Navigating Challenges and Enhancing Access: A Case Study of Infant and Toddler Programs in Hawai‘i

Nicole Schlaack, University of Hawai‘i at Mānoa, United States
Manca Sustarsic, University of Hawai‘i at Mānoa, United States
Aya Marie Lorraine Kouao, University of Hawai‘i at Mānoa, United States
Benji Whitenack, University of Hawai‘i at Mānoa, United States

The IAFOR International Conference on Arts & Humanities in Hawaii 2026
Official Conference Proceedings

Abstract

Early childhood education is critical for child development and family well-being, particularly for children from birth to age five. Still, it is difficult for families to find affordable early childhood education, especially for their infants and toddlers. The Preschool Development Grant Birth to Five supported innovative strategies to increase access and close the gap between available seats and demand for infant and toddler programs. This research includes several sites offering infant and toddler care across the islands of Hawai‘i. Qualitative interviews with program directors offered insights into successful strategies and challenges when increasing the number of seats for infants and toddlers. The programs were able to sustain and provide opportunities for children to receive care, social interactions, and support from the community. Challenges encountered involved workforce shortages, licensing complexities, and addressing parental anxiety and trauma. Strategies for overcoming these included strong partnerships with local organizations and flexible staffing incentives such as sign-on bonuses and covering certification costs. The study also examined support for children with disabilities, highlighting the Individualized Family Support Plan process. The findings highlighted an opportunity to strengthen the early intervention system by making it more centralized and transparent, which could help families and providers more easily access resources. Recommendations included offering technical assistance to smaller organizations navigating grants and strengthening collaboration between early care programs and the Early Intervention Section to enhance service coordination and outreach.

Keywords: infant-toddler access, early childhood education, early intervention, Individualized Family Support Plan/IFSP, disability

iafor
The International Academic Forum
www.iafor.org

Introduction

The United States has faced a significant shortage of infant and toddler childcare seats, with demand exceeding available spaces (Jessen-Howard et al., 2020). Infant and Toddler childcare has been critical in early childhood education, as it offers a safe and stable environment for children and families while fostering parental involvement and building social networks (Reid et al., 2021). In Hawai‘i, only 9.2% of infants and toddlers received early childhood care (DeBaryshe et al., 2023). Local news agencies in Hawai‘i frequently reported on the high cost of early childcare and the financial strain it places on families, stating that childcare can take up to 20% of the average worker's salary (Gutierrez, 2016; Hawaii News Now, 2019). Challenges in public investment strategies resulted in a low rate of children attending early childhood care and education programs (Fox, 2022; Kana‘iaupuni et al., 2022), and the recent Needs Assessment reports that there are five children for every infant and toddler seat (DeBaryshe et al., 2023).

To address this shortage, the Preschool Development Grant Birth to Five (PDG B-5) supported innovative strategies. The PDG B-5 grant's goals are to improve the efficiency of state-level early care and learning funding, increase the number of high-quality early care and learning options for low-income and disadvantaged families, and improve the coordination and collaboration of existing early care and learning programs. To expand access to high-quality infant and toddler care for low-income families, the Project Team released a request for application (RFA). In the first round, two sites were identified, one operating in Lahaina on Maui and the other in Maili on the Westside of O‘ahu, to enroll a total of up to 20 infants and toddlers. In a second round of applications, programs on Maui (Kahului and Kihei), on O‘ahu (Mililani and Honolulu), and one on Kauai opened for infants and toddlers. Overall, the programs provided care and early learning opportunities to 85 infants and toddlers, supporting their families and the community.

Within the scope of the evaluation, this research explored a. What was working for the programs in having Contracted Classrooms, and b. How families with children with disabilities can be better supported. What can the Infant and Toddler Program do, and what support would they need to better serve children with disabilities?

Infant and Toddler Capacity in Hawai‘i

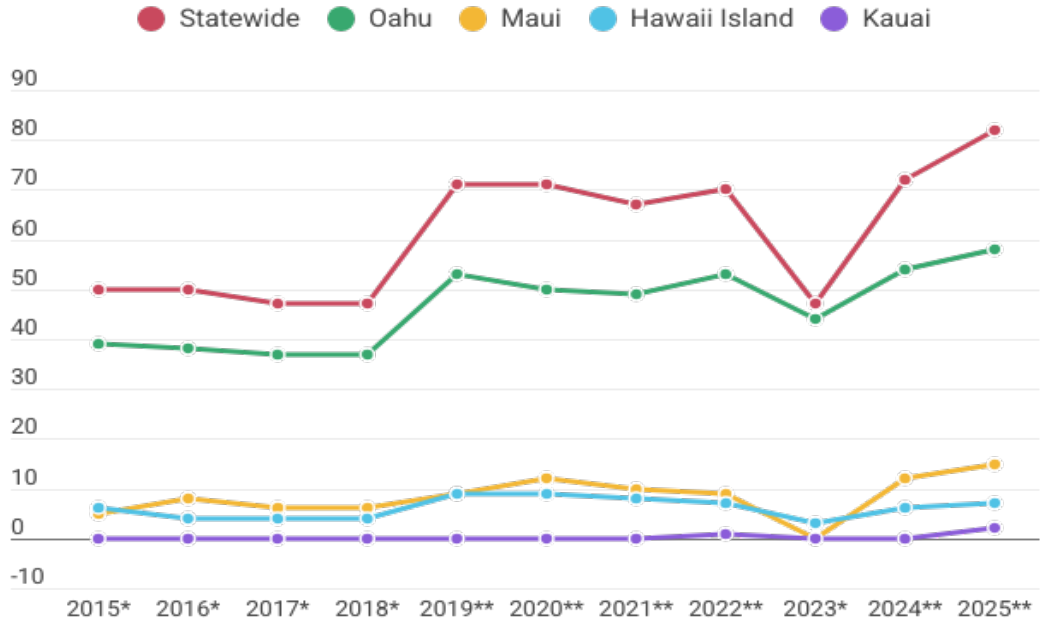
The number of licensed infant and toddler childcare seats in Hawai‘i is very limited, with fewer than one in ten children under the age of three being enrolled in licensed child care (DeBaryshe et al., 2023). This low number highlights the significant gap between the demand for childcare services and the available capacity. Some communities across the Hawaiian Islands provide few to no options for families in rural areas.

Graph 1 shows the number of center-based infant and toddler childcare providers in Hawai‘i from 2015 to 2024. From 2015 to 2018, the number of centers remained relatively stable—with a number just under 40 for O‘ahu, 6–8 for Maui, 4–6 for Hawai‘i Island, and none for Kauai. In 2019, there was an increase in the number of center-based infant and toddler care providers on O‘ahu, Maui, and Hawai‘i Island, and this trend continued in 2024 and 2025. This variance could be attributed to the different sources. Data for 2015–2018 and 2023 were retrieved from Hawaii Child Care Market Rate, Department of Human Services. Data for 2019–2022 and 2024 were retrieved from Hawaii's Child Care Resource and Referral Agency (PATCH). Table 1 in the Appendix provides an overview of the enrollment numbers, which are above 1300 infants

and toddlers for Center-based programs for the applicable years, 2019, 2022, 2024 and 2025. The increase in 2025 can be attributed to PDG B-5 funded infant and toddler classrooms.

Graph 1

Number of Center-Based Infant-Toddler Care Providers for the Years 2015 to 2025



Sources: Data for the years 2015–2018 and 2023* was retrieved from the Hawaii Child Care Market Rate, and Data for the years 2019–2022 and 2024–2025** was retrieved from Hawaii's Child Care Resource and Referral Agency.

Methodology

A case study is the preferred qualitative research design to answer "how" and "why" questions and to focus on a contemporary phenomenon within a real-life context (Yin, 2009). This case study employed semistructured interviews to examine the experiences, perceptions, and strategies employed by directors implementing infant and toddler programs in their early childhood education organization.

Participants and Data Collection

This study includes a total of two participants from two organizations that provide early childhood education. One organization facilitates multiple programs across the islands of O'ahu, Maui, and Hawai'i Island, the other is a small nonprofit on the island of Kaua'i. The interviews lasted an hour on average and were conducted in April 2025 and October 2025 via Zoom. Both programs serve families in rural areas.

All interviews were audio recorded and transcribed using OtterAI. We coded transcripts inductively using Dedoose software. Our research team reviewed the transcripts multiple times to identify coded categories, emerging themes, and recurring patterns across participants' narratives, focusing on shared experiences and suggestions (Saldaña, 2021). The primary data sources were interviews, supplemented by publicly available data. To ensure credibility, we conducted member checking by sharing preliminary findings with participants and asking for their feedback (Yin, 2009).

Program Implementation: Success

Both sites at Lahaina and Mahili used the grant to enroll families who didn't qualify for subsidies, leading to full enrollment and expanded care access. The flexibility of the grant's timeline allowed for quick enrollment and service delivery. At the site in Lahaina, the opportunity to expand infant and toddler care rose during a period when families were transitioning into more stable housing. The grant allowed the program to better serve families who couldn't afford care or were not eligible to access subsidies; for many of the families, childcare had not been an option. The Lahaina program operated as a crucial community service, especially for displaced and trauma-affected families after the Lahaina fires in August 2023.

In Maili, the grant helped fill vacant spots, including private-pay slots. At both locations, the programs were able to sustain and provide opportunities for children to receive care, social interactions, and support from the community. Families expressed their gratitude to the provider for the opportunity to have quality care for their children.

Kauaʻi had no center-based licensed infant and toddler care prior to the Montessori Project's expansion in 2025. The project launched the infant and toddler program to fill this critical gap, believing families urgently needed accessible, high-quality care. The grant supported 10 fully funded slots for qualifying families, selected through criteria such as income eligibility and housing insecurity. The program's goal was to help families in need, not just those who could pay for school.

Program Implementation: Challenges

Both locations faced several challenges, including workforce security, licensing and regulations, the trauma of separation, fear or stigma, and limited resources. Staffing was particularly difficult in Lahaina, where the wildfires led to a workforce shortage. People moved off-island or found work in the hospitality sector and resorts, which offer higher wages, leaving the ECE field with a shortage of qualified early childhood educators.

In addition, licensing requirements have been a challenge to the process, as any program changes might require reevaluations. "When you go to make the change with licensing, it triggers a ton of things that happen." E.g., serving the age group of infants and toddlers reduces the program's capacity and potentially challenges the needs in the community regarding its capacity. Further, any program needs a qualified workforce to increase enrollment numbers. "You can get several aid-qualified people, but if you don't have the caregiver qualified, you can't enroll any more children."

Recruiting and retaining qualified staff for infant care can be difficult due to Department of Human Services (DHS) requirements and limited local workforce capacity. Fortunately, on Kauai, several staff already held infant and toddler qualifications, and others completed training through PATCH. The grant enabled temporary pay raises and professional development, but sustaining wages once the funding ends is a challenge.

For many families, early care programs mark a child's first separation from parents, often causing anxiety. In Lahaina, post-fire trauma impacted attendance. In response, the program partnered with mental health agencies to support families. Parents expressed gratitude for the

stability and consistency the program provided—something they struggled to offer amid housing and emotional instability.

Expanding Access and Staffing for Infant and Toddler Care in Hawai‘i

Experiences from Kama ‘aina Kids can have some implications for expanding access to infant and toddler care. Strong partnerships with local churches and landlords have been instrumental in expanding available space. In Lahaina, the long-standing partnership with the Department of Education played a vital role in supporting the Infant and Toddler program by enabling on-site childcare at DOE facilities—an essential solution, as many educators were unable to return to work due to a lack of access to childcare for themselves.

To address staffing challenges, the program implemented flexible strategies such as sign-on bonuses, covering certification costs, paying for college courses, and offering completion incentives, all of which helped attract and retain qualified staff.

The Montessori Project on Kauai attracts staff due to the higher pay ($20–$27) and the low staff-to-child ratios, exceeding DHS standards. Some staff have no prior Montessori experience but quickly value the individualized attention and the positive work environment. Additionally, staff are being paid to obtain the Montessori certification and training, which helps many teachers embrace the pedagogy and remain engaged.

Grant Work

Responding to Requests for Applications (RFAs) can be challenging for small and medium-sized organizations. Often smaller organizations are lacking the staff and expertise to apply. From Kama‘āina Kids’ perspective, several key factors contributed to their success in the grant process despite initial challenges. Receiving the grant opportunity, even on short notice, was ultimately helpful, as it enabled the program to enroll families in need. What helped most was the opportunity to ask questions, seek clarification, and connect with support systems in their community (Maui County Early Childhood Resource Center). Sharing existing resources with families also raised awareness and strengthened the program’s approach. Although the grant language and criteria initially felt intimidating, taking proactive steps to engage with the process and access local support allowed Kama‘āina Kids to navigate the application successfully and better serve their community.

On Kauai, the project was already coordinating the addition of the infant and toddler program when the team learned about the PDG B-5 grant, viewing it as an opportunity to strengthen their start-up efforts. Reflecting on the grant application process, it was unclear, particularly around whether it funded a full classroom or individual subsidies. In practice, the all-or-nothing full classroom funding approach offered limited flexibility for a new program, and partial tuition assistance would have been more effective in helping families enroll and stabilizing the program early on.

The six-month delay in the disbursement of funds posed a major challenge. The program was intended to start in January, but funding delays postponed the opening until March, creating serious operational and financial strain. The project's existing financial reserves kept it stable until funding arrived. Misalignment with the school year adds further complications, as funding is scheduled to end in December, leaving both the program and families in a difficult position mid-year.

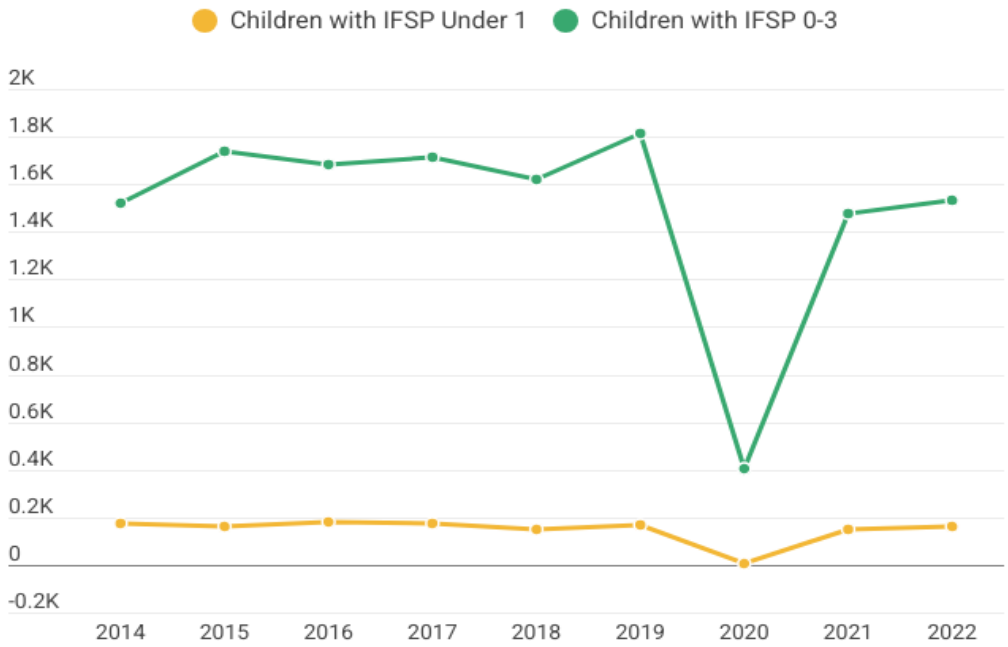
As a small nonprofit, the project relied heavily on volunteer and after-hours work to prepare the grant application. A parent volunteer, board members, and the director contributed evenings and weekends to complete the proposal.

Infant and Toddler Care for Families With Children With Disabilities

Families with a child with disabilities have a right to an Individualized Family Support Plan (IFSP). The IFSP is developed collaboratively by the family and Early Intervention professionals, and community support professionals as needed. This process is overseen by the Early intervention Section of the Department of Health. Families are the central decision-makers in the support and services their child receives. Support is usually provided through a licensed ECE provider in a least restrictive environment, in a separate Special education class, or at the home of the family.

Graph 2 shows the number of infants and toddlers in Hawai‘i with an Individualized Family Support Plan (IFSP) from 2014–2022. The data remains relatively stable, with about 1,700 children under age 3 (3% of the population) and 160 children under age 1 (1%) receiving services. The COVID-19 pandemic caused a temporary dip, but by 2021, numbers largely returned to pre-pandemic levels. Appendix Table 2 provides details by age group and year.

Graph 2
Number of Individualized Family Support Plans (IFSP) for the Years 2014 to 2022



Source: Data Results from State of Hawaii Department of Health (2026). Program and Federal Fiscal Year (FFY) State Performance Plan (SPP): (FYY 2014–2022).

Needs for Successful Program Implementations for Children With Disabilities

The program aims to be inclusive and support families with children with disabilities, working within its staff-to-child ratio of one-to-four or five but unable to provide one-on-one care. Staff actively supports children and works with families by making referrals, bringing people in for support, and generally getting parents on board. They collaborate with mental health agencies and connect to services like speech and occupational therapy.

However, some families opt for in-home services or hesitate to enroll their child in a licensed program due to staffing limitations and concerns about their child being accepted. Difficulties for a program can result from a lack of follow-up to referrals or a lack of communication from parents and other service providers, making it difficult to coordinate care or align support strategies for the child.

The project on Kauai takes an inclusive approach that does not distinguish between children with disabilities and those without; all children are welcomed and supported within the same nurturing environment. Its intentionally low child–adult ratios naturally create more opportunities for one-on-one interactions, allowing teachers to meet each child's needs with greater attention and care. This structure has also enabled the project to integrate at times the child's support people or reach out to Speech Therapist, Easter Seals and autism service providers, providing families resources and support and integrating on-site therapies seamlessly into the daily routine. These collaborations enrich children's learning experiences and strengthen teachers' understanding of intervention strategies. At times, the center has served well above the typical 10 percent inclusion rate—reflecting both the depth of community need and the project's commitment to serving all families, regardless of income or ability.

A major barrier is the absence of a centralized, transparent system for early intervention, leaving both families and providers unaware of available options. Families often don't know about their options and neither do programs. Greater outreach and coordination, particularly from the Department of Health's Early Intervention Section, could help programs expand access and support.

To effectively serve children with disabilities, ECE programs need more robust statewide support systems. Improved access to assessments, direct on-site services, and stronger collaboration across DOH, DHS, and mental health professionals would enable earlier identification and more consistent support for families and educators. These coordinated efforts would help Hawai'i's early learning system become more inclusive and resilient.

Free services, like those offered at the Lahaina site through partnerships with mental health providers and the DOE (e.g., vision screenings), support early identification and intervention. Regular access to such services improves outcomes by addressing needs as early as possible.

Conclusion

The success of the implementation of the PDG B-5 infant and toddler support grant was supported by several key factors, including flexibility in the grant timeline, which allowed for quick enrollment and the ability to expand eligibility to families who typically fall outside of subsidy programs. Strong community relationships were critical in securing space and services, while investments in supporting the workforce—through qualifications, wage incentives, and professional development—helped sustain program operations. While grants and RFAs are valuable tools for expanding early childhood education (ECE), small programs often face capacity challenges in navigating these processes. Providing technical assistance, such as question-and-answer sessions and clearer application guidelines, can help make funding opportunities more accessible and impactful for a broader range of providers.

To better support families with children with disabilities, collaboration with the Early Intervention Section is essential, alongside stronger coordination between service providers and

early care programs. Improved communication regarding the availability of services and access to them can only support families and programs.

Acknowledgements

This work was supported by the Hawai‘i Preschool Development Grant Birth to Five [grant number 90TP0100].

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

We used AI-assisted technology such as Quillbot for proofreading the manuscript.

References

DeBaryshe, B., Stern, I., Nguyen, M., Azuma, J., & Chen, Q. (2023). *Hawaii's critical shortage of infant-toddler care*. University of Hawai'i Center on the Family. https://uhfamily.hawaii.edu/sites/uhfamily.hawaii.edu/files/publications/ECE-snapshot-Hawaii_2024.pdf

DeBaryshem, B., Engel, R., Rosenbach-Jordan, S., Soon, RJ'I, Tom, A., Fry, M., Zysman, D., Davis, C., & Rivadeneyra, I. (2024). *Hawaii Early Childhood Comprehensive Needs Assessment: 2024 Update: Our Keiki, Our Ohana, Our Future*. University of Hawai'i Center on the Family, Ward Research, Hawaii Children's Action Network, Hawaii Integrated Analytics. https://drive.google.com/file/d/1Z7Gre8_ZyzBreSYOqjcX-GcERehlEEf7/view

Fox, C. (2022). Let's invest in Hawaii's childcare sector before it's too late. *Civil Beat*, 14 October. https://www.civilbeat.org/2022/10/catherine-toth-fox-its-time-to-pay-hawaiis-child-care-workers-what-they-deserve/

Gutierrez, B. (2016). Study says childcare more expensive than college in Hawaii. *Hawaii News Now*, 28 April. https://www.hawaiinewsnow.com/story/31836380/study-says-child-care-more-expensive-than-college-in-hawaii/

Hawaii Department of Human Services. (2015). *Hawaii Child Care Market Rate Study Summary of Results.* https://humanservices.hawaii.gov/wp-content/uploads/2016/02/Hawaii-Child-Care-Market-Rate-Study-2015.pdf

Hawaii Department of Human Services. (2016). *Hawaii Child Care Market Rate Study Summary of Results.* https://humanservices.hawaii.gov/wp-content/uploads/2017/04/Hawaii-Child-Care-Market-Rate-Study-2016.pdf

Hawaii Department of Human Services. (2017). *Hawaii Child Care Market Rate Study Summary of Results.* https://humanservices.hawaii.gov/bessd/files/2017/11/2017-Hawaii-Child-Care-Market-Rate-Study-DHS-website.pdf

Hawaii Department of Human Services. (2018). *Hawaii Child Care Market Rate Study Summary of Results.* https://humanservices.hawaii.gov/bessd/files/2017/11/2017-Hawaii-Child-Care-Market-Rate-Study-DHS-website.pdf

Hawaii Department of Human Services. (2023). *Hawaii Child Care Market Rate Study Summary of Results.* https://humanservices.hawaii.gov/bessd/files/2023/12/Hawaii-Child-Care-Market-Rate-Study-2023.pdf

Hawaii News Now. (2019). In Hawaii, infant care is pricier than college. *Hawaii News Now*, 13 August. https://www.hawaiinewsnow.com/2019/08/13/hawaii-infant-care-is-pricier-than-college/

Jessen-Howard, S., Malik, R., & Falgout, M. (2020). Costly and Unavailable: America Lacks Sufficient Child Care Supply for Infants and Toddlers. *Center for American Progress*, August, 4. https://cdn.americanprogress.org/content/uploads/2020/08/03133105/Costly-and-Unavailable.pdf

Kana‘iaupuni, S., Castle, A. L., & Peters, K. (2022). Now is the time to invest in Hawaii’s children. *Civil Beat*, 7 February. https://www.civilbeat.org/2022/02/now-is-the-time-to-invest-in-hawaiis-children/

PATCH. (2019). *Hawaii's Child Care Resource and Referral Agency*. https://www.patchhawaii.org/wp-content/uploads/2020/01/Data-for-Web-Hawaii-Child-Care-Capacity-12.2019-PATCH1.pdf

PATCH. (2022). *Hawaii Point-In-Time Child Care Data.* https://stage.worklifesystems.com/Hawaii?county=Maui%20County

PATCH. (2024). *Hawaii's Child Care Resource and Referral Agency.* https://www.patchhawaii.org/wp-content/uploads/2024/12/November-2024-Data-for-Web-Hawaii-Child-Care-Capacity.pdf

Reid, J. L., Kagan, S. L., Brooks-Gunn, J., & Melvin, S. A. (2021). Promoting quality in programs for infants and toddlers: Comparing the family child care and center-based teaching workforce. *Children and Youth Services Review, 122*, 105890. https://doi.org/10.1016/j.childyouth.2020.105890

Saldaña, J. (2021). *The Coding Manual for Qualitative Researchers*. Sage Publications.

State of Hawaii Department of Health. (2026). Early Intervention Services. (2025). *Early Intervention Services.* https://health.hawaii.gov/eis/home/eiservices/

State of Hawaii Department of Health. (2026). *Program and Federal Fiscal Year (FFY) and State Performance Plan (SPP)*. (FFY 2014– FYY 2022) https://health.hawaii.gov/eis/home/documents-and-reports/

Yin, R. K. (2009). *Case study research: Design and methods* (Vol. 5). Sage Publications.

Contact email: schlaack@hawaii.edu

Appendix

Table 1

Number of Center Based Infant and Toddler Care in Hawaii From 2015 to 2024

Year	Oahu	Maui	Kauai	Hawaii Island	Statewide	Enrollment Statewide
2015*	39	5	0	6	50	
2016*	38	8	0	4	50	
2017*	37	6	0	4	47	
2018*	37	6	0	4	47	
2019**	53	9	0	9	71	1354
2020**	50	12	0	9	71	
2021**	49	10	0	8	67	
2022**	53	9	1	7	70	1315
2023*	44	0	0	3	47	
2024**	54	12	0	6	72	1310
2025**	58	15	2	7	82	1389

* Hawaii Child Care Market Rate

** (PATCH) Hawaii's Child Care Resource and Referral Agency

Sources: Data for the years 2015–2018 and 2023* was retrieved from the Hawaii Child Care Market Rate, and Data for the years 2019–2022 and 2024–2025** was retrieved from Hawaii's Child Care Resource and Referral Agency.

Table 2

Data on Individualized Family Support Plans (IFSPs) and Early Interventions Services Availability for the Years 2014 to 2022

Year	Children with IFSP Under 1	Number of children Under 1 (Census Data)	Percent of All Children under Age 1 with IFSPs	Children with IFSP 0–3	Number of Children 0–3 (Census Data)	Percent of All Children Birth to Age 3 with IFSPs	Early Intervention (EI) services have helped the family know their rights.
2014	172	18,853	0.91%	1,520	55,432	2.74%	543
2015	162	19,028	0.85%	1,740	56,025	3.11%	524
2016	179	36,128	0.50%	1,685	54,673	3.08%	457
2017	174	17,950	0.97	1,712	53,613	3.19%	606
2018	146	17,224	0.85%	1,619	52,317	3.09%	510
2019	168	16,800	1.00%	1,811	50,561	3.58%	591
2020	5	16,244	0.03%	407	49,505	3.19%	429
2021	147	16,244	0.90%	1,475	49,505	2.98%	593
2022	162	46,834	1.03%	1,535	46,834	3.28%	797

Source: Data Results by Program and Federal Fiscal Year (FFY) State Performance Plan (SPP): 2014–2022.