MERCED COUNTY

EARLY LEARNING & CARE NEEDS ASSESSMENT

Merced County Collaborative for Children and Families
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Merced County Collaborative for Children and Families, formerly known as the Merced County Local Child Care and Development Planning Council
Executive Committee of the Merced County Collaborative for Children and Families
First 5 Merced County
AspiraNet
Atwater Elementary School District
Building Healthy Communities – Health Equity Project
CASA of Merced County
Central California Alliance for Health
Dos Palos Joint Oro Loma Joint Unified School District
Los Banos Unified School District Preschool Programs
Love, Faith, Hope, Inc.
Merced City School District – Preschool Program and Youth Enrichment Program
Merced College Child Development Center
Merced County Behavioral Health and Recovery Services
Merced County Human Services Agency (HSA)
Merced County Office of Education (MCOE)/Early Education – ACCESS Child Care Subsidy Program
MCOE/Early Education – ACCESS Resource & Referral Program
MCOE/Early Education – California Preschool Instructional Network (CPIN)
MCOE/Early Education – Caring Kids
MCOE/Early Education, Early Head Start, and Head Start
MCOE/Early Education – Quality Counts! (QRIS – Quality Rating Improvement System)
MCOE/Early Education Administration
MCOE/Educational Services
MCOE/Special Education
Merced County Public Health Department
Sierra Vista Child Family Services
St. Paul Lutheran School and Preschool
UC Merced Early Childhood Education Center
WestEd

We especially thank Steve Tietjen EdD, Superintendent of Schools and Christie Hendricks, Assistant Superintendent Early Education for their leadership in early learning and care for Merced County. Special thanks to our external reviewers for this report: Amy Mello, Marie Pickney, and Gaye Riggs.

Individuals in the cover photo listed from left to right are Steve Tietjen EdD, Superintendent of Schools, Christie Hendricks, Assistant Superintendent of Early Education, Lee Lor, County Supervisor of District 2 Board, and John Magneson, Assistant Superintendent of Educational Services with family members.


The external evaluation team for this project was led by Stergios Roussos, PhD, MPH and Lorely Chavez from the Alliance for Community Research and Development (www.acrd.us). A copy of this report is available at https://www.mcoe.org/Pages/Home.aspx

For more information, please contact the Early Education Program Manager, staff for the Merced County Collaborative for Children and Families, operated by the Merced County Office of Education/Early Education Department, at 209-381-6719.
Section 1. Introduction

A Welcome from the Merced County Collaborative for Children and Families

The Merced County Collaborative for Children and Families began in 1991 as the “local child care and development planning council” (LPC) required of each county by the California Legislature. Through legislative approval (EC, Section 8499.3) the California Department of Education (CDE) authorizes LPCs as the legal entity for each county to “provide a forum for the identification of local priorities for child care and the development of policies to meet the needs identified within those priorities.” LPCs further support the Legislature’s request that “communities implementing new programs or initiatives, connect with existing program strategies and build upon existing local collaboratives, when possible, to provide a unified integrated system of service for children and families” (EC 54744). In 2018, the Merced County Local Child Care and Development Planning Council (LPC) adopted its new name to reflect better its role as a convener and coordinator of efforts to support children and families in Merced County.

The Merced County Collaborative for Children and Families, also known as the Collaborative, has a mission to improve outcomes with meaningful childhood experiences. The Collaborative structure represents a twenty-member organization where half of the members are appointed by the County Board of Supervisors and half of the members are appointed by the County Superintendent of Schools. There are five membership category areas: Child Care Providers, Community Representatives, Consumers, Public Agency Representatives, and Discretionary Public Members. Each Spring, an Executive Committee is identified and elected by members of the Collaborative. The Collaborative is staffed with a 40% full-time equivalent Program Manager. There are five committees created to address specific goals and stakeholder needs. These include Community Collaborations, Workforce/Professional Development, Family Engagement, Quality Rating Improvement System (QRIS, also known as Quality Counts!), and Data Subcommittee.

The Importance of Evaluating Our County's Child Care Need

The need for child care is evaluated at a population level to learn how all families may access early learning and care for their children. Evaluation results help us understand and prioritize child care resources for children and families. This assessment is also a chance to raise awareness of child care’s critical role in human and economic development. Quality early childhood experiences impact the success of children during childhood and throughout life. Parents, employees, civic leaders, and community members all play an important part in assuring that children have access to quality experiences. Decades of research demonstrates how early learning and care shapes us as individuals and its broader economic and social development of our communities.

Economic research worldwide shows that a community’s success in economic development is inseparable from its success in early learning and care. In the long run, more enriching opportunities early in life for more children increase the development of our future civic and business leaders. In the shorter term, the success of our community’s workforce depends on the availability of child care for working parents. Most parents cannot work while caring for their children. Parents do not work as well when their minds are worried about the safety and quality of their child’s care (Child Action, 2018; Reed, 2004). Companies lose billions of dollars due to lack of child care options for their employees with children (Montes, 2011; Reed, 2004; Shellenback, 2004). Successful companies find ways to support their employees' child care needs. Similarly, successful communities must find ways to support the child care needs of all families.

The CDE requires all LPCs to conduct a needs assessment of child care for their county at least once every five years or as funding permits. The Executive Committee worked with an external evaluation team and the broader Collaborative to conduct this assessment and prepare this report. This report will help to identify strategic objectives and activities in support of the Collaborative’s mission. We hope this report informs and inspires the support of early learning and care for all children in our community.

Sincerely,
The Executive Committee
Sheilah Brooks, Lamar Henderson, Patti Kishi, Samantha Thompson, and Danielle Waite
Section 2. Navigating the Report

Important Terms and Definitions

An orange box labeled “Terms & Definitions” is used to describe what something means and how it may matter to a section in the report. Two terms – early learning and care, and children – are defined here in greater length because of their specific meaning in this report.

Early Learning and Care

The CDE requires an assessment of “child care need.” In California’s legislative and professional fields involved with child care, the term “early learning and care” is used for what the general public may consider “child care.” The use of the term early learning and care matters because it points out that:

1.) Learning starts from the time we are born.
2.) Learning occurs in the context of care during childhood.
3.) Quality care emphasizes learning in all areas of development (e.g., social, emotional, cognitive).

Early learning and care calls attention to education that may occur formally (e.g., in school) and informally (e.g., natural play) during child care. The term represents over 60 years of research from all over the world that shows how mental, physical, and social development before we become five years old impacts EVERYTHING about us. This includes our early bonding with family, friends, and community; our success during school and early life decisions; and even our career and family outcomes 30-plus years later. Throughout the report, the terms “child care” and “early learning and care” are used interchangeably.

Children

The term “children” refers to the CDE age range for the assessment. This age range is birth through 12 years old, divided into three age groups:

1.) Infant and Toddler (0 through 2 years old, or 35 months),
2.) Preschooler (3 through 5 years old), and
3.) School Age (6 through 12 years old).

These age groups represent common developmental periods. This age range does not exclude children older than 12 from needing and benefitting from early learning and care. Some places in the report indicate when information was used for children older than 12 years.
The Complexity of the Early Learning and Care System

Early learning and care is more complicated than most people understand. Parents and caregivers know the difficulty of finding and paying for child care. However, many caregivers of young children do not know the various levels of quality of child care and other early learning experiences. The type of care available and how much it costs vary with many factors. For example, the amount of family income determines eligibility and priority for certain types of child care. Some of the costs of that care may be subsidized by governmental aid for families with lower income. Practices and policies of child care facilities may vary causing some duplication or overlapping of services. Differences in access and affordability may also lead to differences in the quality of child care. These and many other conditions affect the overall reporting of availability, access, and use of child care.

This report touches on some of these complexities to understand child care need. Section 4 . Estimation of Need lists specific challenges in calculating child care need. Key issues about the system of child care are discussed where appropriate to understand child care need. The report does not examine the fuller complexity of the child care and early education fields. Readers are invited to read more about these fields as related to understanding child care need. One of the more recent, comprehensive, yet shorter accounts of the complexity of the child care system is Understanding California’s Early Care and Education System (Melnick, Ali, Gardner, Maier, & Wechsler, 2017).

Sources of Information

This assessment examined both quantitative data (such as numbers and statistics) and qualitative data (such as narratives and stories). The sources of information are indicated with their respective data throughout the report and in the References section. Most of the data for this report came from one resource, the Early Learning Needs Assessment Tool (ELNAT), which is managed by the American Institutes of Research (AIR). LPCs use ELNAT through a paid subscription (negotiated by the California Child Care Coordinators Association) to prepare their needs assessment. The latest data in ELNAT was from 2016.

AIR does not collect the information in the ELNAT firsthand. Instead, the information comes from local schools, early childhood education (ECE) agencies, and state and federal agencies. Some examples include school districts, the U.S. Census, and the California Resource and Referral Network. The accuracy of ELNAT data is contingent on the primary source of data collection. The LPC and the external evaluation team checked and corrected information when possible. Concerns and cautions about data validity and reliability are made throughout the report.

Categories of Information

The CDE requires the assessment of specific information on child care, such as demand, supply and costs of early learning and care services. Each LPC can collect additional information to understand child care need within its community. Many sources of quantitative and qualitative information were used in the assessment. This assessment organizes this information to answer two questions.

1.) What is the child care need for children ages 0-12 years old in Merced County?
2.) What individual and community characteristics are important to understanding child care need in Merced County?
Four categories of information were identified to help to answer these two questions.

**Local Context.** What characteristics of Merced County’s people, geography, economy, and other conditions influence child care need? Information about the Local Context can help us see why and how some people and areas of our community may differ in their child care needs.

**Estimation of Need.** The information available and the calculations used to estimate child care needs are not simple. This section describes child care demand and supply and the logic of the calculation of child care need. The results help us to make more accurate conclusions about the potential unmet need for child care across age groups.

**Factors Influencing Care.** This section looks at two types of factors that influence the delivery of child care. First examined are specific experiences and characteristics of children that may require special attention, resources, or staffing. Second, we review the specific conditions of organizations necessary to address the needs of children and their families.

**Costs and Affordability.** Child care need is greatly influenced by how much care costs and a family’s ability to afford it. This section looks at differences in child care costs and financial requirements that affect child care need.

### Section 3. Local Context

#### Geography and Location

Geography and location influence child care need by their effect on where people live and work.

Merced County is centrally located in the state with access to two major interstate highways. The county footprint is wide with large pockets of land available for agriculture, other industry, and housing.

These factors contribute to several Merced County characteristics.

- Being one of the fastest growing populations in California (US Census, 2016 estimates),
- Ranking for greatest growth in manufacturing in the USA (Miller, 2015), and
- Consistently ranking in the top five most productive agricultural regions in the USA (Merced County Department of Agriculture, 2016).

<table>
<thead>
<tr>
<th>Table 1. Top Ten Commodities, Merced County, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Milk</td>
</tr>
<tr>
<td>2. Almonds</td>
</tr>
<tr>
<td>3. Chickens</td>
</tr>
<tr>
<td>5. Sweet Potatoes</td>
</tr>
</tbody>
</table>

*Data Source: Merced County Department of Agriculture, 2016 Report on Agriculture*
Diversity in the agriculture industry has spurred manufacturing including agriculture processing. Merced is one of the top processors of tomatoes in the world (UCCE Merced County, 2011).

Larger masses of less expensive land coupled with Merced County’s pro-business practices lead to Merced County’s motto as “the Other California.” The motto offers Merced County as the easiest place for business to thrive in California, one of the country’s most expensive and difficult states for businesses. An example of this is the growing number of businesses from the Bay Area and Silicon Valley (i.e., Google), opening satellite sites in Merced. An estimated 10,000 new jobs are projected by 2025 due to this influx. Few places in California offer easy transportation North-South and East-West to major markets, cargo airports and seaports, as is available in Merced County. Since its opening in 2005, the University of California (UC), Merced has been steadily adding thousands of new families with young children with faculty, staff and students. By 2016, UC Merced grew to become of Merced County’s top five largest employers.

Merced County’s unique geography and location are growing and diversifying its workforce. In turn, this is leading to an increase in the needs for child care among a diverse workforce. Many of the agriculture workers are immigrant and migrant with lower-paying wages, seasonal work and non-traditional care hours. Their families may require night and weekend work when child care services are less available. Many families working in this industry are primarily Spanish-speaking with limited English. Linguistic and cultural barriers may require child care staff who are bilingual and attentive to the cultural needs of the families they serve.

Employees in Merced’s large manufacturing and service sectors need care during common business hours (8am-5pm) as well as overnight and on weekends. The wide geographic area of Merced leads to many families seeking more affordable housing away from central areas near their work. For example, families working in the City of Merced or Castle Commerce Center may live 40 to 90 minutes away in Planada or Los Banos.

Families may lack stable transportation. Due to Merced’s limited public transportation, they may rely on infrequent and long bus rides to work. Parents facing these situations may seek child care that is closer to their home or to their work, so that they can reach their child faster in emergencies.

Companies experiencing growth in Merced County (such as Google, UC Merced and healthcare organizations) employ younger workers who have young children and are starting new families. These companies are highly dependent on quality child care to attract and retain employees.
Employment and Wages

Positive employment trends in Merced County follow the rest of the nation. The unemployment rate moved down from 8.2% in September 2016 to 5.9% in September 2018, the lowest in nearly 30 years (California Employment Development Department, 2018). Table 2 shows the top ten industries of employment in Merced County. Relative to California, the average wage in Merced County is lower across all industries.

Economic growth will continue to demand more and more diverse options for child care throughout Merced County. The Merced County Resource and Referral (R&R) is the county's leading agency to identify and help families find child care. R&R notes that most families are seeking child care because of needs related to employment. Of all the individuals who contacted R&R to find child care in 2016, the reasons for child care were:

- 54% for employment,
- 39% for school or training (preparing for employment), and
- 8% to find employment.

Lessons from Merced County Employers

The Greater Merced Chamber of Commerce contributed to the Needs Assessment by facilitating a focus group with Merced County businesses. Participants included owners and managers representing different industries (e.g., retail, manufacturing, agriculture, health, office/managerial). The focus group aimed to understand employer experiences, challenges, solutions, and recommendations regarding child care for their company and their business peers.

All employers in the focus group commented on the importance of child care for employee productivity and company success. Equally, all employers noted challenges with the lack of reliable child care, especially during non-traditional times and situations: outside 8am-5pm, weekends and holidays, and when children must stay home due to illness. Many of the participants recalled lessons as current and prior parents in need of child care. Three key lessons from the focus group:

- Employers know that employees face child care challenges and they help when they can, as by allowing flexibility in employee schedules. But usually, employees must deal with challenges on their own because employers are not responsible for child care.
- Employers do not understand why more options for child care are not available for employees, as for non-traditional times and situations. They hope child care providers can understand the needs of employers and employees with children.
- Employers welcome opportunities to learn more about how they can help their employees with child care.

Table 2. Top 10 Employment Sectors in Merced County with California Equivalent, Quarter 1 of 2017

<table>
<thead>
<tr>
<th>Industry</th>
<th>Merced County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Employees</td>
<td>Percentage</td>
</tr>
<tr>
<td>Office and Administrative Support Occupations</td>
<td>8,610</td>
<td>13%</td>
</tr>
<tr>
<td>Education, Training, and Library Occupations</td>
<td>8,400</td>
<td>13%</td>
</tr>
<tr>
<td>Sales and Related Occupations</td>
<td>5,940</td>
<td>9%</td>
</tr>
<tr>
<td>Food Preparation and Serving-Related Occupations</td>
<td>5,740</td>
<td>9%</td>
</tr>
<tr>
<td>Transportation and Material Moving Occupations</td>
<td>5,700</td>
<td>9%</td>
</tr>
<tr>
<td>Production Occupations</td>
<td>5,190</td>
<td>8%</td>
</tr>
<tr>
<td>Farming, Fishing, and Forestry Occupations</td>
<td>4,740</td>
<td>7%</td>
</tr>
<tr>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>2,830</td>
<td>4%</td>
</tr>
<tr>
<td>Management Occupations</td>
<td>2,650</td>
<td>4%</td>
</tr>
<tr>
<td>Installation, Maintenance, and Repair Occupations</td>
<td>2,370</td>
<td>4%</td>
</tr>
</tbody>
</table>

Data Source: State of California, Employment Development Department
Population Size, Age, and Gender

Between the years of 2015 and 2016, Merced County grew from 268,455 to 268,672 (American Community Survey, 2016). Merced County’s population is expected to grow from new births, employees moving to emerging industries, and due to the new students, faculty and staff with the expansion of the University of California, Merced.

Overall, the county’s population is young. The median age is 31 years old (American Community Survey, 2016). Compared to California, Merced County’s population has a greater proportion of youth. The largest population group in the county is ages 0-17 years old (24%). These statistics suggest a high child care need. Table 3 shows the projected growth of Merced County will continue to steadily grow, especially by 2030 (Department of Finance, 2018).

![Figure 1. Distribution of Population by Age Groups and Gender, Merced County, 2016](image)

**Table 3. Population Projected Growth, Merced County, 2016-2030**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>0-2 years</td>
<td>12,367</td>
</tr>
<tr>
<td>3-5 years</td>
<td>12,862</td>
</tr>
<tr>
<td>6-12 years</td>
<td>31,928</td>
</tr>
</tbody>
</table>

*Data Source: State of California, Department of Finance, Projections, 2018*
Ethnicity, Race and Language

Merced County is home to 151,000 Latinos (57%), 78,100 White/Caucasian (30%), 19,800 Asian (8%), 8,902 Black/African American (3%), and 4,979 who are two or more ethnicities (2%) (American Community Survey, 2016). Of the Asian population, the majority identify themselves as Hmong, a Southeast Asian ethnicity from Laos that was resettled in the USA after assisting the USA during the Vietnam War. Merced County is home to one of the largest Hmong populations in the United States.

The most common spoken languages of the general population other than English is Spanish (104,010 speakers), Portuguese (4,636 speakers), Hmong (4,625 speakers) and a few South Indian languages such as Punjabi (4,492 speakers). Language can be a barrier for non-English speaking populations with limited English proficiency. For example, families who do not speak English or have limited English proficiency may choose to have their child care provided by their grandparents or other license-exempt care friends or family who speak their language.

![Figure 2. Ethnicity of Merced County General Population, 2016](image-url)


*Percentages may be over 100% due to individuals being counted more than once.

California’s racial and linguistic diversity requires child care settings that foster and celebrate diversity and provide culturally sensitive services. Ethnicity and race also are important factors for understanding child care. California’s San Joaquin Valley: A Region and its Children Under Stress (January 2017) states that approximately 57% of black children under six live in poverty. The report further states, “Before entering school, poor children and children of color are more likely to be exposed to violence and trauma negatively impacting psychosocial development and learning readiness. Once in school, these same children are more likely to be subject to punitive disciplinary practices than their more advantaged peers...” Exposure to trauma often results in anxiety and manifests into behaviors that interfere with learning. The San Joaquin Valley report states, “when trauma-induced behaviors are treated as disciplinary problems, low-income children and children of color, who face greater exposure to trauma, are more likely to be punished.” Often, the punishment for children of color is harsher than white students for the same infringement. The report notes that in Merced County, approximately 39% of African American children were suspended for willful defiance in 2014-15. This is astonishing. Early intervention is essential in addressing this disparity.
**Education Level**

Only 25% of Merced County's population who are older than 25 years have attained a high school education or general education diploma (GED) or a greater degree (American Community Survey, 2016). While this is a higher percent than California’s overall at 20%, it continues to be a contributor to lower-wage employment and lower family income. Furthermore, only 32% of Merced County high school graduates complete A through G requirements needed to enroll in 4-year universities (Ed Data, 2015). Only 14% of Merced County individuals hold a bachelor’s degree compared to the state average of 20% (American Community Survey, 2017). One reason for this is noted to be due to degree holders leaving Merced County for opportunities outside of Merced County.

The education level of the population is important because it influences employment and income, both key factors in the use, access and affordability of child care. For example, the estimated income for people with a high school degree or equivalency in 2016 was $25,157 or higher compared to only $16,054 or lower without the degree (American Community Survey, 2016). A parent’s educational level may be one of the most important predictors of a child’s early development and later educational and occupational success. One of the longest studies of the influence of parent education on early learning and care found that parent education level during childhood continues to predict children's educational and occupational outcomes 40 years later (Dubow, Boxer, & Huesmann, 2010).

Among the most consistent research findings is that higher parental education level (high school diploma or equivalent, or higher level) predicts a child’s early and later literacy. This influence has been a direct result of parent knowledge and skills related to literacy. Less direct influences, such as the number of books at home and literacy activities also influence child literacy. A higher level of parental education (especially high school diploma or equivalency) is a predictor of enrollment in high-quality child care (Reese, Sparks, & Leyva, 2010). Potentially lower educational attainment of parents in Merced County may influence the number of parents who understand, support and seek the long-term benefits from high-quality child care for their children.

**Figure 3. Education Attainment Among People 25 and Older, Merced County, 2016**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Merced County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate</td>
<td>0.8%</td>
<td>1,165</td>
</tr>
<tr>
<td>Professional</td>
<td>0.8%</td>
<td>1,238</td>
</tr>
<tr>
<td>Master’s</td>
<td>3.2%</td>
<td>4,956</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>8.9%</td>
<td>13.7k</td>
</tr>
<tr>
<td>Associate’s</td>
<td>7.2%</td>
<td>11.1k</td>
</tr>
<tr>
<td>Some College</td>
<td>22.6%</td>
<td>34.6k</td>
</tr>
<tr>
<td>High School</td>
<td>25.2%</td>
<td>38.9k</td>
</tr>
<tr>
<td>Some H.S.</td>
<td>12.0%</td>
<td>18.5k</td>
</tr>
<tr>
<td>Less than H.S.</td>
<td>14.9%</td>
<td>22.9k</td>
</tr>
<tr>
<td>None</td>
<td>4.5%</td>
<td>6,932</td>
</tr>
</tbody>
</table>


*Percentages may be over 100% due to individuals being counted more than once.
**Income Level**

Family income is among the strongest predictors of a child’s early and later success personally, academically, and professionally. While children from lower-income families are as likely or more likely to benefit from early learning and care, they are less likely to be enrolled in early learning and care programs that emphasize educational and enrichment activities (Cunha & Heckman, 2006). Those living under the federal poverty level in Merced County make up 51% of residents, with 43% of children living in poverty (one of the top five highest rates in California).

Family income is one metric described in the next section to determine eligibility for financial aid through government-subsidized child care services. Median income important because it represents the income level of the middle or 50% of the population. Household income represents the income of two or more people (one of whom is the householder) related by birth, marriage, or adoption residing in the same housing unit. In lower-income communities such as Merced County, the median household income may be a more accurate representation of what most families’ earn compared to the mean or average income. This is because in lower-income communities families may share one home and the high income of a smaller number of families may skew the representation of what most families earn.

![Figure 4. Median Household Income by Race, Merced County, 2016](image)

**Data Source:** American Community Survey, 5-Year Population Estimates, 2012-2016 Graphed by Statistical Atlas

*Percentages may be over 100% due to individuals being counted more than once.

The median income of Merced County residents is $30,000 a year with a median household income of $47,739 for a family of four (two adults and two children). Merced County median income among racial groups are significantly lower than the California State averages for every racial group (shown in Figure 4). With lower incomes, too many families cannot afford early learning and care services. The high percentage of families with low income in Merced County may critically influence access to high-quality child care programs and services.
Section 4. Estimation of Need

The CDE and agencies contributing data for the Needs Assessment (e.g., AIR, Kids' Data) recommend various ways to calculate a community's child care need. What is common across these calculations are two variables and the criteria within these variables.

The first variable for calculating child care need is “age group” using the ELNAT definition of child age groups provided earlier in this report. Each age group represents a developmental stage that requires developmentally appropriate early learning and care.

- **Infant and Toddler** is the age group of children 0 to 2 years old. Children in this age group are going through the fastest and greatest development in their life. The amount of time and the quality of interactions a child has with caregivers and parents directly predict success in education and throughout their life. Early learning and care for infants and toddlers requires greater attention, resources, and costs than that of any other age group.

- **Preschool** is the age group of children 3 to 5 years old. Children in this age group continue their rapid physical, mental, and social-emotional development. Their greater mobility allows them greater interaction with their environment and with others. Preschool Age children begin to understand how to interact with peers and how to develop friendships that may last their entire lives. During this age, there is a sense of more independence in the child, which allows for flexible child care options.

- **School Age** is the group of children 6 to 12 years old. Children in this age group usually begin their formal education starting with transitional kindergarten and kindergarten, in-home school, or in a public or private facility. Environments and activities that promote their curiosity and creativity can establish lifelong habits for learning and success in school and life. Child care for most School Age children requires supervised, structured activities before school, after school and during non-school hours. Note that the School Age group represents a range of seven years, over twice the number of years represented in the other age groups. Please consider the larger number of children in this age group in any interpretations of child care need.

The second variable used in calculations of child care need is “income eligibility” for governmental subsidies for child care services. Publicly funded agencies use specific levels of income (thresholds) to determine whether a family’s child care can be partially or fully funded by state or federal government funds. Services supported by this funding are called “subsidized.” The exact income threshold depends on criteria determined by the state. In this situation, “low income” is defined as 70% of the state median income (SMI) in 2016 adjusted for family size. For example, a family with one to two children would be eligible for full- or part-time preschool subsidized with state funds if its income is less than or equal to $4,030 per month. Parent employment, enrollment in school, and seeking employment are common criteria used to determine eligibility for subsidized child care services. CDE posts past and current state eligibility guidelines here: [https://www.cde.ca.gov/sp/cd/ci/smi.asp](https://www.cde.ca.gov/sp/cd/ci/smi.asp).
In this report, we calculate the **NEED** separately for each **age group** across **income eligibility** status using this formula:

\[
\text{NEED} = \text{DEMAND} - \text{SUPPLY}
\]

**DEMAND** is the number of children who are “eligible” for child care.
All children are eligible for or demand child care. All children need some type of child care at some point in their life.

**SUPPLY** is the number of “children enrolled” in early learning and care program “slots.”
A slot indicates space and staffing available in a program to enroll at least one child.

This simplicity of this calculation can mislead one to assume that it is easy to determine how many children in a community need child care. However, several challenges interfere with the accurate measurement of **demand** for and **supply** of child care which affects the accurate estimate of child care need. The following challenges are important to understand when interpreting child care need in this report.

**Calculation Challenge 1. Definitions of “demand” may be too narrow.**

Many assume that only parents who work or attend school need child care. Unemployment (and job seeking), illness, disability, travel or other reasons may exist for parents not working but whose children demand child care. The absence of a national policy for paid family leave also leads many parents to quit or lose their employment in order to care for their child. These are some situations when children may be receiving care from a parent and not counted in the demand for child care. **Counting all children “eligible” for child care may provide a more accurate measure of demand for child care.**

**Calculation Challenge 2. Definitions of “supply” vary.**

Different child care programs may differ in how they measure their supply of services. One approach is to count the number of slots in a program. One slot ensures that at least one child can be served. Also, state laws guide the number of slots one location may provide depending on its available space and staffing.

In practice, one slot in a program or service may serve more than one child. For example, a child who only needs care during mornings and a child who only needs care in the afternoons can utilize the same slot. Counting slots may lead to an underestimate of a community’s child care supply.

A different approach can overcome this problem. **Child care supply can be measured as the number of children enrolled in or being served by each child care program or service.** Yet, one child may occupy one slot in multiple programs or services. For example, the same child may be in a slot located in a licensed child care center in the day and later that evening move to a slot in a license-exempt home.

Calculating supply by the number of children enrolled or served may result in multiple counts of the same children and an overestimate of child care supply. Although this approach may overestimate supply, it is assumed not to happen as often as one slot serving multiple children. Therefore, child enrollment may be a more accurate indicator of child care supply.
Calculation Challenge 3. License-exempt child care supply is difficult to count.

License-exempt child care providers do not require a state license to legally provide services. These providers include family members (e.g., parents, grandparents, and other family members) and non-relatives (e.g., friends, neighbors, babysitters, nannies, parent cooperatives). Sometimes they are referred to as Family, Friends and Neighbors or FFN. They may provide care to children of one family other than their own. License-exempt child care usually occurs in someone’s home although it may occur in a church, business, or other community-based organization. Many parents prefer a relative or friend to care for their children; particularly, families with cultural and linguistic traditions and practices relating to parenting. Research estimates subsidized license-exempt chid care to represent 32% to 55% of the overall child care market (Sandstrom et al., 2018).

The absence of a license to provide child care makes it difficult to document and count license-exempt child care. Some types of license-exempt child care providers are subsidized by governmental funds. This enables these providers to be counted in the Needs Assessment. Family (e.g., sibling, great aunts/uncles), friends and neighbors who provide child care must register with the state service TrustLine if they wish to allow their low-income clients to receive a subsidy to pay for their license-exempt child care. This registration also allows these license-exempt providers to be counted in the Needs Assessment. However, caregivers who identify as an aunt, uncle, and grandparent related by blood to the child, by marriage or court decree are exempt from registering with TrustLine likely not counted as part of Merced County’s child care supply.

Calculation Challenge 4. Measurement of participation in early learning and care services is passive.

The examples shared so far illustrate the challenges of not having a coordinated, active method to count all child care slots and all children enrolled in those slots. Communities rely on data collected by the Census, schools, and other sources. This secondary data collection is also known as passive measurement. This means information is available to be counted when it is volunteered or provided by an agency, rather than proactive measurement of information. Child care data is often untimely because it is collected for purposes other than a child care Needs Assessment. For example, the latest 2016 data available in the ELNAT was available for use in the Needs Assessment as of June 2018.

These and other challenges reduce the accuracy of the count of the number of slots and children enrolled in those slots.
Calculating Demand

The number of children in the county drives the demand for child care. Merced County has 57,164 children between the ages of 0 through 12 years (American Institutes for Research, 2016). Just over 1 in every 5 people living in the county is a child who may need care at some point. The proportions of children in the county across the three age groups listed in Figure 5 are similar to those of California which are 21% Infant & Toddler, 21% Preschool, and 57% School Age.

As noted earlier, family income is important for calculating demand because it can predict enrollment in child care and because it is used as a criterion for determining governmental subsidies for child care. The demand for ECE across each age group is examined for three categories or types of family income available for analysis from the ELNAT.

1.) Working families is a category that includes families of all income levels where all parents are working (includes 1- and 2-parent families). “Working” is defined as being employed, enrolled in education or training, or both.

2.) Low-income families is a category that includes families with a household income under 70% of the state median income (SMI). SMI is an income threshold for subsidized early learning and care. The threshold for subsidized care is adjusted for the number of members in a family. For example, a family with two adults and one to two children would be eligible for full- or part-time preschool subsidized with state funds if its income is less than or equal to $4,030 per month.

3.) Working, low-income families is a category that includes families where all parents are working and the family income is under 70% of SMI.

These three types of family income are not mutually exclusive. It is important to keep in mind that one child may be in more than one family income category. For example, a child may live in a working family that is earning a low income and be counted in at least two family income categories. Caution should exist when making assumptions about children and families within each income type.
Table 4 shows how demand for early learning and care services within each age group may vary across these three categories of family income. After accounting for the number of years in each age group (i.e., Infant & Toddler and Preschool groups each represent 3 years whereas School Age represents 7 years), the demand for child care is among the greatest for infants and toddlers in all income categories. When looking at All Age Groups (combined), the greatest demand for child care is among children in low-income families.

<table>
<thead>
<tr>
<th>Table 4. Estimate of Child Care Demand: Distribution of Children Across Age Groups and Family Income, Merced County, 2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Children in County</strong></td>
</tr>
<tr>
<td>All Age Groups</td>
</tr>
<tr>
<td>% of All Age Groups</td>
</tr>
<tr>
<td>Children in Low-Income Families</td>
</tr>
<tr>
<td>% of All Age Groups</td>
</tr>
<tr>
<td>Children in Working Families</td>
</tr>
<tr>
<td>% of All Age Groups</td>
</tr>
<tr>
<td>Children in Working, Low-Income Families</td>
</tr>
<tr>
<td>% of All Age Groups</td>
</tr>
</tbody>
</table>

NOTE: Categories of family income are not mutually exclusive. Within any age group, children may be counted in more than one type of family income.

In 2016, 30% of children ages 0-12 (16,946) in Merced County lived in a single-parent family with that parent in the workforce, compared to 26% for California (Resource & Referral Network, 2017). Slightly fewer, 25% (14,439) children lived in a two-parent family with both parents working, compared to 38% for California. Both situations indicate an urgent demand for child care by working families. Together, these figures represent 31,385 children ages 0-12 (55%) who very likely need some child care at some point during their day due to their parents working regardless of family income.
Calculating Supply

Supply Based on Slots
One estimate of the supply of child care is the number of slots within child care programs. Table 5 describes the number and type of slots available in Merced County for licensed facilities. Full-time care represents a slot occupied by a child for 30 or more hours per week. Part-time care is less than 30 hours per week. It is important to remember that one slot may serve more than one child and that the same child may be enrolled in more than one slot across types of child care programs. Also, while new facilities may open (e.g., center- and home-based), the number of slots may not grow quickly because there are legislative restrictions on staff-to-child ratios and on the number of children served according to the size of a facility. Therefore, the number of slots described in Table 5 may be considered as a conservative estimate of the number of physical spaces that can serve children across the available licensed facilities.

<table>
<thead>
<tr>
<th>Table 5. Estimate of Child Care Supply: Slots in Licensed Child Care Facilities, Merced County, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-time and Only Full- Only Part- Total</strong></td>
</tr>
<tr>
<td>Part-time Slots</td>
</tr>
<tr>
<td>Slots for Licensed Child Care Centers (79 Centers)</td>
</tr>
<tr>
<td>Slots for Licensed Family Child Care Homes (198 Homes)</td>
</tr>
<tr>
<td>Total Licensed Slots Available</td>
</tr>
</tbody>
</table>

Data on slots are from the California Child Care Resource and Referral Network 2017 Report (for 2016 data). Data on the number of facilities (Centers and Homes) are from AIR ELNAT.

Conservatively without regard to family income, 5,076 slots exist in licensed facilities to serve 11,792 children ages 0-5 living in a family where all parents (single or dual) are working (just over two children per slot). The challenge to count the exact number of children served by these licensed facilities is suggested by the high number of slots that are indicated as serving both full-time and part-time child care. For example, the same child may receive care in different part-time slots across types of licensed facilities.

These statistics do not reflect some information that is critical for parents to access these slots. For example, how well do the available slots serve the needs of parents’ work or school schedules, especially if they must drop-off or pick-up their child outside traditional 8 am to 5 pm working hours? The R&R Report (2016) indicates that among all licensed facilities in Table 5, 54% for Licensed Family Child Care Homes offer evening, weekend or overnight care (0% of Child Care Centers do so). Information is not available on the number of facilities that provide care during emergencies as when a parent is sick or otherwise unavailable to care for their child appropriately. As noted earlier, some license-exempt providers may be counted but information is not available on the number of license-exempt slots that are full-time, part-time, and during non-traditional hours.
Supply Based on Enrollment

The estimate of child care supply based on “child enrollment” includes participation in licensed care that may be income-eligible for a subsidy and care that is not contingent on income for a subsidy (i.e., Transitional Kindergarten and ASSETS school-based, after school programming). Transitional Kindergarten (TK) began in 2012 as a state-funded program provided by all public schools. Enrollment in TK is optional. To enroll, children must have their fifth birthday between September 2 and December 2. The emergence of TK affects the count of children in the Preschool and School Age groups. Children who enter TK as 4-year olds are accounted for in the School Age category. However, since state law does not require TK, 4-year old children who are not in TK are counted in the Preschool age group.

One child may be counted in more than one service or program listed in Table 6. CalWORKs Stage 1 is part of California’s Welfare to Work program that requires parents receiving CalWORKs to get training and find jobs. Subsidies can be used for licensed or license-exempt care to allow parents to work or go to school. A family may be served in Stage 1 for up to 24 months or until the family’s work and child care become stable. Families can remain in Stage 1 if there is not sufficient funding in Stages 2 and 3.

Table 6. Estimate of Child Care Supply Based on Enrollment in Child Care Programs that Are and Are Not** Eligible for a Subsidy, Merced County, 2016

<table>
<thead>
<tr>
<th>Number of Children Eligible</th>
<th>Infant &amp; Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA State Preschool (CSPP, Title 5) Full-Time</td>
<td>10,402</td>
<td>9,411</td>
<td>22,798</td>
<td>42,611</td>
</tr>
<tr>
<td>CA State Preschool (CSPP, Title 5) Part-Time</td>
<td>-</td>
<td>345</td>
<td>-</td>
<td>345</td>
</tr>
<tr>
<td>General Child Care/Dev (CCTR. Title 5)</td>
<td>61</td>
<td>20</td>
<td>82</td>
<td>163</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>323</td>
<td>-</td>
<td>-</td>
<td>323</td>
</tr>
<tr>
<td>Head Start</td>
<td>-</td>
<td>1,083</td>
<td>-</td>
<td>1,083</td>
</tr>
<tr>
<td>Migrant Head Start</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Migrant (CMIG)</td>
<td>56</td>
<td>49</td>
<td>0</td>
<td>105</td>
</tr>
<tr>
<td>CalWORKs Stage 1</td>
<td>378</td>
<td>594</td>
<td>472</td>
<td>1,444</td>
</tr>
<tr>
<td>CalWORKs Stage 2</td>
<td>111</td>
<td>165</td>
<td>156</td>
<td>432</td>
</tr>
<tr>
<td>CalWORKs Stage 3</td>
<td>15</td>
<td>33</td>
<td>80</td>
<td>128</td>
</tr>
<tr>
<td>Alternative Payment</td>
<td>178</td>
<td>191</td>
<td>269</td>
<td>638</td>
</tr>
<tr>
<td>After School Programs (ASSETS)**</td>
<td>-</td>
<td>220</td>
<td>2,202</td>
<td>2,222</td>
</tr>
<tr>
<td>Transitional Kindergarten (4 &amp; some 5-year-olds)**</td>
<td>-</td>
<td>928</td>
<td>-</td>
<td>928</td>
</tr>
<tr>
<td>Total Number of Children Enrolled (Estimated Supply)</td>
<td>1,646</td>
<td>5,689</td>
<td>3,585</td>
<td>10,920</td>
</tr>
</tbody>
</table>

Data Sources: American Institute for Research Early Learning Needs Assessment Tool, American Community Survey, 2016. **Percentages may be over 100% due to individuals being counted more than once.

If supply of child care is estimated based on child enrollment in services, the figures in Table 6 suggest that the least supply exists for the Infant & Toddler age group (adjusted for the number of years in the age groups) and the greatest supply exists for children in the Preschool age group.
Calculation of Unmet Need

The information from the tables describing demand and supply (Table 4 and Table 6, respectively) was used to calculate an estimate of Merced County's child care need. Calculations were made for each age group across two types of family income. Calculating child care need for low-income families and working families allows a view of how income may influence child care need. The estimates of unmet need are based on the limitations in over- and under-counting discussed earlier. Table 7 describes the steps for the calculations, including data sources used for each step. Calculations were conducted separately for each age group.

One additional calculation was conducted to understand the child care need for different standards of care quality. This approach was adopted from the American Institutes for Research (AIR). The emergence of a standard of care quality is likely the result of California's recent focus on quality commonly referred to as Quality Counts California. This focus emerges from the Race to the Top Early Learning Challenge grant in 2012 and subsequent state investments (e.g., California State Preschool Block Grant, Migrant Block Grants, Infant/Toddler Block Grants by CDE, and IMPACT by First 5 California). Child care need was calculated separately for enrollment in child care that met Title 5 standards for quality compared to care that did not meet Title 5 standards. Programs that meet Title 5 standards include the State Preschool Program, other Title 5 programs (e.g., Head Start), and TK.

Table 8 describes the various programs and standards to understand the variability in quality among programs. Please note that Table 8 shows the minimum state and federal standards used to calculate quality of care in this report. Many Merced County child care facilities exceed these minimum standards.

Table 7. Steps to Calculate Merced County Early Learning and Care Need (Same for Each Age Group)

<table>
<thead>
<tr>
<th></th>
<th><strong>Demand:</strong> Number of Children in Age Group by Family Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Number of Children in Low-Income Families (with income &lt;70% SMI)</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Supply:</strong> Child Enrollment in Early Learning and Care Programs and Services</td>
</tr>
<tr>
<td></td>
<td>A. Enrollment in early learning and care Not Tied to Family Income</td>
</tr>
<tr>
<td></td>
<td>Number of Children Enrolled in Any Licensed Care</td>
</tr>
<tr>
<td></td>
<td>Licensed Child Care Centers</td>
</tr>
<tr>
<td></td>
<td>Licensed Family Child Care Homes</td>
</tr>
<tr>
<td></td>
<td>B. Enrollment in Other Early Learning and Care Not Tied to Family Income</td>
</tr>
<tr>
<td></td>
<td>License-Exempt Care</td>
</tr>
<tr>
<td></td>
<td>Transitional Kindergarten</td>
</tr>
<tr>
<td></td>
<td>Grade School After School Programs</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Total Early Learning and Care Supply = 2A + 2B</strong></td>
</tr>
<tr>
<td>4.</td>
<td><strong>Need = Demand (1) – Supply (3)</strong></td>
</tr>
</tbody>
</table>
Table 8. Child Care Programs and Minimum State and Federal Standards for Quality

<table>
<thead>
<tr>
<th>Program</th>
<th>Minimum State and Federal Standards for Quality</th>
</tr>
</thead>
</table>
| Transitional Kindergarten     | • Teachers must have a teaching credential  
• Teachers first assigned to a TK classroom after July 1, 2015, must also have one of the following by August 1, 2020:  
  – At least 24 units in early childhood education, or childhood development, or both  
  – As determined by the local education agency (LEA) employing the teacher, professional experience in a classroom setting with preschool-age children that is comparable to the 24 units of education described in the bullet above  
  – A child development teacher permit issued by the California Commission on Teacher Credentialing (CTC) | |
| Head Start                    | • Staff-child ratio of 1:10 for 4-year-olds; 1:8.5 for 3-year-olds  
• 50 percent of teachers must have a bachelor’s degree (BA); 50 percent of associate teachers must have an associate degree (AA). | |
| Title 5 General Child Care    | • Must meet health and safety requirements monitored by the state  
• Must include developmentally appropriate activities (as defined in Title 5 regulations)  
• Staff-child ratio of 1:8 for 3- to 5-year-olds  
• Child Development Teacher Permit OR 24 units of ECE/CD and 16 units of general education | |
| CalWORKs (all stages)         | • Centers and FCCHs must meet health and safety requirements monitored by the state. License-exempt providers must self-certify that they meet modified health and safety standards.  
• Teachers in centers must hold a Child Development Associate Credential (or complete 12 units in ECE/CD). License-exempt and FCCH providers are not subject to credential requirements.  
• Staff-child ratio for centers is 1:12 for 2- to 5-year-olds | |
| Alternative Payment           | • Same as for CalWORKs programs | |
| Migrant and Severely Handicapped | • Generally, the same as for general child care, with certain additional programmatic components specific to special populations of children served | |

Figures 6 and 7 and Tables 9 and 10, respectively, illustrate the results from these calculations for low-income families and for working families. Working families may or may not be eligible for subsidized care (which is determined by eligibility criteria set by Title 5).
Table 9. Calculation of Unmet Need for Low-Income Families (Title 5 Eligible), Merced County, 2016*

<table>
<thead>
<tr>
<th>Meets Title 5 Standards</th>
<th>Infant &amp; Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>“ -</td>
<td>10,402</td>
<td>9,411</td>
<td>22,798</td>
<td>42,611</td>
</tr>
<tr>
<td>Yes: CA State Preschool (CSPP, Title 5) Full-Time</td>
<td>-</td>
<td>345</td>
<td>-</td>
<td>345</td>
</tr>
<tr>
<td>Yes: CA State Preschool (CSPP, Title 5) Part-Time</td>
<td>-</td>
<td>1,537</td>
<td>-</td>
<td>1,537</td>
</tr>
<tr>
<td>Yes: General Child Care/Dev (CCTR, Title 5)</td>
<td>61</td>
<td>20</td>
<td>82</td>
<td>163</td>
</tr>
<tr>
<td>Yes: Early Head Start</td>
<td>323</td>
<td>-</td>
<td>-</td>
<td>323</td>
</tr>
<tr>
<td>Yes: Head Start</td>
<td>-</td>
<td>1,083</td>
<td>-</td>
<td>1,083</td>
</tr>
<tr>
<td>Yes: Migrant Head Start</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Yes: Migrant (CMIG)</td>
<td>56</td>
<td>49</td>
<td>0</td>
<td>105</td>
</tr>
<tr>
<td>No: CalWORKs Stage 1*</td>
<td>378</td>
<td>594</td>
<td>472</td>
<td>1,444</td>
</tr>
<tr>
<td>No: CalWORKs Stage 2</td>
<td>111</td>
<td>165</td>
<td>156</td>
<td>432</td>
</tr>
<tr>
<td>No: CalWORKs Stage 3</td>
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<td>33</td>
<td>80</td>
<td>128</td>
</tr>
<tr>
<td>No: Alternative Payment</td>
<td>178</td>
<td>191</td>
<td>269</td>
<td>638</td>
</tr>
<tr>
<td>No: After School Programs (ASSETS)</td>
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<td>2,222</td>
</tr>
<tr>
<td>Yes: Transitional Kindergarten (4 &amp; some 5 year-olds)</td>
<td>-</td>
<td>928</td>
<td>-</td>
<td>928</td>
</tr>
</tbody>
</table>

Calculations for All Programs

- Participating in Any Care: 1,646
- % Participating in Any Care: 16%
- NOT Participating in Any Care: 8,756
- % NOT Participating in Any Care: 84%

Calculations for Title 5-Standard Programs

- Participating in Any Care: 440
- % Participating in Any Care: 4%
- NOT Participating in Any Care: 9,962
- % NOT Participating in Any Care: 96%

Data Sources: American Institute for Research Early Learning Needs Assessment Tool, American Community Survey, 2016; CalWORKs RR, ASSETS MCOE

*Percentages may be over 100% due to individuals being counted more than once.
Figure 7. Unmet Need for Children in Working Families*, Merced County, 2016

(*Regardless of eligibility for subsidized care.)

Table 10. Calculation of Unmet Need for Working Families, Merced County, 2016*

<table>
<thead>
<tr>
<th>Meets Title 5 Standards</th>
<th>Number of Children in Working Families</th>
<th>Infant &amp; Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>6,995</td>
<td>4,797</td>
<td>17,418</td>
<td>29,210</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>Children Enrolled in . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>CDE Licensed Child Care Centers</td>
<td>136</td>
<td>2,014</td>
<td>157</td>
<td>2,307</td>
</tr>
<tr>
<td>No</td>
<td>CDE Licensed Family Child Care Homes</td>
<td>175</td>
<td>206</td>
<td>283</td>
<td>664</td>
</tr>
<tr>
<td>No</td>
<td>CDE Licensed Exempt Settings</td>
<td>86</td>
<td>98</td>
<td>157</td>
<td>341</td>
</tr>
<tr>
<td>No</td>
<td>License Exempt Slots*</td>
<td>524</td>
<td>524</td>
<td>524</td>
<td>254</td>
</tr>
<tr>
<td>Yes</td>
<td>Transitional Kindergarten (4 &amp; some 5-year-olds)</td>
<td>928</td>
<td></td>
<td></td>
<td>928</td>
</tr>
<tr>
<td>No</td>
<td>Grade School After-School Programs (ASSETS)</td>
<td>220</td>
<td>2,202</td>
<td>2,222</td>
<td></td>
</tr>
<tr>
<td>Calculation for All Programs</td>
<td>Participating in Any Care</td>
<td>921</td>
<td>3,990</td>
<td>3,123</td>
<td>8,034</td>
</tr>
<tr>
<td></td>
<td>% Participating in Any Care</td>
<td>13%</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>NOT Participating Any Care</td>
<td>6,074</td>
<td>807</td>
<td>14,295</td>
<td>21,176</td>
</tr>
<tr>
<td></td>
<td>% NOT Participating Any Care</td>
<td>87%</td>
<td>17%</td>
<td>82%</td>
<td>72%</td>
</tr>
<tr>
<td>Calculations for Title 5-Standards Programs</td>
<td>Participating in Any Care</td>
<td>136</td>
<td>2,942</td>
<td>157</td>
<td>3,235</td>
</tr>
<tr>
<td></td>
<td>% Participating in Any Care</td>
<td>2%</td>
<td>61%</td>
<td>1%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>NOT Participating Any Care</td>
<td>6,859</td>
<td>1,855</td>
<td>17,261</td>
<td>25,975</td>
</tr>
<tr>
<td></td>
<td>% NOT Participating Any Care</td>
<td>98%</td>
<td>39%</td>
<td>99%</td>
<td>89%</td>
</tr>
</tbody>
</table>


*Percentages may be over 100% due to individuals being counted more than once.
Understanding Unmet Need Results

The figures (6 and 7) and tables (9 and 10) describing unmet child care need cover a lot of information. Making sense of this can be overwhelming. As we make our interpretations about unmet need, it is very important to keep in mind the “calculation challenges” discussed earlier. Missing counts, duplicative enrollment and counting across programs, and other challenges suggest that we look at the results of unmet needs as “estimates” and not absolute facts.

Child care need was calculated for two types of family income: working families and low-income families eligible for services that meet Title 5 standards. The group “low-income families” eligible for Title 5 services was selected because this represents the largest population of children in Merced County for each of the three age groups. As the largest group of children, we may assume that the results we find will be generalizable to more children in our county. The group of children in “working families” was selected because it can include children in any family, regardless of income, as long as at least one parent is working or in school. This group of children allows us to look at child care from the view of all working families. Comparing the results for these two family income types allows us to understand child care need for those who may have more and those who may have less child care options because of subsidized care accessibility.

For each type of family income, we calculated child care need based on two types of “supply.” We used the Title 5 standards that are mandated for funding some types of subsidized care as a marker for “higher quality” of child care. Calculations for the same number of children were used for participation in programs that met or did not meet the Title 5 standard of care. This comparison is important because access to child care alone is not sufficient for children to gain the benefits of early learning and care, benefits that prepare them for entry into and success in school.

For our interpretations of unmet child care need, we focus on “Infant and Toddler” and “Preschool” age groups. This does not mean that children in the School Age group do not matter. Most School Age children are receiving some care if they are enrolled in a TK-12 school or accredited program. We assume that 100% of these School Age children are receiving at least some amount of care that meets the academic standards of the CDE. However, they may still lack sufficient care during non-school hours.

The greatest unmet need for child care is for children in the Infant and Toddler age group. In both, working families and families eligible for subsidized care, over 95% of children eligible for child care services are not participating in such care. Lack of participation may be due to the few programs that provide Infant and Toddler care, the higher costs of such care, and other decisions and conditions of the families. Compared to costs to operate facilities for preschoolers, costs are higher for infants and toddlers due to more expensive classrooms and higher staff-to-child ratios. For working families, approximately 800 children have less access to Title 5-standard programs than child care programs overall. For lower-income families, approximately 1,600 children have less access to Title 5-standard programs than child care programs overall. For both working and low-income families, these differences for unmet need are very large. The burden of unmet need seems greater for children in low-income families.

The pattern of unmet need seen across family types and program quality for the Infant and Toddler group is the same for children in the Preschool group. However, child care needs seem to be better met for children in the Preschool age group than the Infant and Toddler age group. Over 80% of children in working families and over 60% of children in low-income families are participating in some type of child care. For working families, approximately 1,000 children have less access to Title 5-standard programs than child care programs overall. For lower-income families, approximately 1,700 children have less access to Title 5-standard programs than child care programs overall. The burden of unmet need in higher quality preschool programs seems greater for children in low-income families.
Other Indicators of Need

Geographic Distribution of Early Learning and Care

As discussed in the Local Context section of this report, Merced County's geography is wide and diverse in land use. This includes many large open areas and agricultural fields and pockets of cities with more urban conditions. Child care facilities and providers do not always exist where families may need them.

Californian counties were fortunate to be part of a national study of the geographic distribution of child care. The Child Care Deserts project (Malik & Hamm, 2017) organized data into interactive maps for 22 states. The study aimed to understand how the occurrence and distribution of child care were related to important social and economic conditions, such as population ethnicity, income, and employment. The study used data from the same sources and time period as this Needs Assessment. This allows us to incorporate the Child Care Desert findings into this report. The following map and maps of all counties are at


 TERMS & DEFINITIONS

Child Care Desert: Census tract with more than 50 children under 5 years that contains either no child care provider or so few options that there are more than three times as many children as licensed child care slots.

Census Tract: Small and relatively permanent statistical subdivisions of a county created by the U.S. Census Bureau. Each tract has about 4,000 inhabitants, minimum 1,200 and maximum 8,000. All have a unique numeric code.
The Child Care Desert maps look at the ratio of licensed child care providers (e.g., Licensed Child Care Centers and Licensed Child Care Family Homes) to the number of children ages 0-5 years. License-exempt providers are not included in the study. Here are some lessons from the study that are important for Merced County child care needs.

- 62% of California is a Child Care Desert.
- Most (over 73%) of Merced County is considered a Child Care Desert.
- Child Care Deserts had a lower median family income (by 23%) and a lower median percentage of maternal workforce participation (by 6%).
- Child care need is less likely to be met for families that are lower-income, Latino/Hispanic, and living in rural and suburban areas such as Merced County.

**Requests, Referrals, and Waiting Lists for Child Care**

The Merced County Office of Education/Early Education Department administers the ACCESS Child Care Resource and Referral (R&R) to help coordinate requests and referrals for child care. The R&R provides education and resources to help parents and caregivers find, select, and access the highest quality care for their children. R&R provides a variety of services to parents and child care providers. The services include but are not limited to child care referrals, workshops and training, technical assistance, a resource library, and home visits. The R&R has a team of Specialists who are bilingual and support families in identifying needed services and navigating the child care system.


The number and type of requests for child care can give us an idea of child care need. These numbers do not reflect all requests for child care in Merced County; only the people who were aware of ACCESS R&R and were willing to reach out for help.

In 2016, 32% of requests were for care of children under 2 years old,
- 45% of requests were for care of children between 2-5 years old,
- 23% of requests were for care of children 6 years old and older, and
- 34% of requests were for non-traditional hours such as evening, weekend and overnight care.

R&R Specialists assist families with finding licensed child care that best meets their needs by offering child care referrals and information on quality child care. Referrals are completed by taking information from the parent and putting the information into the National Association of Child Care Resource & Referral Agencies (NACCRRA) database, which helps match the parent with the providers that best meet their needs, based on the criteria provided by the parent or caregiver. The R&R Specialist uses each referral as an opportunity to assist callers by educating them about the types of care which are available to them and what to look for when selecting a child care setting. The R&R also maintains information about licensed child care providers and the number of slots available, full-, part-time and combination slots for the various age groups of children. However, this depends on the frequency providers update their information regarding vacancies.

Total referrals for 2016, 2017, and 2018 were 741, 775, and 513, respectively. Further analyses of these referrals may help us to understand child care need too. For example, it may help to know the age group for the referral, the targets or locations being referred to, and whether the referral led to actual access or enrollment in care. These types of analyses will be important for future Needs Assessments.

The Merced County Office of Education/Early Education administers ACCESS Child Care Subsidy Program and maintains a waiting list of families who are eligible for subsidized care but for whom care is not immediately available (often referred to as an eligibility list because one’s status on the list can change based upon eligibility of other families.) The accuracy of the waiting list depends on how many families actively update their information about their needs. Based on the Waiting List of the Alternative Payment Program in 2018, 667 children and 407 families were waiting for a child care opening. The numbers discussed for R&R requests, referrals and waiting lists provide a small glimpse into what may be needed for the over 54,000 children in Merced County.
Section 5. Factors Influencing Care

This section looks at factors that directly influence child care need because they affect how child care is (or should be) provided. Some of these factors must be included in the Needs Assessment as guided by the CDE. Some are factors that the Collaborative felt were important based on their expertise. These factors include specific characteristics of children and their experiences. For example, a child’s ethnicity may influence if their primary language is not English which may require child care staff who can speak that language. The information provided here is descriptive. That is, it describes children's experiences and needs. Local information is not available to analyze the relationship of these factors to actual child care access and impact. For example, we cannot analyze the relationship between a child’s ethnicity and enrollment in various early learning and care services. A child's ethnicity may be assessed and documented by a child care facility. However, this information is not consistently organized and shared across providers for analysis in the Needs Assessment. The organization and analysis of such information across Merced County child care programs is important for future Needs Assessments. Where possible, we refer to literature and scientific studies that have examined the relationships between the factors presented here and with child care access and experiences.

Child Race and Ethnicity

Merced County is home to children from many racial and ethnic backgrounds. History, practices, and beliefs related to race and ethnicity influence a child’s development. These factors also influence the experiences and expectations of children and their caregivers regarding early learning and care.

Research shows that children’s development improves when their early learning and care experiences are tailored and pay attention to their racial and ethnic backgrounds (Forry, 2016). Not attending to racial and ethnic preferences and practices (e.g., important traditions) can cause preventable harm. For example, recent research suggests that the racial and cultural misunderstandings may be contributing to the higher expulsion rate from preschool of African American children (three times higher than of other racial backgrounds; U.S. Department of Education Office for Civil Rights, 2014, Rf31). Studies with Latino families suggest that parents worry about the lack of cultural awareness among child care providers may cause their children to lose appreciation of their culture (Cruz, 2016). This concern may lead some Latino families to avoid placing their children in beneficial early learning and care programs.
Nationwide, Latino/Hispanic children are much less likely to have attended preschool (Magnuson & Waldfogel, 2005). Merced Hmong and child care leaders note that this pattern is true for Hmong children too. Given Merced’s larger Latino and Hmong communities, it is important for child care leadership to attend to culture and language. Examples of such leadership in Merced include the Parent Institute (which offers training in multiple locally-spoken languages), Hmong Culture Camp (a dual-language early learning program), and Merced County Office of Education - Caring for Our Black Children (a program to strengthen families with African American children and to improve the institutional, instructional and personal practices within early educational settings serving African American children through culturally responsive framework).

“African-American families often use extended family and friend networks to support parenting, thus it may be useful to engage these extended networks in school outreach efforts. These networks may include biological family, non-biological family and church members (Best Practices in Engaging Diverse Families, May 2016).”

### Language Development and English Learners

Fifty-two percent of Merced County residents speak a language other than English in their homes, among the highest among Californian counties. As part of the broader San Joaquin Valley, Merced County is among the communities with the highest number of English learners in California and in the USA (over 30%). An English learner is a student who does not speak, read, write or understand English well as a result of English not being their home language. For English learners between kindergarten and 12th grade, 92% speak Spanish, 4% speak Hmong, and 2% speak Punjabi (CDE, 2017-2018).

Language development in today’s global economy is important for English and other languages. Dual- and multi-lingual development is easiest when it starts before three years of age. Skills in learning new languages decrease after age seven. Substantial research shows that children can learn a community’s dominant language (e.g., English) and a second language at the same time without suffering delays and deficiencies in the main language (Child Trends, 2014).

<table>
<thead>
<tr>
<th>Languages Spoken</th>
<th>Number of English Learners</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spanish</strong></td>
<td>13,694</td>
<td>92%</td>
</tr>
<tr>
<td><strong>Hmong</strong></td>
<td>569</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Punjabi</strong></td>
<td>243</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Portuguese</strong></td>
<td>114</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>251</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

*Percentages may be over 100% due to individuals being counted more than once.*

Data Source: Figures are from California Department of Education, Educational Demographics, and Language Group Data. 2017-2018
The California Multilingual Education Act, passed in 2017, recognizes and supports this value of dual language education in public schools, especially for English learners. English learners are unable to communicate fluently or learn effectively in English and typically require individualized instruction.

Child care providers play a critical role in language development for all children regardless of their primary language. Their role is vital in the early years when early learning opportunities can close language gaps, especially for English learners. In addition, early learning and care programs can help children from multi-lingual homes to continue their foreign language skills. Learning additional languages is better accomplished when it occurs at an earlier age.

**Migrant Families**

California serves over 30% of all migrant students in the United States (CDE, 2017). As one of the largest agricultural counties in California, Merced County is home to thousands of migrant working families relying on seasonal work each year. Children in migrant families have access to state and federal program designed for them such as Migrant Head Start. Children in migrant families may require child care during non-traditional work hours (e.g., early mornings, evenings, weekends, and holidays). They may experience transitions in programs and classrooms due to the need to move with their family to different work locations. Often, a lack of transportation for migrant families may limit their child families often lack access to and continuity in child care programs. These barriers may interfere with enrollment in early learning and care programs and place migrant children at risk of entering kindergarten less prepared than non-migrant children. Child care providers can reach out to parents and children to show they care and can address some of the challenges related to migrant families.

<table>
<thead>
<tr>
<th>Table 12. Migrant Students Ages 0-12, Merced County, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Migrant Families</strong></td>
</tr>
<tr>
<td><strong>Age Groups</strong></td>
</tr>
<tr>
<td>Infants &amp; Toddlers</td>
</tr>
<tr>
<td>Preschool</td>
</tr>
<tr>
<td>School Age</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Data Source: Merced Office of Education, Migrant Education Program of Merced County, 2018

**TERMS & DEFINITIONS**

**Migrant Head Start:** Serves families who are engaged in agricultural labor and who have changed their residence from one geographic location to another in a two-year period. Also serve seasonal workers who work seasonally but do not move to other geographic locations.

**Migrant Programs (CMIG):** Development, child migrant programs and family care networks run by local educational agencies. Providing services for children from 0-12 years that is culturally, linguistically and developmentally tailored to children who are served. Programs also assist with meals and snacks, parent education and other services for agricultural families.
**Developmental and Physical Health Needs**

Children with developmental, physical, and health challenges require care that is sensitive to and developmentally appropriate for their needs. State and federal programs exist to support early learning and care for children with special needs. County Offices of Education and school districts are encouraged to look for ways to integrate children with special needs and disabilities into mainstream classrooms. Identifying special needs and intervening as early as possible is critical to help improve the quality of life for children with special needs, and to reduce the length of services needed by a child over their time in school and in life. This value of early intervention makes child care settings a vital resource for serving children with special needs.

Child care providers require support from partnerships with health leaders and families to ensure adequate care for children with special needs. Schools and providers can help families to assess and plan for their child’s needs through standardized assessments and plans such as an Individualized Family Service Plan (IFSP) and an Individualized Education Program (IEP).

In 2018, 255 Merced County children had an IFSP and 3,045 had an IEP (MCOE SE, Dec. 2018). Among Merced County children ages 0-12 years, an estimated 3,444 were identified with a special need (Table 13).

Early intervention is critically important to improving the quality of life of children with special needs. IFSPs and IEPs help children gain support that can substantially improve their quality of life. Child care providers can help to identify undiagnosed children and plan early interventions for children with special needs.

The Central Valley Regional Center (CVRC) of Merced is a state-funded agency that serves children with special needs and their families. CVRC provides assessments and planning, early intervention programs, and ongoing support. CVRC provides a Baby Clinic with MCOE 3-4 days per week. The Baby Clinic includes a nurse, teacher, parent, and an intake counselor. A child’s medical history is reviewed, hearing and vision are checked, too. Parents are invited to be part of a training with a family-centered curriculum for infants and toddlers (ages 0-3) and their families.

### Table 13. Number of Children with Special Needs, Merced County, 2016

<table>
<thead>
<tr>
<th>Special Need</th>
<th>0-2 years</th>
<th>3-5 years</th>
<th>6-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Disability (MR)</td>
<td>0</td>
<td>0</td>
<td>236</td>
</tr>
<tr>
<td>Hard of Hearing (HH)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deaf (DEAF)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Speech or Language Impairment (SLI)</td>
<td>43</td>
<td>263</td>
<td>735</td>
</tr>
<tr>
<td>Visual Impairment (VI)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emotional Disturbance (ED)</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Orthopedic Impairment (OI)</td>
<td>34</td>
<td>13</td>
<td>262</td>
</tr>
<tr>
<td>Other Health Impairment (OHI)</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Specific Learning Disability (SLD)</td>
<td>0</td>
<td>0</td>
<td>1308</td>
</tr>
<tr>
<td>Deaf-Blindness (DB)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multiple Disability (MD)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Autism (AUT)</td>
<td>0</td>
<td>210</td>
<td>284</td>
</tr>
<tr>
<td>Traumatic Brain Injury (TBI)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>286</td>
<td>3,081</td>
</tr>
</tbody>
</table>

*Data Source: California Department of Education, Special Education Division, 2016 Reporting Cycle: December 1, 2016*

**TERMS & DEFINITIONS**

**Individualized Family Service Plan (IFSP):** Plan for special services from birth until 3 years of age who are experiencing developmental delays. After 3 years old, children may move to an Individualized Education Program (IEP) if they meet specific eligibility requirements.

**Individualized Education Program (IEP):** Written statement of the educational program designed to meet a child’s individual needs that involves the child, their parents, service providers, and educators. Every child that receives special services must have an IEP.
**Child Abuse, Neglect and Foster Care**

Due to safety concerns for abuse and neglect, children are removed from their families and are placed into out-of-home care. Children with these experiences can become traumatized and experience developmental delays. Child maltreatment results in poorer academic achievement and substance abuse, which contribute to teen pregnancy, delinquency, and adult criminal behavior (Norman et al., 2012).

Between 2012 and 2016 in the U.S., the number of children in foster care rose from 397,000 to 437,000 (Child Trends Databank, 2018). In Merced County, it is not uncommon to serve foster children from other counties. And, children from Merced County may seek services from surrounding counties. Due to these cases, the information in Table 14 may not reflect all children in foster care in Merced County.

**Table 14. Children with Maltreatment Allegations, Substantiations and Entries, Merced County, 2016**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Child Population</th>
<th>Children with Allegations</th>
<th>Children with Substantiations</th>
<th>Children with Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>4,079</td>
<td>330</td>
<td>92</td>
<td>54</td>
</tr>
<tr>
<td>1-2</td>
<td>8,288</td>
<td>510</td>
<td>81</td>
<td>46</td>
</tr>
<tr>
<td>3-5</td>
<td>12,862</td>
<td>901</td>
<td>104</td>
<td>50</td>
</tr>
<tr>
<td>6-10</td>
<td>22,790</td>
<td>1,565</td>
<td>145</td>
<td>56</td>
</tr>
<tr>
<td>11-15</td>
<td>22,762</td>
<td>1,359</td>
<td>105</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>70,781</td>
<td>4,665</td>
<td>527</td>
<td>258</td>
</tr>
</tbody>
</table>


Quality early learning and care programs can address and minimize the consequences of abuse and neglect by ensuring safe and enriching environments and by offering access and referrals to intervention services. Child care providers are an important source of caring adults for children who may have experienced abuse and neglect. Their training in how to support the social and emotional wellness of children is especially important to children who may have experienced abuse and neglect. Child care providers can support families and caregivers of traumatized children and connect families to support services. High-quality early learning and care can help children who have experienced abuse and neglect to be more resilient and prevent harm to their development.
Children Living with Poverty

Few interventions are as powerful in attenuating and reversing the impact of poverty as quality early learning and care. Substantial research illustrates the impact of high-quality child care on individual poverty and community economic prosperity. Depending on their training, child care providers may be able to identify and understand how poverty influences child development. For example, a provider can help a child who may be misbehaving in morning activities because they have not had a meal since the prior day’s lunch. A provider that can distinguish and respond to a child’s reaction to poverty has an advantage in engaging the child in learning and active play.

There is a strong association between lower family income and poorer early literacy and language development. Children growing up in families with low income and with poverty experience fewer conversations, a smaller vocabulary, fewer opportunities to read and be read to, and weaker home environments for literacy (e.g., reading materials in the home). In Merced County, only 38% of children are reading proficiently by grade level, leaving about two-thirds of children reading below grade level (KidsData, 2018). Only 46% of children ages 0-5 in Merced County had parents who reported reading to them every day, compared to 61% of children in California (Kids Data, CHIS 2015). Child care providers can identify and help to reverse low-literacy conditions with enriching activities during ECE and by helping parents learn to adopt enriching activities at home.

Similarly, low income and poverty are barriers to good nutrition. Poverty decreases access to fresh fruits and vegetables and increases the consumption of processed foods for children. In Merced County, nearly one third, 29% of children are food-insecure or may go to bed hungry at least once each week (KidsData, 2014). Merced County’s child food insecurity rate has consistently ranked it in the top five most food insecure counties nationally in the past six years. Hunger can be harmful to anyone at any age. However, it is especially harmful to children. Women who are food insecure tend to have low birth weight children, which also tends to follow later in their lives (Feeding America, 2016). These children are at higher risk of not reaching developmental milestones, perform poorly in school, and struggle socially (Feeding America, 2016). A child who is food insecure is more likely to repeat a grade in elementary school, experience developmental impairments, and have more social and behavioral problems.

Of food insecure children, 84% are eligible for nutrition programs. The remaining 16%, however, are not eligible for federal nutrition programs due to income being above 185% above the federal poverty line (Feeding America, 2017). Child care providers can help to identify child hunger and support healthy eating during child care programs and at home. Child care providers may provide food to children during care and may help parents and caregivers with information about Merced County programs (e.g., Women, Infants and Children) and county food pantries.

Child care providers whose programs provide income-eligible subsidized care (the majority of the programs in Merced County) are more likely to serve children living in poverty. Given the extensive poverty across most of Merced County, all child care providers must be ready to serve children and caregivers who may be affected by poverty.
Homelessness

Calculating child homelessness is difficult but estimates demonstrated about 1.4 million children being homeless in the United States in the 2013-2014 school year. It is not uncommon for children who face poverty and hunger also to experience episodic homelessness. According to the California Department of Education, 3% of children in public school are considered homeless (2016).

Children who experience unstable housing face adverse events that may heavily influence their development. These adverse events may include living in poverty which affects different parts of their health including medical and behavioral well-being (National Center on Family Homelessness, 2011). Children experiencing home instability tend to experience more asthma symptoms, hyperactivity, and behavioral problems that may lead to falling behind in school. Children who do not have a stable home, are twice as likely to be suspended or expelled, repeat a year of school, as well as not complete high school (Cutuli, Herber, Rinaldi, Masten, & Oberg, 2010). Child care providers may be able to identify children who are homeless, attend to their special needs, give them a consistently safe, child-friendly place to be daily, and refer their parents to helpful resources.

TERMS & DEFINITIONS

Homeless: Living in shared housing with others who experience economic hardship or loss of housing, live in motels, hotels, trailer parks, shelters, or waiting for foster care placement, have a primary nighttime residence in a public or a private location which is not designed for regular sleeping for people, live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or other areas not intended to serve as a home, and migrate with their families and live in similar circumstance listed above.
Section 6. Costs and Affordability

The cost of child care is a major burden for most families. California Child Care Resource & Referral Network estimated this cost for a family of four (with one infant or toddler and one child in preschool) earning the 70% of the 2016 SMI ($52,080). The family would spend 30% of its income on child care if they were not eligible for subsidized care. For most of the families in Merced County (living in low income) this money is not available. As a result, at least one parent or caregiver must leave the workforce to provide child care.

One estimate of child care costs is the reimbursement rate for subsidized care or Regional Market Rate (RMR). Table 15 lists the weekly reimbursement for the costs of full-time and part-time care for families that are eligible for subsidized child care. This reimbursement does not mean that this is the cost of care. A facility or provider may charge more than this amount (and it is reported that is often the case). However, the rates of reimbursement provide an approximation of the cost of care.

| Table 15. Weekly Regional Market Rate for early learning and care, Merced County, 2017 |
|--------------------------------------------|-----|-----|-----|
|                                           | Infant & Toddler | Preschool | School Age |
| Licensed Child Care Centers               |                 |       |       |
| Full-Time                                 | 308.50          | 272.02| 183.72|
| Part-Time                                 | 214.61          | 163.26| 120.33|
| Licensed Family Child Care Homes          |                 |       |       |
| Full-Time                                 | 184.88          | 170.22| 154.22|
| Part-Time                                 | 141.95          | 124.09| 116.19|
| License-Exempt Providers                  |                 |       |       |
| Full-Time                                 | 129.42          | 119.15| 107.95|
| Part-Time*                                | (2.88/hour)     | (2.65/hour) | (2.40/hour) |

Based on the statewide survey of market rate, the R&R estimated the cost of care for 2016 for working families requiring full-time care.

<table>
<thead>
<tr>
<th></th>
<th>Infant &amp; Toddler</th>
<th>Preschool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Licensed Child Care Centers</td>
<td>$11.838</td>
<td>$7,893</td>
</tr>
<tr>
<td>Full-time Licensed Family Child Care Homes</td>
<td>$7,389</td>
<td>$7,079</td>
</tr>
</tbody>
</table>

Care for infants and toddlers is not only scarce (as discussed earlier) but it also is the most expensive. Table 15 shows the higher cost of care for Infants and Toddlers and the lowering of costs as one moves from licensed centers to licensed homes to license-exempt child care (usually at a caregiver's home).

On the lower end, the annual cost of full-time license-exempt preschool with a family, friend, or neighbor may cost $6,196 for one year. This represents 13% of the median family income for a family of four ($47,739) in Merced County. However, for a family with only one working parent earning the median Merced County hourly rate of $15 per hour ($31,200 annually) paid in agricultural or early education jobs, this represents 20% of their annual family income. This is just for one child and is equivalent to the percent the
average household spends on housing. Child care programs, especially licensed programs (which meet Title 5 standards for higher quality) are not affordable for most families in Merced County.

**Impact of Legislative Increases in Minimum Wage on Costs and Affordability of Child Care**

The availability, affordability and quality of child care in Merced County are influenced by policies and decisions beyond the control of the County. Such external conditions are important to understand because, if addressed, they could substantially address child care needs. California Senate Bill 3 (SB3) was signed into law in April 2016. SB3 gradually increases the minimum wage to $15 by 2022. The hourly minimum wage increased from $9 to $10 in January 2017 and then to $11 in 2018. The increase in wages was helpful for working families. Yet, it created new challenges for providers of and families seeking child care.

**Impact on Working Families.** State and federal income thresholds for subsidized child care (e.g., Head Start) were not increased to match the increase in minimum wage. As a result, families with one or two working parents can lose their eligibility for subsidized care with a rise in family income. SB3 negatively impacts some working families who lose their income eligibility for subsidized care but still earn too little to afford child care. These working parents are forced to drop out of the workforce to care for their children and to receive subsidized child care.

**Impact on Providers.** The increase in minimum wage increased the cost of child care services because most child care employees received a raise with SB3. An estimated 75% of child care workers earn less than $15 per hour and would benefit from the new minimum wage (Thomason et al., 2018). However, higher pay, leads to higher cost of programs, resulting in fewer families affording to enroll their children in child care. The increased cost of doing business, making it difficult to adhere to the required child/worker ratio and other quality standards as a result of QRIS activities. Thus, programs are forced to reduce services or close down.

Even with the increase in wages with SB3, the child care workforce continues to have among the lowest pay of any profession. The median wage for California child care workers was $11.61 in 2015 (CDE, 2017). Almost half of child care worker families’ in California receive public income support to supplement their earnings (Thomason et al., 2018). In many communities throughout California, 50% to 90% of child care employees cannot afford the basic cost of living in their area. This situation deters employment in child care programs. Shortage in the child care workforce substantially prevents the availability of early learning and care. Too often, child care employees cannot afford for their own children the services they provide for others.

“Every time a woman leaves the workforce because she can't find or afford childcare, or she can't work out a flexible arrangement with her boss, or she has no paid maternity leave, her family’s income falls down a notch. Simultaneously, national productivity numbers decline.”

-Madeleine M. Kunin
American Diplomat, Author, and Politician
Section 7. Summary and Conclusions

The Needs Assessment of Early Learning and Care describes the unmet child care need in Merced County and the conditions necessary to ensure high-quality care for all children. Substantial gaps exist in the percent of children participating in child care programs and services for all youth, but especially for infants and toddlers and for children in preschool. Greater gaps occur for participation in programs that meet standards for higher quality. Across all age groups, children living in families with lower income appear to have lower participation rates than other families.

Merced County must prepare to serve the needs of its large and growing population of children. Strong existing industries in agriculture and manufacturing and rapidly expanding industries in education and health will demand more child care both during traditional and non-traditional work hours. Child care providers need to prepare to serve children and families of diverse race/ethnicity, language, and socioeconomic backgrounds. High poverty and too many low wage jobs add challenges to caregivers and their children, including food insecurity, less time for parent-child interactions, and familial stress. Low income conditions in the county make many child care options unaffordable for too many families. Legislative increases in the minimum wage further complicate affordability and cost. These increase staffing costs for child care providers and push some families’ income beyond the threshold for subsidized care.

The Needs Assessment identified critical gaps in the availability, accuracy, and timeliness of information needed to understand and address child care need countywide. As the assessment was taking place, the Collaborative took action to address these limitations. The best available data were used and limitations to data quality were noted. A new Data Subcommittee was established to lead the collection, coordination, and application of data. This subcommittee will help to ensure more frequent, evidence-based reflection and action based on this report and future Needs Assessments. The Merced County Collaborative for Children and Families is excited to build on the lessons from this report to create the most successful early learning and care system for all of our children and families.

“Virtually every aspect of early human development, from the brain’s evolving circuitry to the child’s capacity for empathy, is affected by the environments and experiences that begin early in the prenatal period and extend throughout the early childhood years.”

Appendices

1. Merced County Collaborative for Children and Families Membership

Jennifer Rocha, Child Care Provider-BOS
Amy Mello, Child Care Provider-BOS
Linda Kaercher, Child Care Provider-MCOE
Paula Smith (alternate), Child Care Provider-MCOE
Maria Williams, Child Care Provider-MCOE
Sheilah Brooks, 2018-19 Executive Committee Member (Chair), Community Representative-BOS
Robert Hubbard, Community Representative-BOS
Patti Kishi, 2018-19 Executive Committee Member (Past Chair), Community Representative-MCOE
April Heft, Consumer-MCOE
Elizabeth Fonseca, Public Agency-BOS
Melanie Cole, Public Agency-MCOE

Marie Hicks (alternate), Public Agency-MCOE
Jennifer Mockus, Public Agency-MCOE
Oscar Ledesma (alternate), Public Agency-MCOE
Danielle Waite, 2018-19 Executive Committee Member (Second Chair), Discretionary Public Member-BOS
Debby Gossett (alternate), Discretionary Public Member-BOS
Anna Moreno
Lamar Henderson, Discretionary Public Member-BOS, Merced County Human Services Agency
Valerie Campos, Discretionary Public Member-MCOE
Monica Sevilla (alternate), Discretionary Public Member-MCOE
Eric Sonnefeld (alternate), Discretionary Public Member-MCOE
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