

***Prior Caregiving Arrangements of Young Children Entering
Pre-Kindergarten in Newark, NJ Public Schools in 2017***

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February, 2017

This report was completed with the generous support of [The Nicholson Foundation](#).



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Executive Summary

Parents of incoming PreKindergarten children in the Newark Public School System were asked about the caregiving arrangements of their children prior to age three. Information was collected at pop-up enrollment sites in the Summer of 2016 in five Wards and 185 families completed the brief survey. The predominant caregiving arrangement for this group of families was parents caring for their own children. This arrangement was primary across all five Wards and across all ethnic/racial groups. For families reporting use of non-parental caregivers, the most frequently cited caregiver was another family member indicating a reliance on informal or family, friend, and neighbor care. Differences emerged in caregiving arrangements relative to racial/ethnic groups with African-American families reporting a higher utilization of center-based care than Hispanic or Caucasian families. Further, survey respondents infrequently reported using family child care programs.

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Overview of Study Intent and Rationale

The purpose of the current study was to gather information from families in the Newark Public School System regarding the caregiving arrangements of their young children. Specifically, the study was designed to determine whether infants and toddlers were cared for at home by their families or in other caregiving arrangements prior to enrolling in pre-kindergarten. Using a convenient sample of families enrolling in the Newark Public School Pre-Kindergarten program in the summer of 2016, incoming families were asked about the type of care used for their child entering pre-kindergarten as well as the type of care for a younger sibling if applicable.

Caregiving arrangements are typically conceptualized as center-based or home-based. Center-based arrangements occur in community-based centers and programs and are typically licensed by the state. Home-based arrangements comprise a wide array of caregiving types from more formal family child care programs which are typically licensed or registered by the state to more informal arrangements whereby family, friends, or neighbors care for young children in home settings.

The National Center for Education Statistics indicates that more than half of children are cared for by non-parental caregivers (Loeb, 2016). In particular, infants and toddlers are increasingly being cared for in non-parental child care arrangements. Nationally, it is estimated that 46% of infants in the U.S. spend time in non-parental child care arrangements and that 23% of these arrangements are center-based (Mamedova and Redford, 2015). This finding highlights that many infants and toddlers are cared for in home-based settings – including family, friend,

and neighbor care and family child care programs. Further, when examining utilization of child care subsidy across the country, recent data suggest that 18% of children receiving child care subsidy are served in family child care and 3% of young children are cared by others in their own home (Office of Child Care, 2015).

Nationally, non-parental child care for infants and toddlers is a fast growing segment of child care delivery and families often report that accessing care for their infants and toddlers is a significant challenge (NACCRA, 2008). Families of infants and low-income families tend to report a preference for home-based child care rather than center-based care. Past research suggests that this preference stems from flexibility with scheduling and the capacity of the home-based provider to individualize care (Fuller et al., 2004; NICHD Early Child Care Research Network, 2004; Snyder & Adelman, 2004).

Historically, caregiving arrangements for young children have varied by race/ethnicity with African American and Caucasian children participating in early childhood programs at higher rates than Hispanic children. However, using data from the National Survey on Early Care and Education, Crosby, Mendez, Guzman & Lopez (2016) found that this gap appears to be closing. An important distinction in early childhood program participation in the Hispanic population rates appears to be whether the child is part of an immigrant household or U.S. born household. Hispanic children from immigrant households tend to participate in early childhood programs at lower rates than Hispanic families from U.S. born households. In this most recent analysis of national data, Hispanic infants and toddlers from immigrant households were enrolled in early childhood settings one-third of the time while African-American infants and toddlers from low-income neighborhoods were enrolled more than two thirds of the time. For those Hispanic infants and toddlers from low-income immigrant neighborhoods who are in early

childhood settings, approximately two-thirds of them are in home-based arrangements rather than center-based care. This caregiving pattern mirrors caregiving arrangements for low-income infants and toddlers in other ethnic groups. Another important distinction regarding caregiving arrangements for Hispanic families is the trend for immigrant families to be less likely to use familial home-based providers and more likely to use paid home-based care. This may be due to inaccessibility of relatives for immigrant families.

As the demand for infant and toddler care increases, so has our knowledge base regarding the importance of this unique developmental period. Multiple research studies have noted the significance of caregiving quality during the first three years of life (Shonkoff & Phillips, 2000; NICHD, 2002). High quality care has long-term impacts on the developmental trajectories of young children. National studies of child care have noted that infants and toddlers who receive responsive, attentive, and intellectually stimulating care have more positive social-emotional and cognitive outcomes and perform better in school. These effects are particularly important for low-income and high risk young children. Outcomes for this population suggest that high quality early care and education can lessen the impacts of negative risk factors as it relates to academic and social outcomes (National Scientific Council on the Developing Child, 2007).

Study Methods

In an effort to gather information from parents of young children in targeted neighborhoods in the Newark Public School System, brief one-page surveys were distributed at PreK Pop-Up Enrollment sites in the summer of 2016. During Pop-up Enrollment sites, school district personnel are available to enroll young children eligible for Pre-Kindergarten during the upcoming year. Pop-up sites are set up in neighborhood wards for designated periods throughout the summer. In the summer of 2016, these enrollment sites were made available to incoming

families during week-long enrollment periods. Surveys were made available at each Pop-Up Enrollment site, however, survey distribution was launched later than expected which resulted in minimal data collection in the first Pop-Up Site (East Ward). Table 1 lists each Ward included in the study along with the enrollment dates and the number of surveys received by Ward.

Survey questions asked parents/legal guardians about whether their child to be enrolled in pre-kindergarten was regularly cared for by anyone besides the parents or legal guardian. Respondents were then asked to identify the location of the care with options being home or somewhere else. Respondents were asked to select the caregiving arrangement that described the type of care the child received before turning three years of age. Four options were provided as well as an “other” selection that allowed respondents to write in their caregiving situation. The four caregiving options included cared for by family members, cared for by friends, cared for in a center care setting, and cared for in a family child care setting. Respondents were allowed to select all options that applied. Respondents were also queried regarding the presence of younger siblings. If younger siblings were present in the family, respondents were asked the same questions regarding the current caregiving arrangements of the younger sibling. The one-page survey was available in English and Spanish. Families who came to the enrollment sites in the summer were asked to complete the survey and school staff/student interns were available to assist with literacy issues if needed.

Across all sites, 185 surveys were completed and returned for analysis. The number of surveys completed varied by ward. While the East Ward had the least completed surveys it was likely due to timing of survey distribution. Few caregivers from the West Ward completed the survey and the reason for this smaller number is unknown.

Table 1. Data Collection Dates and Survey Responses by Ward

Ward	Summer Pop-Up Enrollment Dates	Number of Surveys Returned
East Ward	July 11-14	4
North Ward	July 18-21	76
Central Ward	July 25-28	37
South Ward	August 1-4	56
West Ward	August 8-11	12

Survey participants were diverse in both educational level as well as race. The majority (68%) of respondents identified themselves as African American/Black while 11% identified themselves as other and 9% of the sample identified themselves as White. In addition, 28% of the sample identified as Hispanic. Regarding educational level, 62% of the sample indicated that they had either some high school or had graduated high school, 25% of the sample indicated they had some college or had completed an associate’s degree, and 11% indicated they had a bachelor’s degree or higher. Table 2 presents demographic data of respondents by Ward.

Table 2. Demographic Information for Respondents by Ward

	East	South	Central	North	West	Total
Respondent Race/Ethnicity						
	(n=2)	(n=54)	(n=35)	(n=65)	(n=8)	(n=164)
African-American/Black	50%(1)	78%(42)	80%(28)	75%(49)	75%(6)	77%(126)
White	50%(1)	9%(5)	11%(4)	9%(6)	-	10%(16)
Asian	-	-	-	-	12.5%(1)	.5%(1)
Native American or Pacific Islander	-	-	-	-	12.5%(1)	.5%(1)
Other	-	13%(7)	9%(3)	15%(10)	-	12%(20)
	(n=4)	(n=56)	(n=35)	(n=74)	(n=12)	(n=181)
Hispanic	75%(3)	23%(13)	23%(8)	34%(25)	17%(2)	28%(51)
Non-Hispanic	25%(1)	77%(43)	77%(27)	66%(49)	83%(10)	72%(130)
Respondent Education Level						
	(n=4)	(n=56)	(n=36)	(n=73)	(n=11)	(n=180)
Some High	100%(4)	68%(38)	58%(21)	62%(45)	55%(6)	63%(114)

School or HS Grad						
Some College or Associate's Degree	-	27%(15)	31%(11)	22%(16)	36%(4)	26%(46)
Bachelor's Degree or Higher	-	5%(3)	11%(4)	16%(12)	9%(1)	11%(20)

Study Findings

Prior Caregiving Arrangements of PreK Child

Results indicate that the majority (66%) of incoming pre-kindergarten children were regularly cared for by their parents at home prior to turning three years of age. Of the 185 respondents, 63 parents (34%) indicated that their incoming pre-kindergarten child was regularly cared for by someone other than a parent prior to the child turning three years of age. See Table 3 for a presentation of this data by Ward. For the families who regularly relied on non-parental care, the location of the caregiving varied. Twenty-one parents reported that their child was cared for at home, 38 parents reported that their child was cared for in an out-of-home setting and four parents did not report the setting for their child's care. In addition to asking if children were cared for in the home or outside the home on a regular basis, families were queried about the type of non-parental care they used and this information is presented in Table 4. Families were allowed to check all caregiving types that applied. Of parents reporting use of non-parent care, 62 families reporting center use, 14 families reporting the use of friends, seven families reporting using family child care and an additional 17 families using "other" types of care. Table 4 presents the data for both groups by Ward.

Table 3. Reported Use of Non-Parental Care by Ward

Ward	Regularly Cared for by Others	Cared for Outside the Home
East Ward (n=4)	3 (75%)	1 (25%)
South Ward (n=56)	21(38%)	16 (29%)
Central Ward (n=37)	7 (19%)	4 (11%)
North Ward (n=76)	28 (37%)	20 (26%)
West Ward (n=12)	4 (33%)	2 (17%)
TOTAL (n=185)	63 (34%)	43(23%)

Table 4. Reported Type of Caregiving Arrangement by Ward

Ward	Cared for by Family Members	Cared for by Friends	Child Care Center	Family Child Care	Other
East Ward (n=4)	2	-	1	-	-
South Ward (n=56)	27	6	18	2	6
Central Ward (n=37)	22	-	9	1	8
North Ward (n=76)	40	7	30	3	3
West Ward (n=12)	10	1	4	1	-
TOTAL (n=185)	101	14	62	7	17

Examination of caregiving patterns by race/ethnicity indicate that all groups identified family as the predominant caregiving arrangement. Differences emerged relative to the use of center-based programs. Forty percent of African-American families reported using child care

centers while 20% of Hispanic families and 11% of White families reported using center-based child care. All three groups reported low rates of family child care use.

Caregiving Arrangement for Younger Siblings

Of the study participants, 25% reported that younger siblings (children younger than three years) were present in the home. The responses of families with younger siblings mirrored the caregiving arrangements of their preschooler with most siblings being cared for by family members (55%). The younger sibling data is presented in Table 5.

Table 5. Caregiving arrangements of Younger Sibling

Ward	Sample size by group	Younger Sibling?	Cared for by Family Members	Cared for by Friends	Child Care Center	Family Child Care	Other
East Ward	4	-	-	-	-	-	-
South Ward	56	16	8	1	3	1	3
Central Ward	37	8	4	-	1	-	3
North Ward	76	19	11	-	-	1	4
West Ward	12	4	3	-	1	1	1
TOTAL	185	47	26	1	5	3	11

Limitations

Results are limited for a variety of reasons. First, the initial surveys were distributed one week later than anticipated creating less opportunity to gather information from the East Ward area of Newark, NJ. More effort to collect information from this area in the future would assist in understanding caregiving arrangements for very young children in this area. Further, information was collected at PreK Pop-Up Enrollment sites which served as a convenient way to collect this information across the city. The benefit of this approach is that it provides recent relevant information from incoming families, however, findings from these surveys cannot be considered representative of all of families of young children in the five wards. Finally, survey

respondents may have differing perceptions of the term “family child care” which may have influenced their responses.

Synthesis and Conclusions

The majority of parents/ primary caregivers reported that their incoming Pre-Kindergarten child was cared for at home by parents during their first three years of life. This pattern of familial caregiving was the predominant arrangement in all of the Wards surveyed and across all racial/ethnic groups. This finding is consistent with national literature indicating early childhood program participation is significantly lower for infants and toddlers than preschoolers (Mamedova, Redford, & Zukerberg, 2015). Further, relying on familial caregivers was the primary pattern for non-parental caregiving with over one-half of families reporting using this type of informal care. Approximately 34% of the sample reported that their child spent some time in a child care center prior to three years of age. This finding is somewhat similar to national reports of infants participating in child care centers. Recent national data suggest that 23% of infants and 40% of 1-2 year olds are cared for in center-based settings (Mamedova, Redford, & Zukerberg, 2015). In regards to younger siblings of incoming Pre-Kindergarten children, caregiving arrangements were similar in that most children were cared at home with family members and the predominant caregiving arrangement for non-parental care being child care centers.

Supporting caregivers of infants and toddlers is crucial in supporting the healthy developing of young children. Findings from this survey suggest that interventions for families caring for their children at home, such as home visiting programs, could be particularly important for this population. Past research has noted the positive effect home visits can have on children’s developmental outcomes (HomVEE, 2016). In addition, these types of intervention

strategies can also be effective with informal caregivers, such as family, friend, and neighbor care. Prior research on family, friend, and neighbor care indicate that these informal caregivers are often interested in acquiring more information on health/safety/nutrition, child development, business and financial issues, and low-cost community resources and activities (Susman-Stillman & Banghart, 2011). However, informal caregivers tend to prefer small group delivery or other methods rather than traditional professional delivery methods used with licensed child care providers. Home visiting intervention models focused on parent-child interaction, developmentally appropriate practice and health and safety have also been found to be effective with this population (Susman-Stillman & Banghart, 2011). Given the predominance of this caregiving pattern in the families surveyed, investments in support strategies that target these populations seem particularly important.

Since approximately one-third of this sample received care in a center-based program during the infant-toddler period, it is also vital to ensure that quality improvement efforts, such as Grow NJ Kids, focus on the unique needs of infants and toddlers and supporting programs in to improve the quality of center-based care. Nationally, research shows that infant and toddler child care quality is generally rated as low to mediocre (Burchinal, Roberts, Nabors, & Bryant, 1996). More recent research in New Jersey indicates that infant-toddler center-based care is of moderate to good global quality with family child care programs rated of lower quality than their center-based counterparts (Alexandre, Makow, Jung, & Barnett, 2013).

In summary, collecting information from parents and families of young children provides insight into the variation of caregiving strategies used by PreK families which can inform future quality improvement efforts and investments. Findings from this survey highlight the need for

more focused attention on the quality of informal care as well as effective and accessible supports to parents caring for their young children

References

- Alexandre, J., Makow, N., Jung, K., & Barnett, W.S. (2013). *The State of Infant-Toddler Care and Education in New Jersey*. National Institute for Early Education Research.
- Burchinal, M. R., Roberts, J. E., Nabors, L. A., & Bryant, D. M. (1996). Quality of center child care and infant cognitive and language development. *Child Development*, 67(2), 606-620.
- Crosby, D., Mendez, J., Guzman L., & Lopez, M. (2016). *Hispanic children's participation in early care and education: Type of care by household nativity status, race/ethnicity, and child age*. National Research Center on Hispanic Children and Families.
- HomVEE, (2016). *Home Visiting Programs: Reviewing Evidence of Effectiveness*. OPRE Report 2016-73. http://homvee.acf.hhs.gov/HomVEE_Brief_2016_B508.pdf#Brief1. Accessed 1 February 1, 2017.
- Loeb, S. *Missing the target. We need to focus on informal care rather than preschool*. Evidence Speaks Report, 19(1). – Economic Studies at Brookings Institution.
- Mamedova, S., & Redford, J. (2015). *Early Childhood Program Participation, From the National Household Education Surveys Program of 2012*. National Center for Education Statistics. <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2013029rev>. Accessed 10 February 2017.
- Mamedova, S., Redford, J., & Zukerberg, A. (2015). Early Childhood Program Participation, From the National Household Education Surveys Program of 2012 (NCES 2013-029.REV), Table 1, from <http://nces.ed.gov/pubs2013/2013029rev.pdf>. Accessed 9 February, 2017.
- National Scientific Council on the Developing Child (2007). *The timing and quality of*

early experiences combine to shape brain architecture: Working Paper No. 5. Retrieved from www.developingchild.harvard.edu.

NICHD Early Child Care Research Network. (2002a) Child-care structure → process → outcome: Direct and indirect effects of child-care quality on young children's development.

Psychological Science, 13(3), 199-206.

Shonkoff J. P. & Phillips, D.A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

Susman-Stillman, A. & Banghart, P. (2011). *Quality in Family, Friend, and Neighbor Child Care Settings*. Child Care and Early Education Research Connections.