

Stabilizing Infant and Toddler Care: Structural and Funding Gaps in Adams County

Drew McGee and Jenn Finders, Colorado State University

Lisa Jansen Thompson, Early Childhood Partnership of Adams County

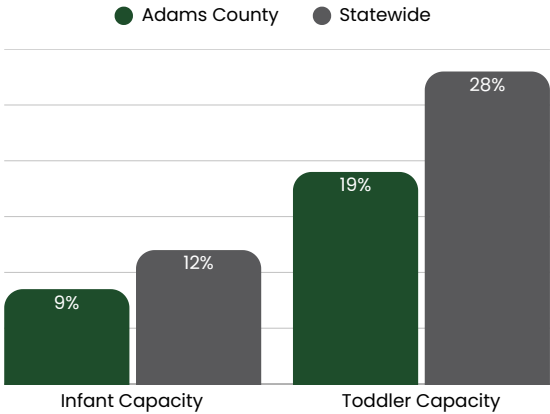


Executive Summary

Infant and toddler care in Adams County is both structurally constrained and financially fragile. Capacity remains below state levels and has declined due to recent program closures.

- While demand exists, providers report enrollment gaps driven by affordability barriers, not lack of need.
- Programs serving infants and toddlers rely heavily on private tuition and receive fewer workforce supports.

%I Infants/Toddlers Served



Loss of Infant and Toddler Supply

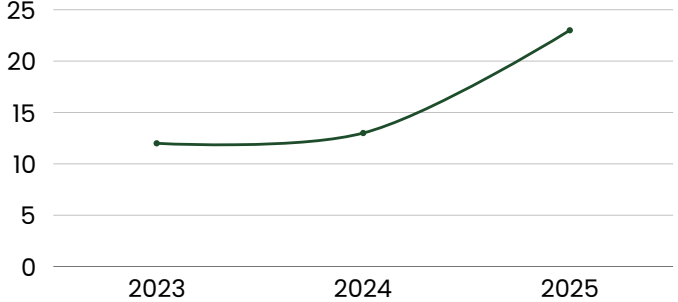
- Infant and toddler care capacity in Adams County falls well below the state average and decreasing.

Adams County lost **50 infant** slots and **55 toddler** slots in 2025 due to **24 program closures**

Even small numbers of closures can have measurable impacts on availability for families.

- Recent closures have reduced already limited capacity, with the number of closures in 2025 nearly matching the combined total across 2023 and 2024.

Program Closures



WITHOUT TARGETED ACTION, THE SUPPLY OF CARE FOR CHILDREN UNDER THE AGE OF THREE WILL CONTINUE TO SHRINK.

Infant and toddler care is costly for programs, often resulting in expenses higher than revenue due to the greater number of staff needed and other operational costs...many programs have to make up this loss through revenue received in their preschool programs. However this is not always enough and with recent enrollment challenges due to the high cost of care for families, **programs are struggling to make this business model work.**

Survey Methodology

In January 2026, providers in Adams County were invited to participate in a survey on operations, staffing, enrollment, and workforce. Data come from 78 providers who responded to the survey (32% response rate). Findings reflect the experiences of responding providers, not all licensed providers in Adams County. Percentages reflect the share of survey respondents and may not represent the full distribution of providers in Adams County.

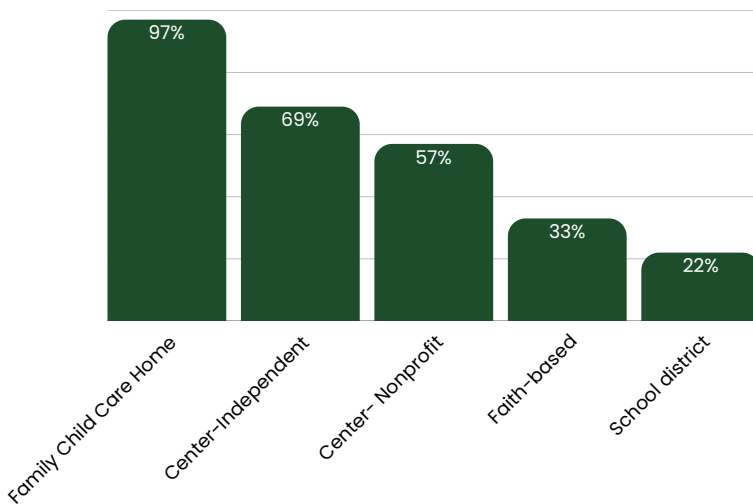


Infant and Toddler Care Operates Under Distinct Structural Constraints

- Among respondents, infant/ toddler care is less common than pre-k care (97%), potentially reflecting the typical higher cost and regulatory burden of infant care.

Structural constraints are conditions that limit capacity, like licensing ratios, high operating costs, and insufficient public investment.

% Programs Serving infants/Toddlers*



Infant and toddler care is governed by structural constraints that suppress supply, concentrate capacity in certain program types, and leave providers disproportionately dependent on private tuition.

- Almost all Family Child Care Homes (FCCH) serve infants and/or toddlers in the sample^[1].
- FCCH are more likely to serve infants and/or toddlers than nonprofit center^[2], independent centers^[3].
- School districts and faith-based programs in the sample are less likely to serve infants and toddlers.
- Centers can serve a larger total number of infants overall compared to FCCH providers due to licensing regulations.


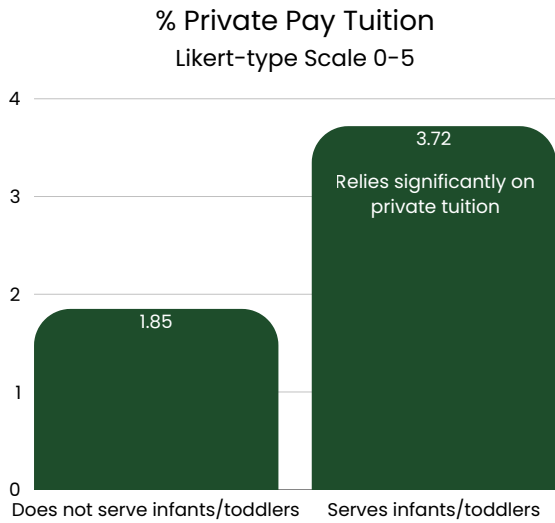
Infant and Toddler Providers Rely on Private Pay

Programs serving infants and toddlers report a greater share of families pay with private tuition compared to programs that do not serve these age groups^[5].

- This suggests infant/toddler providers rely more on private tuition from families than a mix of public sources and other funding streams.
- Programs serving infants/toddlers are more exposed to private-pay market pressures, experiencing a mismatch between the true cost of care and what families can afford.

PRIVATE PAY SCALE

0 = none	3 = 50-75%
1 = < 25%	4 = 75-99%
2 = 25-49%	5 = 100%

“ Private pay [is] not coming through because families cannot afford it. ”

Impacts of the Colorado Child Care Assistance Program (CCCAP) Freeze



51%

Programs serving infants/toddlers who participate in CCCAP

45%

Programs not serving infants/toddlers who participate in CCCAP

- Programs serving infants/toddlers are not more likely to participate in CCCAP despite higher operating costs^[6], suggesting that subsidy systems may not be sufficient for supporting the cost of infant care.
- This finding may be explained by the **CCCAP freeze in effect in Adams County for over 15 months**, during which limited subsidies have been available for families with very young children.

“ We need more infants to thrive with the CCCAP freeze. ”

Rising costs and limited access to subsidies constrain infant and toddler capacity, as families are unable to afford care without financial support.

3 [5] Private pay independent samples t-test: $t = -4.34, p < .001$
 [6] Infant/toddler t test comparison: 51% v Non: 45%, $p = .656$ (ns)

Infant and Toddler Care Demand Exists Despite Lower Enrollment

- Programs serving Infants and toddlers report lower enrollment compared to programs who are not serving these age groups^[7].
- At the same time, multiple providers offering infant care report waitlists, which are especially clustered within FCCH providers.
- This **access paradox** may reflect a combination of higher tuition costs and affordability barriers, rather than lack of demand.

High True Cost of Care + Low Family Purchasing Power = Empty Slots & Provider Insolvency

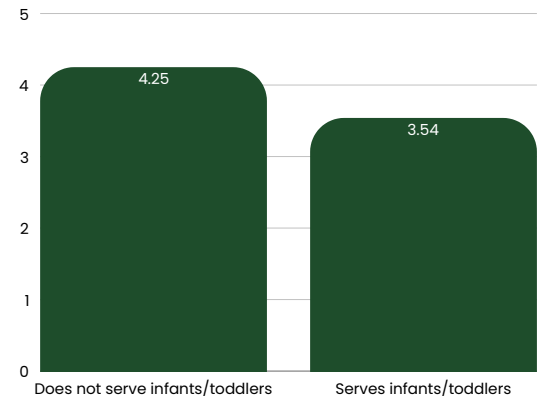
- Providers consistently identified enrollment as a primary challenge, and point to several structural barriers that limit their ability to serve infants and toddlers.

ENROLLMENT SCALE

- 5 = fully enrolled
- 4 = almost fully enrolled
- 3 = more than half enrolled
- 2 = less than half enrolled
- 1 = very low enrollment



Enrollment Rates



Common Barriers to Serving Infants and Toddlers



- 1 Licensing requirements:** safe sleep, ratios, feeding protocols
- 2 Facility constraints:** space and equipment limitations
- 3 Scheduling conflicts:** misaligned with infant/toddler care needs

Infant and Toddler Care Requires Sustained Delivery

93%

Infant/toddler programs operate year-round

88%

Infant/toddler programs operate full-day

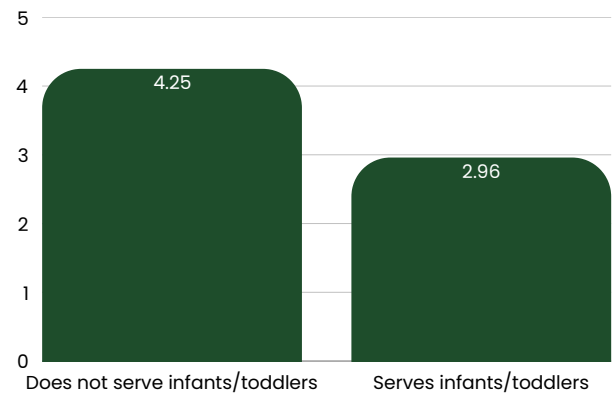
Providers report both waitlists and limited enrollment, indicating demand exists but affordability pressures and structural barriers prevent families from accessing care.



Infant and Toddler Providers Have Fewer Supports

- Programs serving infants and toddlers reported offering fewer staff benefits overall^[8], indicating that the workforce delivering the most intensive care receives fewer supports.
- Infant and toddler providers identified key challenges and policy needs that reflect the structural and operational conditions of their care environments.

Total Number of Benefits Offered



TOP CHALLENGES

1. Lack of enrollment
2. Staff salaries and benefits
3. Lack of staffing

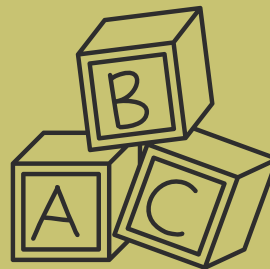
TOP POLICY NEEDS

1. Operation/stabilization grants
2. Wage supplements
3. Enrollment support

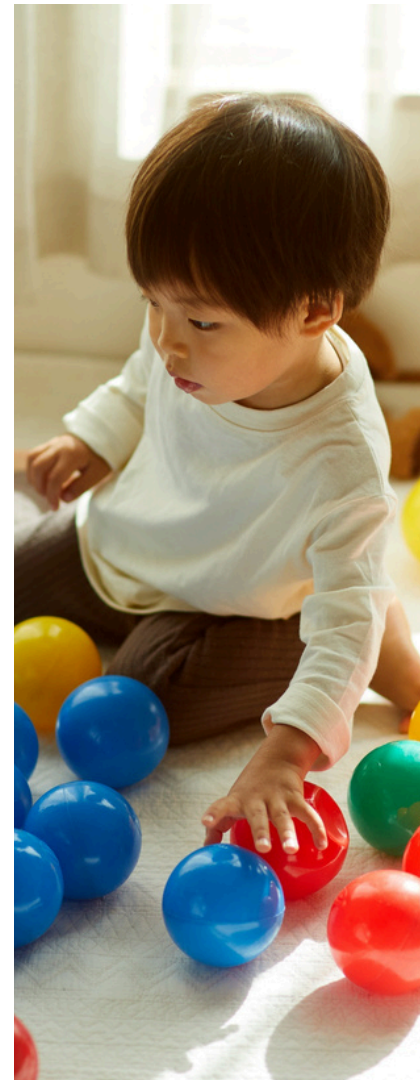
Infant and Toddler Care is Limited by Insufficient Resources

Programs serving infants and toddlers experience disproportionate burdens within the child care system while caring for children with the highest developmental and caregiving needs.

- Higher rates of private pay
- Fewer workforce supports
- Lower enrollment
- Similar subsidy participation



These findings point to a system-level mismatch between cost, funding, and access, requiring targeted policy solutions specific to infants and toddlers.



Infant and toddler care is not only under-supplied and structurally constrained—it is sustained through provider sacrifice, financial risk, and reliance on informal supports, while families simultaneously struggle to afford care.

Thank you to the Adams County child care providers who participated in the 2026 provider survey and shared their experiences, challenges, and recommendations. Your voices made this work possible.



Recommendations to State and Local Policymakers

The following recommendations focus on stabilizing supply, aligning funding with cost, and improving access for families with children under age three.

1 Stabilize Infant/Toddler Supply Through Targeted Funding

Infant/toddler programs rely heavily on private pay due to limited subsidy access. Providers are operating at a loss or making personal financial sacrifices.

- Prioritize restoration and expansion of CCCAP for infants/toddlers, with reimbursement rates aligned to true cost of care rather than market rates.
- Provide targeted incentives for programs to serve infants/toddlers, like contracts for guaranteed enrollment slots.
- Establish county- or state-funded Infant/Toddler Stabilization Grant that provides predictable, per-child monthly payments.
- Offer facility mini-grants (\$5K–\$25K) for infant-safe equipment, licensing upgrades, and classroom modifications needed to expand infant/toddler capacity.

2 Invest in the Infant/Toddler Workforce

The workforce serving the highest-need children - who require the most intensive care - receives the fewest financial supports.

- Targeted wage supplements or stipends for infant and toddler teachers to improve retention and reduce turnover.
- Expand access to benefits (health insurance stipends, retirement contributions, and paid leave among others) through shared services models or public funding mechanisms.
- Fund educator well-being initiatives, including access to mental health supports, to reduce burnout.

3 Reduce the Affordability Barrier for Families

Demand for care exists, but families cannot afford care - even when providers have open slots.

- Partner with employers to create child care benefit pilots, such as direct tuition contributions or shared cost models that supplement family payments.
- Expand publicly funded, sliding-scale tuition models (e.g., through local tax initiatives) to bridge the gap between what families can pay and the true cost of care.
- Develop locally funded scholarships or tuition assistance to support families with infants and toddlers who are ineligible for subsidy but unable to afford care.



Suggested Citation

McGee, D., Finders, J.K., & Jansen Thompson, L. (2026). *Stabilizing infant and toddler care: Structural and funding gaps in Adams County*. Colorado State University; Early Childhood Partnership of Adams County.