

Four Evidence-Based Reasons Why Increasing Child Care Ratios Would be Dangerous and Counterproductive

POLICY BRIEF

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Background

Early care and education does not just serve the goal of school readiness for young children, it allows working families to go to work and ensures businesses have a reliable workforce. During the COVID-19 pandemic, the child care industry was greatly disrupted, exacerbating the longstanding imbalance between the high demand and relatively low supply of child care. Just three months into the pandemic, 35% of the early care and education workforce was unemployed.¹ Many of these workers have since left the field altogether, finding more reliable and often higher-paying jobs in other industries. Although recovery has begun, the workforce remains depleted. There are just 970,800 early childhood professionals in the U.S., down from nearly 1.1 million prior to the pandemic.² Across the country, early care and education providers continue to struggle to find and hire qualified, reliable staff.

States and municipalities seeking to accelerate post-pandemic economic recovery have been looking for ways to increase the supply of early childhood professionals—but they're finding it hard to recruit and retain people in a field characterized by low pay, lack of benefits, challenging working conditions and hours, and lack of respect.³ Taken together, the inadequate workforce supports, high demand, and short supply of caregivers represent a child care crisis with far-reaching repercussions. When working families cannot find reliable child care, they are forced to make tough choices between keeping their jobs versus caring for their children. Many people, especially women, have left the workforce, and employers in all sectors are finding it harder to hire the workers they need.^{4,5}

Key Findings

Increasing child-staff ratios in child care may:

1. Endanger young children's health and safety
2. Limit young children's development and learning outcomes
3. Lead to further child care worker shortages by increasing teacher stress and turnover
4. Demand a level of workforce training not currently present in the field



Buffett
Early Childhood
Institute
at the University of Nebraska

States are trying to mitigate the crisis by taking steps to recruit and retain more early childhood professionals—enacting policies to increase wages, [provide free child care](#), and create benefit pools for early educators and caregivers.^{6,7} Some states, however, are taking a different approach. Rather than increasing professional supports for the workforce, they are proposing policies that will lessen regulations regarding child-staff ratios in child care settings, allowing more children to be cared for by fewer adults.⁸ Applying this type of “cost-per-unit” approach to the care of young children raises numerous concerns. This policy brief lays out the concerns and explains why such policies would be ill advised.

Findings

Reason 1: Increased Ratios Endanger Young Children’s Health and Safety

Every state has child care licensing requirements that are intended to ensure children’s health and safety, and child-staff ratios are a prominent part of those requirements. Although there are some outliers, most states have similar ratios because they follow recommendations in “Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs”.⁹ Currently in its 4th edition, “Caring for Our Children” is a consensus document published by many of the nation’s most prominent voices on issues of child health and safety, including the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. For infants up to 1 year old, the recommended ratio is two to three children per adult, depending on the child care setting. For toddlers (1 to 3 years old), it is two to four children per adult, and for preschoolers (3 to 5 years old), it is seven to eight children per adult. Other sources of guidance are similar. For infants and toddlers up to 3 years old, Head Start’s recommended ratio is no more than three to four children per adult. In a classroom of mostly 3-year-olds, the recommended ratio is no more than eight children per adult, and for a classroom of 4- to 5-year-olds, no more than 10 children per adult.¹⁰ Most state regulations fall around these recommendations, with only a few outliers. States receiving federal money through the Child Care and Development Fund (CCDF) must define appropriate ratios in their CCDF Plan.

“Caring for Our Children” provides clear guidance about how to provide care for young children without compromising basic health and safety. In other words, the recommended child-staff ratios are considered *minimum requirements just to keep children safe*. Any efforts to further increase the number of children per adult would clearly exceed basic safety recommendations.

Having too many children per adult has been associated with injury and even death, and no legislative body would want to compromise the health and safety of children. Although young children experience lower rates of unintended injuries in child care relative to their own homes,¹¹ about 98% of the injuries that do occur in child care settings are mostly attributable to inadequate supervision often associated with child-staff ratios.¹² In fact, in one study a significant proportion of child deaths in child care programs was found to have been in programs that were at the time operating over the legal capacity or ratio limits.¹³

Reason 2: Increased Ratios Limit Young Children’s Development and Learning Outcomes

Child care isn’t just designed to serve the needs of working parents and their employers. It’s also intended to provide young children with a viable education—one that allows them to experience the consistent, caring, one-to-one interactions that are so critical for learning and development during the early years. Much of the research on the effectiveness of early care and education programs identifies low child-staff ratios as essential not only for ensuring children’s health and safety, but also for improving their school readiness and promoting healthy brain development.¹⁴ Low child-staff ratios are associated with better child outcomes when the quality of the teaching staff is relatively high.¹⁵ Conversely, if the quality of teaching staff is relatively low, then higher child-staff ratios may be associated with decreased child safety. Examples include two foundational studies—the High Scope Perry Preschool study, which had an average teacher-child ratio of 6:1, and the Abecedarian Project, with an average ratio of 3:1 for infants up to age 2 and 6:1 for 2- to 5-year-olds.^{16, 17} Indeed, decades of research identify reasonable group sizes and low child-staff ratios as necessary components of an effective early care and education system, as described in *A Vision for Universal Preschool Education*.¹⁸

Reason 3: Increased Ratios May Lead to Further Child Care Worker Shortages by Increasing Teacher Stress and Turnover

High child-staff ratios contribute to early educators' stress on the job. Even before the pandemic, early care and education providers were experiencing higher levels of stress than the general public.¹⁹ Since the pandemic, their stress levels have increased dramatically. Just three months into the pandemic, 46% of early childhood professionals were screening positive for diagnosable depression, and by 18 months in, that rate had increased to 56%.^{20, 21} Today, approximately two-thirds of the nation's early childhood providers screen at moderate to high levels of stress—levels associated with negative impacts on their health. Much of this can be attributed to the job and pay insecurity that started during the pandemic and persists today. Depression and stress were found to be strong predictors of turnover among early care professionals during and after the pandemic, especially among younger child care providers.²² Taken altogether, increasing the number of children each provider must care for is likely to only increase stress levels and exacerbate exodus from the field, which is already persistently difficult to staff.²³ The child care provider shortage is caused in large part by staff leaving the field. Giving staff even more reasons to leave the field will only make the child care shortage problem worse.

Reason 4: Increased Ratios Demand a Level of Workforce Training Not Currently Present in the Field

Not only do higher ratios increase staff stress levels, which in turn exacerbates the rate at which staff are leaving the field, but it also demands *more* from the staff that are present—more expertise, more training, and more experience in managing a classroom and children's needs. Simply put, the less strict we are about manageable child-staff ratios, the more we need to recruit well-trained staff. In reality, though, the child care sector is struggling to attract a workforce with robust credentials; those who do stay in the field tend to be relatively lower skilled.^{24, 25} Considering that child care is among the lowest-paid occupation in the nation, the sector is undesirable to many qualified workers. Meanwhile, those entering and remaining in the field are increasingly under-trained, under-resourced, and under-paid.

Conclusion

The “No-Cost” Solution Would be Extremely Costly

Given the nationwide crisis in child care, it is understandable why some states might find it appealing to try to increase capacity by increasing the number of children cared for by each adult in the field. Children, however, are not widgets; their learning and healthy development require one-to-one interactions in caring relationships with familiar adults—and such relationships cannot and should not be subjected to economies of scale. The proposed “no cost” solution of increasing child-staff ratios, however, presents a very high cost. It would result in significant and deeply regrettable costs in terms of the health and safety of young children, health care and investigative costs, costs in the education of children, and costs associated with further depleting a workforce in an essential industry that is needed for all other industries to thrive.

The far more advantageous approach is to find ways to increase the appeal of being an early care provider by ensuring the workforce has professional supports like those commonly available in other industries—such as adequate compensation, health and retirement benefits, and access to the types of stress management and mental health services available through employee assistance programs. Additional policies to address the specific needs of early care providers include allowing them to receive free care for own children²⁶ and developing a pool of providers who can cover for them when they need to take time off to care for themselves and their families.

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Buffett
Early Childhood
Institute

at the University of Nebraska

2111 S. 67th St., Suite 350
Omaha, NE 68106
402.554.2924

buffettinstitute.nebraska.edu

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- 1 U.S. Bureau of Labor Statistics. (January 2024). *Childcare employment—before, during, and after the COVID-19 pandemic*. <https://www.bls.gov/opub/mlr/2024/article/childcare-employment-before-during-and-after-the-covid-19-pandemic.htm>
- 2 U.S. Bureau of Labor Statistics. (2024). *Occupational outlook handbook: Childcare workers*. <https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm>
- 3 Center for the Study of Child Care Employment. (2024). *Early childhood workforce index 2024: The early childhood educator workforce*. <https://csce.berkeley.edu/workforce-index-2024/the-early-childhood-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>
- 4 U.S. Chamber of Commerce. (June 2024). *Data deep dive: Women in the workforce*. <https://www.uschamber.com/workforce/data-deep-dive-a-decline-of-women-in-the-workforce>
- 5 U.S. Chamber of Commerce. (February 2025). *Understanding America's labor shortage*. <https://www.uschamber.com/workforce/understanding-americas-labor-shortage>
- 6 Alliance for Early Success. (February 2023). *State advocates advance policies to advance the early care and education workforce*. <https://earlysuccess.org/ece-workforce-policy-wins/>
- 7 Vanover, S., Smith, L. & Reef, G. (2024). *Supporting child care workers as parents: How the Kentucky subsidy income exclusion for child care employees helps increase access to child care*. https://buffettinstitute.nebraska.edu/-/media/projects/buffett-nucleus/resources/policy-briefs/ky-subsidy-overview-brief-2024_digital.pdf
- 8 EdSurge. (February 2025). *Idaho moves to deregulate child care in first-of-its-kind legislation*. <https://www.edsurge.com/news/2025-02-27-idaho-moves-to-deregulate-child-care-in-first-of-its-kind-legislation>
- 9 American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care. (2019). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs* (4th ed.). American Academy of Pediatrics.
- 10 Office of Head Start. (August 2024). *Head Start Program Performance Standards*. <https://headstart.gov/sites/default/files/pdf/performance-standards-final.pdf>
- 11 Grenier D, & Leduc D. (2008). *Well beings: A guide to health in child care*. Ottawa: Canadian Pediatric Society.
- 12 Alkon A, Genovro JL, Kaiser PJ, Tschann JM, Chesney M, & Boyce WT. (1994). Injuries in child-care center: Rates, severity and etiology. *Pediatrics*, 94, 1043-1046.
- 13 Child Mortality Review Panel. (August 2012). *Review of child deaths in Minnesota licensed family child care homes: January 2002 - August 2012* (Report No. DHS-4189F-ENG 8-12). Minnesota Department of Human Services, Children and Family Services Administration.
- 14 Bowne, J. B., Magnuson, K. A., Schindler, H. S., Duncan, G. J., & Yoshikawa, H. (2017). A meta-analysis of class sizes and ratios in early childhood education programs: Are thresholds of quality associated with greater impacts on cognitive, achievement, and socioemotional outcomes? *Educational Evaluation and Policy Analysis*, 39(3), 407–428.
- 15 Zigler, E., Gilliam, W. S., & Jones, S. M. (2006). *A vision for universal preschool education*. Cambridge University Press.
- 16 Parks, G. (2000). The High/Scope Perry Preschool Project. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- 17 Campbell, F. A., & Ramey, C. T. (1991). The Carolina Abecedarian Project.
- 18 See footnote 15.
- 19 Cumming, T. (2017). Early childhood educators' well-being: An updated review of the literature. *Early Childhood Education Journal*, 45, 583–593.
- 20 Elharake, J. A., Shafiq, M., Cobanoglu, A., Malik, A. A., Klotz, M., Humphries, J. E., Murray, T., Patel, K. M., Wilkinson, D., Yildirim, I., Diaz, R., Rojas, R., Kuperwajs Cohen, A., Lee, A., Omer, S. B., & Gilliam, W. S. (2022). Prevalence of chronic diseases, depression, and stress among US childcare professionals during the COVID-19 pandemic. *Preventing Chronic Disease* [CDC journal], 19, 220132, e61. <https://doi.org/10.5888/pcd19.220132>
- 21 Gilliam, W. S. (2024, May 22). Building the early childhood mental health continuum. Closing Plenary, Child Care Aware of America Symposium, Arlington, VA.
- 22 Cobanoglu, A., Zhang, F., Yildirim, I., Murray, T., Bradford, S., Wilkinson, D., Klotz, M., & Gilliam, W. S. (2025). Young adults caring for young children: Do depression and stress predict their intention to leave the child care and education workforce? Yale University and University of Nebraska, manuscript in review.
- 23 See footnote 20.
- 24 Herbst, C. M. (2023). Child care in the United States: Markets, policy, and evidence. *Journal of Policy Analysis and Management*, 42(1), 255-304.
- 25 Herbst, C. M. (2024). *The declining relative quality of the child care workforce* (IZA Discussion Papers, No. 17351). Institute of Labor Economics (IZA). <https://docs.iza.org/dp17351.pdf>
- 26 See footnote 7.