
Ten Policies to Improve Access to Quality Child Care for Children in Immigrant Families

The United States is becoming increasingly diverse, and it is the child population that is leading the way. One in four children in the U.S. has a parent who was born outside of the country.¹ Young children under the age of six are more likely to have parents who have been in the U.S. for fewer than ten years and to live in households with lower levels of English proficiency and lower incomes compared to older children.² Young children of immigrants are less likely to access child care and early education settings—including licensed child care of all types, including preschool programs.³ A 2006 study by the Government Accountability Office (GAO) found that many limited English proficient (LEP) parents are unaware of the availability of child care assistance and that, after controlling for other factors, children of LEP parents are about half as likely to receive financial assistance for child care.⁴ These parents have misconceptions related to eligibility for subsidies and the application process. Immigrant and LEP families face many barriers in accessing child care and early education for their young children, and many child care programs, subsidy agencies, and resource and referral agencies are inadequately prepared to meet the unique needs of English Language Learners and immigrant families.

With the \$2 billion in funding for the Child Care and Development Block Grant (CCDBG) included in the American Recovery and Reinvestment Act (ARRA), states can immediately implement policies that will simultaneously improve their economies and improve access to quality child care and child care assistance for children in immigrant families. State policymakers should also consider linkages to other expansions in Head Start, Early Head Start, IDEA, and Title I to connect immigrant families to necessary programs and services.⁵

Nearly all (93 percent) of young children in immigrant families are U.S.-born citizens; an additional 4 percent are legal noncitizens.⁶ Federal law establishes that the child is the primary beneficiary of CCDBG services; therefore, states may only consider the immigration status of the child, and not the parent, when determining eligibility.⁷

STATE POLICIES:

1. Create and disseminate information packets for new parents in multiple languages that discuss quality child care and help link parents with information and referral agencies.

Immigrant families need access to information on quality child care and the availability of child care assistance and other benefits and services for their young children.⁸ Funding from First 5 California

provides a free “Kit for New Parents” for every child born in the state. The kit includes information on infant health and care and is available in English, Spanish, Korean, Vietnamese, Mandarin, and Cantonese.⁹ Information kits may be distributed through hospitals, clinics, and doctor’s offices.

2. Fund outreach on quality child care and subsidy eligibility targeted to immigrant and LEP families, including grants to community-based organizations with expertise in serving these populations.

In order to provide immigrant families with information on quality child care and child care assistance, outreach should be targeted to diverse communities. States should fund outreach projects that utilize ethnic television, radio, and newspapers and individual workers who provide face-to-face information sharing with families as trusted messengers. States can provide grants to community-based organizations to support the development and implementation of effective outreach models to help eligible families learn about and obtain child care assistance. Immigrant-serving organizations can be funded to develop general information about child care programs in appropriate formats and in the primary languages of immigrants in their communities.

3. Use CCDBG contracts and quality funds to expand the availability of high-quality child care in immigrant communities.

The supply of high-quality child care is insufficient in immigrant and language minority communities. States can use new ARRA funds to contract directly with child care providers in the subsidy system to increase the supply of care for targeted populations. Community-based organizations, including immigrant-serving organizations, can be funded to provide child care services. The Wisconsin Department of Workforce Development, for example, contracts directly with a migrant services provider, United Migrant Opportunity Services, Inc. (UMOS), for bilingual child care services that meet the needs of migrant and seasonal farmworkers.

States may use quality funds to support immigrant-serving organizations’ efforts to develop high-quality child care programs or to build their capacity to work in partnership with existing child care providers. States can provide grants to pay for materials and start-up costs for family child care homes and center-based child care. States may also provide technical assistance to child care providers to help them meet quality standards. UMOS is funded to provide technical assistance and training to providers on issues related to cultural competency in serving migrant families. UMOS monitors all contracted providers in order to ensure a quality environment that is appropriate for the children served.

4. Expand access to Head Start and Early Head Start in child care settings through the use of grants, contracts, and eligibility policies.

The comprehensive early education and support services that Head Start and Early Head Start provide to children and families are critically important for immigrant families, connecting recently arrived families with health services and screenings and supporting dual language acquisition for young children. States may use contracts to extend the day or program year for children enrolled in Head Start, Early Head Start, or Migrant and Seasonal Head Start. States should be aware that Head Start has no citizenship restrictions, and federal guidance clarifies that child care providers who are

subject to the federal Head Start Performance Standards and are supported by combined Head Start/Early Head Start and CCDBG funding are exempt from verifying the immigration status eligibility of any child.¹⁰ Moreover, states may set different CCDBG eligibility periods, for example up to one year, for children receiving subsidies who are enrolled in Head Start, Early Head Start, or state pre-kindergarten collaborative programs to support continuity of services.¹¹

5. Translate child care subsidy information and materials and provide dedicated funding for translation and interpretation services at the local level.

All agencies that receive federal funds—including subsidy agencies—are required to provide meaningful access to services for LEP individuals. States can fund translations of subsidy materials, including informational materials, applications, and recertification notifications to ensure LEP parents have access to information on child care assistance. Materials should clarify that federal law establishes that child care subsidy receipt is based on the immigration status of the child and that parents' status should not be considered when determining eligibility. States may provide funding to local child care subsidy agencies for translation and interpretation. Minnesota provides access to language line services in Spanish, Hmong, and Somali through child care resource and referral agencies statewide.

6. Increase bilingual staff capacity in subsidy agencies through pay differentials or other incentives.

Language access includes having staff who can competently communicate with LEP parents. As state agencies establish plans to spend ARRA funds, they may use this opportunity to hire staff who are bilingual and have experience working with immigrant families or in immigrant communities. This can be achieved by including such requirements in job descriptions, offering bilingual pay differentials, providing access to professional development that supports cultural competency, and advertising in areas with high concentrations of bilingual speakers. The Oklahoma Department of Human Services funds a Hispanic services coordinator position at the Oklahoma Child Care Resource and Referral Association. The coordinator is bilingual and bicultural and works with local child care resource and referral agencies to develop language-access plans for serving Spanish speaking families and also provides direct referrals.

7. Pay differential child care subsidy payment rates to centers and family child care homes that serve English Language Learners and/or child care providers with a bilingual endorsement.

Higher payment rates can serve as an incentive and allow child care providers to purchase bilingual materials, to attend trainings on cultural competency and second language acquisition, and to meet high quality standards that would benefit children of immigrants. In California, contracted child care providers receive a rate 10 percent above the standard reimbursement rate for serving children who are not proficient in English.¹² States may also consider paying higher payments to providers who have completed training or coursework on cultural competence or have a bilingual endorsement.

8. Create community-based support networks for family, friend, and neighbor caregivers in immigrant communities that improve quality of care.

Many young children in immigrant families are regularly in the care of friends and relatives. Networks can serve as a resource for obtaining child development information, linking children to health and screening services, and reducing isolation of caregivers. Networks can be established among caregivers who speak the same languages. Minnesota created a grant program to expand community services for family, friend, and neighbor caregivers to promote young children's healthy development. The initial six grantees are located throughout the state and serve varied cultural groups, including Native American and immigrant caregivers.¹³

9. Include measures of cultural and linguistic competence in state quality rating and improvement systems (QRIS), and provide supports to help programs meet these standards.

According to the National Association for the Education of Young Children, 18 states have established statewide QRIS, and an additional 27 have QRIS in the process of development. States can use QRIS to encourage child care programs to employ staff who demonstrate competence in working with diverse children and families, access meaningful cultural competency training, plan for communication with linguistically diverse families, and incorporate children's home language and culture in daily activities and learning. States should provide financial supports to help programs meet these goals. States can also translate QRIS parent education materials to ensure that language-minority parents are informed about quality standards.

10. Ensure that child care providers receive training to improve their work with culturally and linguistically diverse children and their families and provide support for cultural competency initiatives.

Most states include some reference to ELLs or cultural or linguistic diversity in their early learning guidelines. All standards should be implemented with an awareness of the racial, cultural, and linguistic diversity of young children, which requires ongoing training and technical assistance. States can pay for training that is intended to help providers and teachers work towards improved cultural competency. States can work with child care resource and referral agencies to create professional development plans that incorporate culturally and linguistically appropriate training and partner with community-based organizations with expertise in providing training services to LEP child care providers. States can also pay for scholarships and grants for diverse providers to attain education and training or to increase compensation for bilingual child care providers to retain a diverse early childhood workforce.¹⁴

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¹ Calculated from U.S. Census Bureau, *America's Families and Living Arrangements: 2007, Nativity Status of Children Under 18 Years and Presence of Parents by Race, and Hispanic Origin for Selected Characteristics: 2007*, <http://www.census.gov/population/www/socdemo/hh-fam/cps2007.html>.

² Randy Capps, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey S. Passel, *The Health and Well-Being of Young Children of Immigrants*, Urban Institute, 2005, http://www.urban.org/UploadedPDF/311139_ChildrenImmigrants.pdf.

³ Hannah Matthews and Deeana Jang, *The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families*, Center for Law and Social Policy, 2007, http://clasp.org/publications/challenges_change.htm.

⁴ U.S. Government Accountability Office, *Report to Congressional Requestors, Child Care and Early Childhood Education: More Information Sharing and Program Review by HHS Could Enhance Access for Families with Limited English Proficiency*, 2006, <http://www.gao.gov/new.items/d06807.pdf>.

⁵ CLASP's "Reinvesting in Child Care" series on economic recovery is available at <http://childcareandearlyed.clasp.org/reinvestinginchildcare.html>.

⁶ Capps, et al, *The Health and Well-Being of Young Children of Immigrants*.

⁷ U.S. Department of Health and Human Services, Administration for Children and Families, *Clarification of Interpretation of "Federal Public Benefit" Regarding CCDF Services, Program Instruction ACYF-PI-CC-98-08*, <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi9808/pi9808.htm>; U.S. Department of Health and Human Services, Administration for Children and Families, *Verification of Citizenship and Immigration Status by Non-Profit Organizations and Head Start Grantees, Program Instruction CCDF-ACF-PI-2008-01*, <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2008-01/pi2008-01.htm>.

⁸ See also *Provide Information on Infant/Toddler Care*, "Reinvesting in Child Care" State Infant/Toddler Policies Series, Center for Law and Social Policy, <http://www.clasp.org/ChildCareAndEarlyEducation/information.pdf>.

⁹ First 5 California, *Kit for New Parents*, <http://www.cfc.ca.gov/kit.asp>.

¹⁰ U.S. Department of Health and Human Services, *Verification of Citizenship and Immigration Status*.

¹¹ U.S. Department of Health and Human Services, Administration for Children and Families, *Eligibility Determination for Head Start Collaboration*, Policy Interpretation Question (ACYF-PIQ-CC-99-02), <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm>.

¹² California Department of Education, *Child Care and Development Programs Reimbursement Fact Sheet*, <http://www.cde.ca.gov/sp/cd/op/factsheet07.asp>.

¹³ Minnesota Department of Human Services, "Partnerships work to improve informal child care," http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140540.

¹⁴ For more on supporting a diverse workforce see, *Support a Diverse and Culturally Competent Workforce*, Reinvesting in Child Care State Infant/Toddler Policies Series, Center for Law and Social Policy, <http://www.clasp.org/childcareandearlyeducation/diverseworkforce.pdf>.

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