflects New Jersey's commitment to investing in promising pilots and taking them to scale. The portal engages families, Connecting NJ hubs, and health care providers in efforts to promote children's development. Since its expansion in 2019, there have been over 4,700 screens entered into the Family Access Portal, and a majority of screens are entered by families. Screens into the portal can be made in Spanish and English. Also related to development, Learn the Signs. Act Early (LTS.AE) parent partners have collaborated with Reach out and Read providers to support developmental health promotion through sharing LTS.AE resources and informing developmental/resilience toolkits for families. LTS.AE

ambassadors also help identify and connect families to community resources available in the state, including Connecting NJ hubs, Early Childhood Specialists, and Special Child Health Services Case Management Units. During the COVID-19 pandemic, LTS.AE ambassadors have also worked to support family, child, provider, and/ community resiliency through the promotion of resources and activities to help build capacity to withstand and recover from the strain and stress caused by the pandemic, particularly for communities disproportionally affected by COVID-19.[76]

Maximizing parent choice requires increasing not only initiatives focused on parents but increasing capacity and awareness on the part of providers serving young children. Initiatives focused on expanding capacity of pediatricians to address developmental concerns include New Jersey AAP's learning collaboratives to advance developmental health promotion. Additionally, the Zero to Five-Helping Families Thrive initiative focuses on increasing capacity of the Children's System of Care workforce to provide effective mental health interventions for infants and young children. Efforts to assist ECCE programs in identifying and accessing resources related to infant and early childhood mental health are further described in Section 9a and 9b.

Maximizing parent choice also requires providing information and services in ways that meet varied linguistic and cultural needs of families. Multiple programs provide services in English and Spanish. For example, Connecting NJ hires bilingual staff as CNJ specialists and Early Childhood Specialists (largely English/Spanish), and some CNJ hubs offer internships to cover other languages. Also, many home visiting programs offer services in English and Spanish. However, languages beyond English and Spanish are underrepresented. Within New Jersey, the Office of New Americans seeks to increase accessibility to State programs available to new Americans, including those who speak languages other than English.

New Jersey also recognizes the need to adapt programs and supports to make sure that parents who are employed, looking for work, or are in training can access child care that is compatible with employment or training situation.[77] Some key partners shared that affordability is the largest barrier to family choice in child care programs and that this constraint is not limited to only those eligible for the Child Care Assistance Program (CCAP), also referred to as child care subsidy. Families who cannot afford more expensive child care centers must find a center that participates in the CCAP, and families who are not eligible for CCAP may seek other solutions, such as leaving the workforce, decreasing work hours, flexing work schedules, or searching for a nanny share. Another factor that will soon impact the affordability of child care is the termination of many COVID-19 supports. Additionally, many parents remain concerned about rising child care costs. Another limitation key partners highlighted was that parents must provide pay stubs in order to qualify for CCAP. Some key partners have also highlighted transportation as a major barrier to family choice in child care. DOL's 2021 Project HOPE pilot conducted listening sessions in which parents identified transportation as a barrier to accessing child care and employment.

Key partners also shared that inability to locate child care often reduces family choice. Although the capacity of child care centers has increased since 2019, COVID-19 resulted in child care center closures and overall fewer registered child care providers across the state.

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[76] ICHC Meeting December 8, 2021. Presentation by Deepa Srinivasasvaradan and Carrie Coffield.
[77] United for ALICE. *ALICE in the Crosscurrents: COVID and Financial Hardship in New Jersey.* 2023. https://www.unitedforalice.org/New-Jersey

However, Child Care Resource and Referral (CCR&R) centers are available to help low- and moderate-income families navigate care options.

There are some gaps in maximizing family and parental choice. Key partners from the Infant and Child Health Committee and Advocates for Children of New Jersey highlighted the need for genuine, tailored outreach and engagement efforts. Although partners noted that the COVID-19 pandemic resulted in an increase and diversification of marketing efforts (e.g., use of virtual platforms, QR codes in materials, text messaging), some of these may be less meaningful or acceptable to families. In the case of text message marketing, families may have difficulty determining if a program is real or a scam. Partners noted that many families still value word of mouth and person-to-person outreach, especially from local programs and organizations that understand community needs and from people who have experienced similar needs. Partners also commented that genuine outreach is particularly important for underserved communities, as families from these communities might be more reactive instead of proactive in accessing services they need. Finally, although Connecting NJ links families to resources, services and programs, some partners recommended also having resource directories available at settings families regularly access, such as child care centers or pediatricians' offices.

7. Leveraging Funding for the Provision of High-quality ECCE Services and Supports

New Jersey agencies have been successful in securing federal, state, and non-governmental resources to fund initiatives serving the B-5 population. Below we highlight the successes of New Jersey in leveraging resources to support access and affordability of child care, securing other federal investments, and building off learnings from successful pilot programs.

a. Leveraging to Support Access and Affordability of Child Care

Over the last three years, New Jersey has invested over three billion dollars in various initiatives to address the needs of families (e.g., elimination of copays and increases in Child Care Assistance Program payments), the needs of child care providers (e.g., Child Care Assistance Program payments based on enrollment and stabilization grants), and the needs of the child care work force (e.g., hiring and retention bonuses). Although these initiatives first began as temporary efforts to stabilize the child care sector and mitigate the adverse effects of the COVID-19 pandemic on providers, the workforce and parents, many proved to be critical investments and will continue through July 31, 2024 (waived copays) and June 30, 2025 (enrollment-based payments).

During the pandemic, New Jersey waived copayments for families participating in the state's Child Care Assistance Program (CCAP) and implemented temporary COVID Family Differential Payments to provide an additional $300 per month for full-time care and $150 per month for part-time care at center-based and family child care settings (Appendices C-20, C-21 and C-22).[78] Additionally, COVID Family Differential Payments were added to the base rate for licensed child care centers and registered family child care providers. This base rate increase helped families in the CCAP afford quality care by covering more of the cost of care, by reducing what a parent may owe if there is a difference between what the state pays and what

[78] NJ Human Services Opens Child Care Stabilization Grants to Help with Operational Expenses. News release. NJ Dept of Human Services. December 28, 2021. https://www.nj.gov/humanservices/news/pressreleases/2021/approved/20211228.html

the provider charges.[79] According to the 2023 Child Care Market Rate Study, CCAP rates are consistently below the 75th percentile benchmark established by the CCDF Final Rule (63 FR 39959) (Table 9). Rates set at the 75th percentile or higher are considered as providing equal access.[80,81]

Table 9. Percentile Placement of State Assistance Rates on the Distribution of Market Rates, 2023[82]

	State Assistance Rate	75th Percentile Market Rate	Assistance Rate Percentile on Market Rate
Center Providers			
Infant	$1,549	$1,750	50th
Toddler	$1,372	$1,625	45th
Preschooler	$1,226	$1,462	46th
Family Child Care Providers			
Infant	$1,188	$1,250	55th
Toddler	$1,188	$1,200	65th
Preschooler	$1,041	$1,140	65th

Additionally, the Division of Family Development implemented enrollment-based CCAP payments. Payments based on enrollment, and not attendance, increase stability for child care providers and increase flexibility for both providers and families. Waived copays will continue through July 31, 2024 and enrollment-based payments will continue through June 30, 2025.[83]

New Jersey also took advantage of the American Rescue Plan (ARP) Act and CCDF funds, resulting in approximately $427 million for stabilization grants awarded to over 3,700 child care center and family care providers.[84] Stabilization grants were made available to all child care centers (up to $195,000) and family child care homes (up to $7,000) to offset overhead costs and operational expenses, including personnel related expenses (i.e., wages, salaries,

[79] New State Budget Includes $112 Million in New Investments in Child Care to Support Working Families & Providers. News Release. NJ Dept of Human Services. July 10, 2023. https://www.state.nj.us/humanservices/news/pressreleases/2023/approved/20230710.shtml
[80] Rutgers School of Social Work. 2023 Child Care Market Rate Survey. 2024. https://www.childcarenj.gov/ChildCareNJ/media/media_library/2023_Child_Care_Market_Rate_Study.pdf
[81] *Child Care and Development Fund Regulations (45 CFR Part 98). Federal Register, Vol. 80, No. 190.* Administration for Children and Families, US Dept of Health and Human Services; 2016. https://www.govinfo.gov/content/pkg/FR-1998-07-24/pdf/98-19418.pdf
[82] Adapted from Executive Summary Table 1 and Executive Summary Table 2. Rutgers School of Social Work. 2021 Child Care Market Rate Survey. 2022. https://www.childcarenj.gov/ChildCareNJ/media/media_library/FINAL_2021_NJ_Child_Care_Market_Rate_Survey.pdf
[83] FAQ. NJ Dept of Human Services, Division of Family Development. Updated August 1, 2023. Accessed August 14,2023. https://www.childcarenj.gov/Providers/CCAP/FAQ#:~:text=Waived%20Copayments,-To%20help%20make&text=Copays%20currently%20are%20included%20in,families%20through%20June%2030%2C%202024.
[84] Correspondence with NJ Department of Human Services. December 6, 2023.

fringe, and bonuses). Grant payments were issued in two installments to help sustain providers over a two-year period. Additionally, a portion of the stabilization grant funding ($80 million) supported two rounds of NJ's hiring and retention workforce bonus grant program, which supported the recruitment and retention of approximately 25,000 child care workers.[84]

New Jersey has worked to make child care more affordable and accessible through annual increases in provider reimbursement in alignment with annual minimum wage increases. The Governor's FY 24 budget increased infant care rates by 114% from 2018 ($724) to 2023 ($1,549); similarly, care rates increased by 104% across all other age groups. Rates increased again in January 2024 to align with higher costs of living and the minimum wage increase ($14.13 per hour to $15.00 per hour).[85] The Governor's budget also had an additional $400,000 for training and technical assistance for Grow NJ Kids (GNJK) to support preschool programs and the Thriving by Three Infant and Toddler Child Care Grant Program. Thriving by Three was signed into law in June 2022 to incentivize an increase in capacity for infant (less than 18 months) and toddler (18 months – 2 ½ years) slots and to provide technical assistance to child care providers. As of August 2023, over 300 providers (i.e., licensed child care centers and Head Start/Early Head Starts) have been approved for the program. Approved providers are required to enroll in GNJK and will receive an initial minimum grant award of $3,000 per new infant/toddler child care slot created of which $1,000 must be used for teacher bonuses or incentives.[86,87] Phase two of this program will focus on supporting family child care providers. Another initiative supported by state funds is the Economic Development Authority (EDA)'s Child Care Facilities Improvement Grant. For more information about EDA's grant and child care facilities, see section 13.

Despite considerable statewide investments to assure high quality, accessible child care concerns remain for the youngest children. A 2023 report by Advocates for Children of New Jersey, Still No Room for Babies: Child Care Staffing Crisis Impacts Supply of Infant-Toddler Child Care, focuses specifically on availability of child care for infants and toddlers.[88] This report updated a 2017 report and focuses on the availability of high-quality child care for infants and toddlers based on a statewide survey of child care centers. This report assumed that all parents in the labor force with infants and toddlers need child care. The report estimated approximately 150,000 children under age three do not have the option to enroll in center-based infant or toddler child care. Report authors highlighted that although licensed child care centers have the capacity to serve 68,000 children under age three, they typically serve closer to 55,000, which equates to space to serve only 26.5% of infants and toddlers likely to need child care.

This report noted higher costs of child care for infants and toddlers are necessary to meet requirements for staff-to-child ratios and additional facility requirements, however, these higher costs have consequences such as limiting the number of very young children served and

[85] New State Budget Includes $112 Million in New Investments in Child Care to Support Working Families & Providers. News Release. NJ Dept of Human Services. July 10, 2023. https://www.state.nj.us/humanservices/news/pressreleases/2023/approved/20230710.shtml
[86] L. 2022, c.25, s.2. https://pub.njleg.state.nj.us/Bills/2022/PL22/25_.PDF
[87] Thriving by Three Infant and Toddler Child Care Grant. NJ Dept of Human Services, Division of Family Development. Updated June 26, 2023. Accessed August 10, 2023. https://www.childcarenj.gov/Providers/Grants/ThrivingbyThree
[88] Advocates for Children of New Jersey. *Still No Room for Babies: Child Care Staffing Crisis Impacts Supply of Infant-Toddler Child Care*, 2023. https://acnj.org/still-no-room-for-babies-child-care-staffing-crisis-impacts-supply-of-infant-toddler-child-care/

making child care more cost prohibitive to parents. Similar to the 2023 market rate report,[89] this report also highlighted staffing challenges, specifically noting that 75% of center directors identified staffing as the primary reason for serving fewer infants and toddlers.

A 2021 landscape analysis of early child care services in New Jersey, conducted by Rutgers University, calculated the maximum potential service rates based on presumed need for child care for children under 6 with all parents in the labor force and the capacity of early care centers. The report concluded that New Jersey had capacity to serve about 69% of children who might need services with lower capacity in counties with high rates of family poverty and in counties with higher-than-state-average proportions of non- Hispanic Black and African American and non-Hispanic white persons.[90] An updated and ongoing landscape analysis, also being conducted by Rutgers University, is examining an array of childcare issues (e.g., childcare capacity, unmet demand for care, parental preference for care) and will provide a deeper understanding of the childcare workforce (e.g., demographics, motivations to employment, and barriers to entry, retention and advancement).[91]

Given different methodologies and assumptions about the number of families needing child care, these three reports on the availability of child care are difficult to compare. However, there is general agreement that there is an insufficient supply of affordable, high-quality child care for infants and toddlers. Moreover, the ongoing landscape analysis intends to develop a replicable methodology for monitoring market supply and demand. Future efforts also will be informed by the Child Care and Development Fund plan, now in progress.

b. Initiatives Supported by Federal Resources

New Jersey has been successful in securing multiple federal grants that have benefited the B-5 population, including RTT-ELC, PDG B-5 (2018), and ECCS (multiple iterations, ECCS CoIIN, ECCS P-3). PDG B-5 (2018) funds were used to support New Jersey's Early Childhood Integrated Data System (NJ-EASEL), NJ County Councils for Young Children (CCYC), technical assistance and training across ECCE settings (preschool, EHS and HS programs, GNJK, home visitors, early intervention, and CSOC).

Current PDG funding supports the design and launch of a child care apprenticeship pilot, the review and redesign of NJ's ECCE career lattice, and NJ-EASEL, New Jersey's Early Childhood Integrated Data System.

c. Building on Successful Pilot Programs

New Jersey has leveraged resources from federal grants, state dollars, and philanthropy to implement and evaluate pilot programs in target areas of need and take them to scale, when successful. Prior sections of the needs assessment describe selected pilots that led to statewide initiatives (e.g., ASQ Family Access Portal, Section 6; Connecting NJ, Sections 6 and 10). Two additional examples are Universal Home Visiting and Healthy Women Healthy Families.

Building on a successful Family Connects pilot in Essex County, state resources now support implementation of universal home visiting, known as Family Connects NJ and operating

[89] Rutgers School of Social Work. 2023 Child Care Market Rate Survey. 2024. https://www.childcarenj.gov/ChildCareNJ/media/media_library/2023_Child_Care_Market_Rate_Study.pdf
[90] Kurtz AA, Lawrence BD, Roman JL, Walsh PJ. *Understanding the Early Child Care Landscape in New Jersey.* New Jersey Community Capital and Rutgers Edward J. Bloustein School of Planning and Public Policy. 2021. https://bloustein.rutgers.edu/wp-content/uploads/2021/11/Practicum-2021-NJCC-final.pdf
[91] New Jersey Child Care Advisory Group Meeting, 8/8/23.

in 5 counties (Essex, Middlesex, Mercer, Gloucester, and Cumberland). In the first 4 months of operations, more than 600 visits were completed. Family Connects NJ will soon expand statewide. New Jersey provides a model for the nation as to how states might integrate universal home visiting within a robust early childhood system care. New Jersey already offered at least three evidence based home visiting models in each county in addition to Connecting NJ, a coordinated central intake system with hubs in each county.

In 2018, as part of NJ DOH's first iteration of Healthy Women Healthy Families, a pilot program for Community-based doulas began in three areas with high rates of Black infant mortality. Evaluation of this program, with promising data and results, influenced legislation which resulted in Medicaid reimbursement for doulas in New Jersey.[92] In 2021, NJ DOH funded Health Connect One to establish and lead the NJ Doula Learning Collaborative (DLC), a workforce development initiative that identifies professional development and training for doulas statewide. The DLC is funded for 3 years at approximately $450,000 per year through MCH Block Grant funds. For FY23, the DLC funds totaled $524,460.

Community doula work in New Jersey has also been funded through State Appropriations in the Governor's budget and DHS (Medicaid). The Burke Foundation has funded complementary efforts including research and focus groups on sustainability of community doula programs, which, in turn help guide NJ DOH's efforts. Burke Foundation is also part of the NJ Birth Equity Funders Alliance, which also includes the Community Health Acceleration Partnership, The Henry and Marilyn Taube Foundation, and the Robert Wood Johnson Foundation, with support from The Nicholson Foundation (now closed). The 2023 renewal of Healthy Women Healthy Families provides targeted postpartum doula care to eight municipalities across the state: Atlantic City, Camden City, Elizabeth City, New Brunswick City, Newark City, Paterson, Plainfield City, and Trenton City.

Community doulas remain as a key component to New Jersey's early childhood workforce and New Jersey's efforts to improve maternal health equity,[93] and New Jersey remains invested in sustaining community doulas through training and capacity building.

Key partners emphasized the importance of leveraging funding to sustain programs, especially Universal Home Visiting, the community doula work, Early Childhood Specialists in each of the Connecting NJ hubs, and NJ-EASEL. Additionally, partners shared that another way funds could be used to sustain programs is through investing in quality improvement and evaluation activities to ensure programs are continuously meeting family needs.

8. Investing in and Supporting the Early Childhood Workforce

The focus of this section is on the child care service industry workforce. One of the most pressing barriers and emerging needs within ECCE relates to workforce development and the loss of qualified staff during the COVID-19 pandemic. Now, three years after the onset of the pandemic, child care providers continue to experience challenges hiring staff. Even with the American Rescue Plan funding support, many child care providers struggle to find and retain workers and the state has fewer registered family care providers than it reported pre-COVID.

[92] L. 2019, c.85, s.6. https://pub.njleg.state.nj.us/Bills/2018/PL19/85_.PDF
[93] Personal correspondence, Rebecca Ofrane, Executive Director, Maternal & Child Health Services. 11/24/23.

Employment in the child care service industry in New Jersey has fluctuated over time, following trends seen nationally.[94] From 2013 to 2019 the number of employees in this industry increased annually, reaching a peak in 2019 with over 37,000 employed. The COVID-19 pandemic resulted in a significant decrease in employment—the number of employees in New Jersey (29,177) dropped by 22% in 2020. Child care employment in New Jersey has yet to return to pre-pandemic levels, but slowly been increasing since 2020, with 36,851 employed as of 2022 (See Appendix C-23).

In 2022, the average annual wage for child care workers in New Jersey ($32,642) was higher than the average annual wage for child care workers in the US ($29,570). Although their wages are higher than the national average, child care workers in New Jersey do not experience pay parity compared to preschool and kindergarten teachers. The average annual wage for kindergarten teachers ($72,699) in New Jersey is more than twice the average annual wage for child care workers ($32,64), while the average annual wage for preschool teachers ($45,746) is about one and a half times more than the average annual wage for child care workers (See Appendix C-24).

The low wages of child care workers place them as part of the 3.5 million households in New Jersey with incomes below the ALICE threshold, meaning this group is asset limited and income constrained, making it difficult to afford basic cost of living expenses (i.e., housing, child care, food, transportation, health care, and technology).[95]

The needs assessment newly compiled indicators of the workforce by race, ethnicity and language. An examination of occupations by race and ethnicity in 2021 reveals a higher percentage of preschool and kindergarten teachers who are Black relative to child care workers and education and child care administrators (See Appendix C-25). However, a larger percentage of child care workers are Hispanic relative to preschool and kindergarten teachers and education and child care administrators. Moreover, there is more language diversity in terms of speaking Spanish and other languages among child care workers than among education and child care administrators and preschool and kindergarten teachers (Appendix C-26).

Key partners from the Infant and Child Health Committee and Advocates for Children of New Jersey highlighted remaining gaps and challenges to supporting the early childhood workforce. Partners from these groups agreed that staffing challenges persist and that child care wages need to be higher. Some partners also highlighted other challenges to recruiting and retaining workers, including a rigorous credentialing process and insufficient supports for child care staff and provider's professional development. Regarding training, some partners noted that high turnover among staff results in increased training needs, and those who must complete training could benefit from additional supports, like pay for overtime or availability of substitutes. Some partners also suggested adding more in-person training opportunities in addition to online modules. However, quantitative data collected in 2023 highlighted that a

[94] Crouse G, Ghertner R, Chien N. *The impact of the COVID-19 pandemic on the child care industry and workforce.* Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services. January 2023. Accessed July 25, 2023. https://aspe.hhs.gov/sites/default/files/documents/71981d3ec3a1d02537d86d827806834b/Child-Care-Trends-COVID.pdf

[95] United for ALICE. *ALICE in the Crosscurrents: COVID and Financial Hardship in New Jersey.* 2023. https://www.unitedforalice.org/New-Jersey

majority of early childhood care and education providers still prefer virtual trainings compared to in-person trainings.[96]

More generally, partners felt child care staff and providers could also benefit from more mental health supports. Some partners also highlighted the need for increased supports for those seeking to join the child care workforce while parenting. Although TANF programs support child care access when a parent participates in a workforce program, some partners felt that there are few resources to encourage parents to join the early childhood workforce.

9. Assisting ECCE Programs in Identifying and Accessing Resources that Support Long-term Stability

Given previously described needs and challenges experienced by ECCE programs, New Jersey has made considerable investments in addressing mental health needs of children and families, increasing workforce capacity to address mental health needs, and supporting a childcare quality rating system.

a. Supports and Resources to Address Mental Health Needs in Children and Families

Providing support and resources related to infant and early childhood mental health to early childhood care and education (ECCE) programs is not only an indicator of a quality program, but also allows for the ECCE workforce to address mental health needs in young children and their families. New Jersey initiatives like the Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three grant (ECCS P-3) emphasize the importance of mental health trainings and professional development to support the workforce, and New Jersey has various structures in place to support the delivery of infant and early childhood mental health consultation.

New Jersey offers a variety of programs and initiatives to support the availability and delivery of mental health services for children B-5 in the early childhood mixed delivery system. One of the largest initiatives New Jersey offers is Infant and Early Childhood Mental Health (IECMH) Consultation. IECMH consultation is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in settings where they learn and grow. IECMH consultants develop relationships with the adults and caregivers in young children's lives to build adults' capacity and skills to strengthen and support the healthy social and emotional development of children.[97] IECMH consultation takes place in New Jersey preschools, Early Head Starts, Head Starts, and child care programs.

Publicly funded preschools have dedicated Preschool Intervention and Referral Specialist (PIRS) roles dedicated to promoting social-emotional teaching practices in the classroom through providing Pyramid Model coaching to teachers, and providing individualized referrals for children who need additional services.[98] However, preschools largely rely on prevention models, as there are few professional counselors assigned to preschools, resulting in a gap in providing of specific mental health supports for preschoolers in publicly funded schools.

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[96] Rutgers University In-Person vs Virtual Preference Provider Survey. January through December 2023.
[97] Center of Excellence for Infant & Early Childhood Mental Health Consultation. About IECMHC. https://www.iecmhc.org/about/
[98] Personal Correspondence, Kaitlin Mulcahy, Director of the Center for Autism and Early Childhood Mental Health, Montclair State University. 9/19/23.

Early Head Start and Head Start programs often have embedded, long-term mental health consultation support through Head Start grant funding, some of which is done through EHS/HS staff, but most is done through contracted consultants who do hourly work. Montclair State University (MSU) provides mental health consultation for three Head Start grantees in New Jersey.[97]

MSU also provides IECMH consultation through the Socio-Emotional Formation Initiative (SEFI), which is a short-term consultation model (i.e., 8-12 contact points). SEFI is supported by previous PDG B-5 grant funding and by Child Care Development Block Grant (CCDBG) funding. These funds have supported the equivalent of nine full-time equivalent (FTE) consultants and support to approximately 160 child care programs per year.[97] In FY 23, consultation using the SEFI model was provided to 164 unique programs, including child care centers and family child care providers across 20 of the 21 counties in New Jersey.[99]. In addition to the IECMH consultation services, clinical, psychotherapy, and specialized support services are offered across the state. MSU offers clinical and family supports services. The Youth Consultation Services Institute (YCS) offers psychotherapy, developmental and parental guidance, and services for substance abuse. The Center for Great Expectations offers recovery services for pregnant and postpartum persons and parent-infant mental health for pregnant and parenting women with opioid use disorder.

Parental and family education on access to and awareness of IECMH is an important part of addressing young children's mental health needs. Early Childhood Specialists at Connecting NJ Hubs provide families with developmental guidance, give information on infant-toddler mental health, support families during Plans of Safe Care meetings, and coach families on strategies for promoting attachment and pre-school readiness. In Early Head Start and Head Start programs, Family Service Workers educate families on access to early childhood mental health services. Montclair State University (MSU) also works with state Child Care Resource & Referral networks and the SPAN Parent Advocacy Network to ensure families have access to information regarding Socio-Emotional Foundation Initiative (SEFI) services.

b. Increasing Workforce Capacity to Address Mental Health Needs

Montclair State University's Center for Autism and Early Childhood Mental Health serves as New Jersey's Professional Formation Center (PFC) for the Early Relational Health Workforce. The PFC is a resource for New Jersey's infant and early childhood professionals to promote early developmental and relational health for families and children prenatally through age six as well as to enhance infant and early childhood mental health. The PFC has established a statewide system for accessing professional formation, coaching, and consultation for the prenatal, infant, early childhood, and family workforce in relational and emotional wellness that are required for school readiness. Additionally, the PFC offers systems coordination rooted in equity to centralize relational and emotional wellness across all prenatal through kindergarten serving systems in New Jersey. The PFC envisions an effective, efficient, and empathic workforce, competent in relational and emotional developmental knowledge, skills, and reflective practice; and an equitable, unified system that promotes the early relational and emotional health necessary for school readiness for all children in New Jersey.[100]

[99] The Professional Formation Center for the Early Relational Health Workforce. Annual Report, Fiscal Year 2023.
[100] Personal Correspondence, Kaitlin Mulcahy, Director of the Center for Autism and Early Childhood Mental Health, Montclair State University. 9/19/23.

In addition, the PFC offers statewide training for school districts, Head Start, center-based child care, and family child care in both English and Spanish; statewide training on the Pyramid Model and Keeping Babies and Children in Mind (KBCM); cross-department coordination of Train the Trainer for Developmental Screening Tools, Strengthening Families, and the Pyramid Model; online modules on topics such as physical activity and cultural competency; and technical assistance supports for training and social-emotional development of children in child care/preschool settings. The KBCM series includes seven three-hour workshops that promote the importance of social and emotional development of young children, reflective caregiving towards building resilience, and the centrality of forming relations and social connections in practice. Since trainings began in 2014, an estimated 10,000 participants have attended at least one workshop for KBCM, and 70% of participants have attended at least 5 of the 7 available workshops in the KBCM series. Of these, more than 8,000 trainings have taken place since 2019. The Pyramid Model emphasizes universal promotion for all children, secondary prevention to address needs for children at risk for social emotional delays and tertiary interventions for children with persistent challenges. The model uses systems-thinking and implementation science to promote evidence-based practices in homes and classrooms to build skills to support nurturing and responsive caregiving, create learning environments, provide targeted social-emotional skills, and support children with challenging behaviors. The trainings have been implemented in select publicly funded DOE preschools, Early Head Start and Head Start programs, Early Intervention, and privately funded child care programs. For Pyramid Model trainings conducted since 2019, more than 6,000 people have participated, including participants from a variety of programs and services: private child care, public preschool, Head Start, Early Head Start, and Early Intervention.[101]

New Jersey professionals also may seek Infant and Early Childhood Mental Health (IECMH) Endorsements to recognize their expertise in social emotional development of infants and young children. The New Jersey Association of Infant and Mental Health offers the IECMH endorsement for professionals from many disciplines. A total of 253 individuals have been endorsed, and 101 have active endorsements. Endorsements must be renewed each year. Among those with active endorsements, only 32 provide clinical services for infants, toddlers and their families.[100] In addition to the 32 endorsed clinical professionals, an additional 19 Children's System of Care (DCF) clinicians, 20 Doctoral psychology trainees at Youth Consultation Services, and a few clinicians at community agencies across the state are prepared to provide IECMH services.[100]

New Jersey identifies the need to increase the IECMH capacity given ongoing needs for services. The Children's System of Care training and TA program expects to yield an additional 80 mental health clinicians who will be qualified to provide IECMH services by 2025.[100] In addition, the state is a grantee for IECMH capacity building grants from SAMHSA, which began in October 2023. MSU and Youth Consultation Services (YCS) are funded in partnership to train at least 15 providers every year for five years. NJ Care Plus and Children's Home Society of New Jersey are also SAMHSA grantees and will use funds to build the IECMH clinical workforce.[100]

c. Grow NJ Kids (GNJK)

[101] Personal Correspondence, Kaitlin Mulcahy, Director of the Center for Autism and Early Childhood Mental Health, Montclair State University. 9/19/23.

GNJK is New Jersey's Quality Rating Improvement System (QRIS) to assess and improve the quality of early child care and education programs. QRIS rates five aspects of quality: 1) Safe, healthy learning environments; 2) Curriculum and learning environment; 3) Family and community engagement; 4) Workforce/professional development; 5) Administration and management. To receive 3-, 4-, or 5-star ratings, programs must meet certain requirements in classroom observation scores, curriculum training, and environment documentation. [102]

GNJK enrolls licensed centers and school-based programs, Head Start programs, preschools, and registered family child care providers.[103] In 2024, a total of 1,196 child care centers and family child care providers are actively enrolled in Grow NJ Kids. Of these, 168 child care centers and 19 family child programs completed the rating process with a 3 out of 5 stars (See Appendix C-27). [104] Grow NJ Kids also provides training, technical assistance and incentives to improve the quality of child care and early learning programs and communicates levels of quality to the public.

In 2018, GNJK implemented a tiered reimbursement system for center-based programs that receive higher level ratings on the Star Level Rating Scale.[105] As of February 2023, depending on the Star Level Rating, programs receive a 4-24% increase in their reimbursement rate when providing care to children participating in CCAP.[106]

During the COVID-19 pandemic, in-person ratings for child care centers and family child care homes were paused but in-person ratings resumed in 2023. Since that time, an additional 85 programs have completed the rating process. Grow NJ Kids programs are required to participate in the rating process every 3 years. In 2023, Grow NJ Kids implemented a streamlined re-rating protocol to allow for centers and family programs to go through a modified and simplified rating process on alternate rating cycles. This protocol is available to programs three years after completion of a full, non-streamlined rating. Grow NJ Kids is also in the process of making revisions to its standards, and expects to finish revisions in 2025.[107,108]

From a family perspective, accessibility of child care relates not only to geographic location and transportation, but also to cultural relevance and affordability. The CCAP is available to offset child care costs for New Jersey residents who qualify based on income requirements (< 200% FPL), and engagement in work (30 hours/week or more), school (12 credits or more), or job training (at least 20 hours/week). Maximum monthly child care payment rates vary based on child's age, part- or full-time care, and Grow NJ Kids ratings (See Appendices C-27, C-21, C-22). Copays are based on family size, gross annual income, hours of care needed and number of children in care; copays are required only for the first two children. Copays are suspended through July 31, 2024 and will resume on August 1, 2024 (see Section 7a).

Although GNJK highlights what the state considers a high-quality program based on its rating system, this might not translate to what parents consider high-quality. In feedback

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[102] https://www.montclair.edu/creehs/wp-content/uploads/sites/145/2022/06/Point-Requirements-Center-based-and-in-District-DOE-June-3-2022-1.pdf?
[103] Grow NJ Kids, http://www.grownjkids.gov/About.
[104] Correspondence with New Jersey Division of Family Development, Department of Human Services. 10/24/19.
[105] Race to the Top Final Performance Report. New Jersey. 2019.
[106] https://childcareconnection-nj.org/pdf/Subsidy-Rate-Reimbursement-Changes---Policy-Statement.pdf.pdf
[107] New Jersey Child Care Advisory Group Meeting, 8/8/23.
[108] Grow NJ Kids. Grow NJ Kids Streamlined Re-rating Protocol. 2023. https://www.montclair.edu/creehs/wp-content/uploads/sites/145/2023/05/Streamlined-Re-rating-Protocol-All-Programs-4.18.23-2.pdf

sessions with key partners, parents shared that they used other sources of information, including where friends and family members access care and google reviews to select child care programs. Additionally, ratings may not be a factor for families with lower incomes, as their decisions are more likely to be guided by what is affordable (see Section 7a).

d. DOL Apprenticeship Model in Development

DOL, in partnership with DHS, the NJ Workforce Registry, and the Early Childhood Leadership Institute (ECLI) at Rowan University, is exploring development of an ECCE Registered Apprenticeship program in New Jersey. The Registered Apprenticeship Program is part of a broader strategy to strengthen and expand the ECCE workforce to be capable of addressing the identified needs of young children, working parents, and the economy at large. The five components of a Registered Apprenticeship Program include business involvement and employees; structured, on-the-job trainings and mentors; related technical instruction; credentials and degrees; and increased wages for gained skills.[109] Planning for an Apprenticeship Program also includes outreach and education about the concept to targeted ECCE facilities, especially those facing the most acute hiring needs; exploring Registered ECCE Apprenticeship models, which may vary depending on the targeted workforce sector, available resources, results of needs assessment, etc.; maintaining equity & access in all aspects of the apprenticeship program design and delivery; and integrating research-based supports into apprenticeship models to ensure participant success and program completion. Preliminary steps have identified high schools, vocational schools, 2- and 4-year IHE, and workforce development training providers.

In 2023, ECLI completed a thorough research and key partner feedback process to inform the development of a registered Early Childhood Apprenticeship program in NJ. As a result, NJ is taking steps to launch an unregistered early childhood education Apprenticeship Pilot in August 2024. Up to 20 apprentices will be supported in this initial phase. Support will include access to the NJ Scholarship Program to cover the associated costs of attaining an Infant/Toddler Child Development Associate (CDA) Credential. CCR&Rs, NJ institutes of higher education, and other approved educational providers will provide CDA training. In partnership with the NJ Division of Family Development, the NJ Workforce Registry will recruit child care centers, Early Head Start, and Head Start sites as employers and mentoring sites. Employers will receive up to $15,000 to support the apprentices, assigned mentors, costs to support out-of-class planning and mentoring time, substitute pay, materials (e.g., laptops, technology), marketing, recruitment, and other administrative costs. Work has begun to identify educational milestones and curriculum needs and apprentices will work to achieve the tasks identified in ONET 25-2011—Preschool Teachers' for their on-the-job training requirement. Apprentices will receive paid employment with on-the-job training/support as well as classroom instruction. Apprentices will also receive a nationally recognized credential from USDOL in their occupation upon completion of their apprenticeship training. Employers benefit from staff support, reduced turnover, and a more committed workforce, which will ultimately lead to higher quality services. Mentors must meet minimum criteria, including years of experience and educational attainment, and will receive compensation to support their additional responsibilities.

10. Improving School Readiness for Children in the Largest Achievement Gaps

a. Systems Infrastructure to Support High Quality Services

[109] New Jersey Child Care Advisory Group Meeting, 2/9/24.

Quality and availability of services are not enough to assure that families receive needed and desired services. Early Childhood Comprehensive Systems (ECCS)/Help Me Grow (HMG) is an initiative working with public and private partners to facilitate linkages across programs, disciplines and sectors. The goal of NJ ECCS is to implement and maintain an accessible, comprehensive and culturally competent early childhood health, development and early learning communication system that informs and empowers families and caregivers while supporting the needs of each child.

New Jersey's system of Connecting NJ facilitates enrollment of high-risk children and families into perinatal services. Established in 2001 in seven counties, by 2015, all 21 counties had a Connecting NJ hub that provides a single point of entry for families to access a wide array of community services from prenatal to age five. These services include prenatal care, infant/child health, family planning, nutrition/WIC, home visiting (Healthy Families, Parents As Teachers, Nurse-Family Partnership), Head Start/Early Head Start, child care services, preschool programs, Family Success Centers, developmental screening (ASQ), early intervention, special child health services, infant and early childhood mental health, behavioral health, domestic violence support, financial needs/public assistance services, substance use/addiction treatment and others. The Connecting NJ hubs use standardized screening and referral forms (Perinatal Risk Assessment, Community Health Screen), a shared data system (SPECT) to foster coordination and systems integration, and community advisory boards to inform decision-making.[110] Other statewide ECCS system partners linked to Connecting NJ include Community Health Workers and doulas. Community Health Workers were established in 13 counties in 2013 and their use had expanded to all 21 counties by 2018.

Engagement of key partners also informs systems infrastructure through state, county and local level efforts. At the state level, the Child Care Advisory Group along with the New Jersey Council for Young Children supports key partner engagement. Commissioners, or their designees, from the NJ Departments of Education, Health, Human Services, Department of Children and Families and Labor and Workforce Development, serve as ex-officio members. The statewide Council also includes representatives from a local education agency, institutions of higher education, early childhood local providers, Head Start, State 619 Coordinator, President of the NJ Head Start Association and the SPAN Parent Advocacy Network. The Council, governed by the Early Learning Commission (ELC) and the Interdepartmental Planning Group (IPG), focuses on enhancing the coordination and quality of early childhood systems from pregnancy through age eight.

At the local level, two examples of key partner engagement include the Head Start Policy Councils and the engagement activities required by the Every Students Succeeds Act (ESSA). Both efforts recognize that key partner engagement is essential for student success. Head Start supports Head Start Policy Councils for each of the 26 programs. These councils include parents and community members who are elected at the center level to engage in decision and policy making. Under ESSA, consultation with diverse partners, including parents, staff, and community members, is required when local education agencies receive federal

[110] Zero to Three, Cross-System Collaboration to Better Support Babies in New Jersey: Providing Families with a Single Point of Entry for Accessing Services, 2019. https://www.zerotothree.org/resources/2598-cross-system-collaboration-to-better-support-babies-in-new-jersey-providing-families-with-a-single-point-of-entry-for-accessing-services

funding. DOE encourages engagement as part of each district's school-level planning process.[111]

b. Connecting NJ

Given New Jersey's focus on coordination in the early childhood system, New Jersey tracks the number of screens into Connecting NJ as a proxy for the number of families for whom linkages to services are being made. The number of screens also reflects the system capacity to screen and refer families to needed and desired services. In State Fiscal Year 2022, there were 25,725 screens into Connecting NJ Hubs across the state (Appendix C-28). Approximately 67% of these screens, once they are contacted, receive a service referral and/or program assignment. Service referrals and program assignments available for families include home visiting, support from community health workers and doulas, child care, and services to meet basic needs. In 2022, Connecting NJ conducted 1,418 developmental screens (Ages and Stages Questionnaire, Third Edition or ASQ-3), an increase of 15% compared to screens in 2021. Across the five domains (i.e., communication, gross motor, fine motor, problem solving, personal social), of the ASQ-3, less than half (48.1%) of the 1,418 children screened appear developmentally on track. The remaining 52.3% of children scored in the monitoring zone (possible developmental concerns) or below the cutoff (concerns).[112] Attention will be given to these children, by enhancing the quality of follow up, ensuring rescreening, and tracking referrals to Early Intervention services (Part C) to support their success.

The Healthy Women Healthy Families initiative implemented several key strategies to address high rates of black infant mortality. These efforts have increased outreach, support, and services for women of color. In addition, there have been many benefits of the initiative, including increased access to family planning methods, an increase in outreach workers (e.g., doulas and community health workers), and expanded commitment to use medications shown to reduce preterm birth among high risk women.[113] A second iteration of Healthy Women Healthy Families has been funded to address Black and Hispanic Infant and Maternal Mortality Reduction.

c. School Performance

School performance data are available at the 4th grade level using the New Jersey Student Early Learning Assessment (NJSLA). Across the state, a high percentage (61%) of children did not meet or exceed grade 4 math test scores, with variability across counties. When looking at district averages across counties, Cumberland (79%), Hudson (70%), and Camden (70%) Counties had the highest percentages of children not meeting or exceeding math, while Morris (42%) and Bergen (43%) Counties had the lowest percentages of children not meeting or exceeding math.

New Jersey is currently implementing a kindergarten entry assessment (KEA). School districts offering Kindergarten in New Jersey have two options for the KEA: to choose an

[111] NJ DOE. Local Stakeholder Engagement Under the Every Student Succeeds Act (ESSA): A Guide for Districts and School Leaders, 2017. https://www.state.nj.us/education/ESSA/guidance/njdoe/StakeholderGuidance.pdf
[112] Correspondence with ECCS P-3/Help Me Grow Manager. ASQ-3 Aggregate Results by Category 1/1/2022-12/31/2022. Received 9/26/2023.
[113] NJ Department of Health, *Nurture NJ Increases Services to Address Black Infant Mortality: 6 Month Accomplishments of the Healthy Women Healthy Families Program,* https://www.state.nj.us/health/news/2019/approved/20190304a.shtml

existing KEA or create their own; all KEAs must align with the five domains outlined in New Jersey's KEA Guidance established by DOE's Division of Early Childhood Services.[114]

Key partners shared that since the COVID-19 pandemic, children are not as educational or socially prepared for school, especially for those children born in 2020-2022. Additionally, partners highlighted that many children and caregivers have experienced or are experiencing trauma related to the pandemic, and early learning settings and schools need to be more prepared to address mental health needs.

d. Early Intervention and Special Education Performance

In accordance with Part C of the Individuals with Disabilities Act (IDEA), New Jersey annually reports state and county performance on required early intervention indicators. Similarly, New Jersey reports state and county performance data for Part C 618.[115] These reports are publicly available (see Section 4b).

The inclusion of children with disabilities in general education classrooms is a key indicator of progress and is supported not only through the implementation of IDEA, but also by various professional organizations including the National Association for the Education of Young Children (NAEYC).[116] New Jersey strives to assure that children with disabilities, including those in public or private educational settings, are educated with their typically developing peers to the maximum extent appropriate. The state also works hard to assure that special classes, separate, schooling or other removal of children from the regular educational setting occurs only when the nature of the child's disability is such that the use of supplementary aids and services cannot support the child in the general education environment. Progress towards the inclusion of young children with disabilities is currently measured through data indicating the percentage of children who receive the majority of their special education and related services in regular early childhood programs and is collected annually.[117]

11. Strategizing to Coordinate Instructional Alignment and Developmentally Appropriate Learning from Birth through Third Grade

a. Transition Supports

As reviewed in a 2015 ACNJ policy brief, New Jersey's Department of Education broadly defines early learning transitions as "an organized system of actions and transactions that takes into account the relationships among home, school and community as the child moves from preschool to kindergarten, through grade three."[118]

The state administrative code (6A:13A-6.1) highlights elements of transition initiatives including the processes for: collaborating with other preschool through grade 3 administrators in the district; communicating information about individual children to their new teachers including results of performance-based assessments; identifying and communicating the curriculum with other programs; providing information to parents about the kindergarten program and the

[114] https://www.nj.gov/education/earlychildhood/grkto3/docs/KEA_guidance_.pdf
[115] https://www.nj.gov/health/fhs/eis/public-reporting/
[116] https://sites.ed.gov/idea/files/policy-statement-on-inclusion-11-28-2023.pdf
[117] https://www.nj.gov/education/specialed/monitor/ideapublicdata/
[118] Shore V, Rice C. Right from the Start: Guiding Young Children's Transitions in the Early Years. Advocates for Children of New Jersey. 2015.

transition plan from preschool through grade three.[119] This approach is supported by multiple standards including the Birth-to-Three Early Learning Standards, Preschool Implementation Guidelines, the Preschool Teaching and Learning Standards and Head Start Program Performance Standards. While administrative code and regulations are strong, the policy brief highlights uneven implementation of best practices with regard to child care and teacher training, engaging parents, preschool to third grade transition plans in school districts (previously only required in districts with state funded preschools), and connections across early care and education settings.

b. Strategic Framework

New Jersey, in partnership with NIEER, is developing a *Brith through Third Grade Learning and Development Strategic Framework.* The framework draws from three sources: The Earliest Years Framework Initiative: A Critical Components Framework for Infant Toddler Development and Well-Being in New Jersey, the New Jersey Strategic Plan for Universal Preschool Implementation, and the New Jersey Birth through Third Grade Framework for an Effective Early Learning System. Ultimately, the framework will contribute to enhanced coordination for instructional alignment and developmentally appropriate learning.

12. Improving Quality by Aligning Program Standards and Coordinating Professional Development for Programs Serving Children Birth Through 8 Years

a. Professional Development & Workforce Registry for ECCE providers

Indicators of progress regarding workforce development include the number of persons completing various early childhood education programs in New Jersey, certificates of eligibility, and professional development activities sponsored by Grow NJ Kids, and various statewide training partners. The Workforce Registry coordinates tracking for individuals in the early childhood workforce, provides training academy postings of statewide professional development and training opportunities, and provides DHS with data and information on workforce and training needs. DHS requires all contract agencies to post training via the Workforce Registry system. Key partners shared that the workforce registry could be strengthened by tracking opportunities statewide.

New Jersey maintains an integrated child care information system for providers (www.njccis.com). It includes information related to licensed child care centers, registered family child care providers, the NJ Workforce Registry and Grow NJ Kids.

Grow NJ Kids offers a series of trainings to assure that professionals have the knowledge and skills to promote optimal development.[120] The Statewide Training Academy, GNJK Training Services, is a collaboration between DHS and the Institute for Families at Rutgers School of Social Work. GNJK Training and professional development activities are provided in English and Spanish. Before the COVID-19 pandemic, GNJK Training Services were offered online and in person; however, during the pandemic, trainings shifted to be fully online. Completion of statewide trainings provides another current indicator of success; more than 27,834 providers participated in online trainings from 10/1/2021-9/30/2022 (Appendix C-29).

[119] New Jersey Department of Education, N.J.A.C. 6A: 13A, Elements of High Quality Preschool Programs, https://www.state.nj.us/education/code/current/title6a/chap13a.pdf
[120] Grow NJ Kids Training Services. Correspondence with NJ DHS on 4/28/2023.

b. Additional Considerations for Aligning Program Standards

Some key partners suggested a review of regulations that support credentialing to ensure alignment of curricula across settings to support growth and learning in child care centers and family child care homes. Some parents shared that it can be difficult to understand which curriculum and engagement strategies are being used at their child care and preschool setting. Parents also shared that they view early learning as more than compulsory education curricula, including how early learning settings are addressing gaps in children's socioemotional development and other developmental milestones like potty training. Other concerns parents raised included classroom ratios and how higher student-teacher ratios can negatively impact children's learning and development.

13. Identifying Issues Involving ECCE Facilities

Limited information exists regarding the quality of existing ECCE buildings and physical infrastructure.

A recognized challenge for DOE funded preschools is that New Jersey administrative code establishes a minimum of 950 net square feet of classroom space for each classroom, including in-district buildings, charter schools, licensed community provider sites, and Head Start (N.J.A.C. 6A:26**)**. Of the 950 square feet, 750 must be useable space and excludes storage, major equipment, and built in furnishings. Although required for DOE funded preschools, this allotment is not achievable in many areas with a shortage of rentable space.

State guidelines and licensing requirements as well as federal standards establish requirements for facilities. Licensed child care facilities must adhere to the regulations outlined in the *Manual of Requirements for Child Care Centers* and Registered Family Child Care Homes must adhere to the regulations outlined in the *Manual of Requirements for Family Child Care Registration* .[121,122] Furthermore, any center receiving payment through the Child Care Assistance Program (CCAP) must comply with the Child Care Development Block Grant (CCDGB) Reauthorization Act of 2014.[123] This law authorizes the Child Care Development Fund (CCDF)and outlines how federal funds will be used to provide financial assistance to low-income families to access child care.[122]

a. Innovative Efforts to Improve ECCE Facilities

New Jersey's Economic Development Authority (NJEDA) oversees the State's Child Care Facilities Improvement Program, which is part of the Child Care Revitalization Fund, passed by the New Jersey State Legislature and signed into law by Governor Murphy in July 2021. The purpose of the program is to provide grants to New Jersey child care providers for facilities improvements that will contribute to high quality early childhood learning environments.[124] The program also has five goals to support the quality and availability of high-quality child care and education: to support minority and women-owned businesses; to promote developmentally and age appropriate environments and support providers most impacted by the

[121] New Jersey Department of Children and Families, Office of Licensing, *Manual of Requirements for Child Care Centers,* 2017. https://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf.
[122] New Jersey Department of Children and Families, Office of Licensing, *Manual Requirements for Family Child Care Registration, 2017. https://www.nj.gov/dcf/providers/licensing/laws/FCCmanual.pdf*
[123] New Jersey Department of Human Services, Division of Family Development. Provider Eligibility for the Child Care Assistance Program. http://www.childcarenj.gov/Providers/Child-Care-Subsidy-Program-Requirements-and-CCDBG.aspx.
[124] https://programs.njeda.com/en-US/childcareFI/

COVID-19 pandemic; to support child care providers to provide infant-toddler care along with the expansion of Universal Pre-K; to engage providers to participate in Grow NJ Kids; and to target resources in Opportunity Zones and serve children receiving Child Care Assistance.

To support the goals and program purpose, NJEDA received $109.5 million in funding ($84.5 Million in ARP SLRF dollars and $25 million in state dollars as of June 2024). For Phase 1, NJEDA received 749 applications from child care centers across New Jersey that serve over 60,000 children and employ over 15,000 members of the vital early childhood workforce. 284 applications have been approved for $51 million in funding requests, representing 19 counties and serving over 17,000 children. The most commonly proposed projects across all applicants include improvements to playgrounds, bathrooms, flooring, and painting. Phase 2 will focus on improvement grants for registered home base providers and is expected to open in summer 2024.

Key partners suggested ongoing marketing and promotion for efforts related to improving ECCE facilities, including targeted information to inform parents about these efforts. Additionally, partners shared that these efforts, particularly the support and training that comes with facilities improvements, has been very helpful for child care directors.

14. Conclusion

New Jersey has made remarkable progress to develop a shared vision for its early childhood system. Especially noteworthy are New Jersey's enhanced commitments and investments in affordable high-quality child care and preschool, legislation and now implementation of universal home visiting, heightened efforts to promote maternal and infant equity, and coordinated efforts across sectors to understand and address the needs of the early care and education workforce.

New Jersey maintains strong commitment to systems integration in order to promote the delivery of high-quality, efficient and effective services for families with young children. Supporting collaborations between and across programs and services both supports systems integration and maximizes parental choice.

While the needs assessment identified many strengths, it also identified five priorities including: providing programs and supports for children in special circumstances; sustaining efforts for affordable child care and preschool; continuing investment in Connecting NJ; sustaining investment in NJ-EASEL; and supporting the early childhood care and education workforce. Ongoing revisions to the PDG B-5 strategic plan will identify new and continued opportunities to strengthen the early childhood system and supports for young children and families in New Jersey.